



TOWN OF ROCKLAND

Building Department

242 UNION STREET
ROCKLAND, MASSACHUSETTS 02370

Building Department
Town of Rockland, MA
June 2014

TELEPHONE 781-871-0596

FAX 781-616-6824

One and two family dwelling permit fees are \$40.00. Other fees are based on \$12.00 per thousand of valuation.

Is this application in conjunction with a building permit? YES # _____ NO _____

Property Address: _____ Owner of Record: _____

Assessors Map # _____ Lot # _____ Type of Occupancy: _____

New: _____ Renovation: _____ Replacement: _____ Plans Submitted: Yes _____ No _____

Installing Company Name: _____

Company Street Address: _____ City: _____ Zip: _____

Company Phone Number: _____ Estimated Cost: \$ _____

Indicate total number of units in the applicable box below

M 1 & 2 Family	Basement	1 st Floor	2 nd Floor	3 rd Floor	Roof	Ground*
	Air Handling/Hydro Units					
Evaporative & Refrigeration Coolers						
Heat Pumps						
Range Hoods Vented to Exterior						
Central Air Conditioners						
Combustion Air/Ventilation Fans						
Energy Recovery Ventilators						
Furnaces- Oil						
Other:						

Basic Building Code Commercial	Basement	1 st Floor	2 nd Floor	3 rd Floor	Roof	Ground*
	Generators					
Draft Inducers Oil fired Equip						
Kitchen Vent & Exhaust Equipment						
Pool Heater						
Process Piping						
Roof Top Units						
Radiant Heat						
Hydro Air Systems						
Central Air Conditioners						
Other:						

Describe Project: *Note: If any equipment is being placed outside of the footprint of the building, indicate setbacks to property line. A land survey may be required. Roof top units may require a Structural Engineer's review.

I certify that I have the authority to make the foregoing application and that all of the information I have submitted (or entered) in the above application is true and accurate to the best of my knowledge, information and belief, and that all mechanical work and installations performed under the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Building Code, the International Mechanical Code, and all laws/bylaws/regulations of the town of ROCKLAND: Workers' Compensation Insurance Affidavit required for all mechanical submissions

Signature: _____

Print Name: _____

Type of License: _____

License #: _____

This Section for Official Use Only

Permit fee:	Receipt #:	Date Received:	Received by:
Issued By :	Approved Date:	Permit or Alteration Number:	