Devens Enterprise Commission – 33 Andrews Parkway – Devens, MA 01434

	MASSACHUSE	N FOR	A PE	RMIT	TO PE	RFOF	RM GA	S FIT	TING	WOR	(
	CITY MA DATE PERMIT#															
~	JOBSITE ADDRESS OWNER'S NAME															
$\mid \mathbf{G} \mid$	JOBSITE ADDRESS OWNER'S NAME OWNER ADDRESS FAX															
TYPE OR PRINT	OCCUPANCY TYPE COMMERCIAL EDUCATIONAL RESIDENTIAL															
CLEARLY	NEW: RENOVA	TION:	R	EPLAC	EMEN	T: []				Р	LANS S	SUBMIT	TED: '	YES	NO	
APPLIANCES ↓ FLOORS→ BOILER		BSM	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BOOSTER		Appetrymentemores		Antonipolica con				- Marie Control of the Control of th		400704000000000000000000000000000000000	**************************************	A-2-10-11-11-11	Compensation of	1	000000000000000000000000000000000000000	(1949) A STATE OF THE STATE OF
CONVERSION BURNER				IIICO COLORO		 	1	Construence on	Personance and the second			CONSTRUCTION NOT ANY		-		Appendix Total
COOK STOVE		0.00000000		a romanouse a		 			200000000000000000000000000000000000000	49400-40		in the suppose of the	and a company			ampre
	DIRECT VENT HEATER			Pharmones	armata gaque	<u> </u>		,				"AMERICAN CONTROL				
DRYER				***************************************				Lower Company								
FIREPLACE						/	1	ing section.		/*************************************		4,000	Lannanaya	<u> </u>		
FRYOLATOR		0.0000000000000000000000000000000000000	***************************************			1		#17KUTTTTT								
		-	***************************************			A grown programme				-		Andersky rationer		4		
FURNACE			Land		professional ax			9.00	V				<u> </u>	1	Action to the second	
GENERATOR				man repart to the second	management and a second							***************************************				
GRILLE		emonant const			and the second	A CONTRACTOR OF THE PARTY OF TH	800/0000 0000						a, or to his homeone	1		
INFRARED HEATER		200			pro-prompton	6		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				£				
LABORATORY COCKS		AANKA WAXAA		ansagneenaangil				:		<u></u>	**********	Otto Marajou on as	gydd Ydawl oglynyr ar y	I amor particular	APARAMETER STREET	
MAKEUP AIR UNIT		4.000		AC SOURCE CONTRACTOR	CONTRACTOR	en e		-		48000000000000000), culprisoner an array		Andreas and the same		branning.	***************************************
OVEN			-	er approximation of	Nestransian		ANTONOMINA			***************************************		vie da como a des	21222		A	
POOL HEATER		Anna ann ann ann ann ann ann ann ann ann		manage and	CO. TON CONTRACTOR	No.		000000000000000000000000000000000000000				AND AND CONTRACTOR OF			t.moonmooning.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ROOM / SPACE HEATER					Lawrence conservation		[]	.governoenge w	Languagenerous	أدحجين		200000000000000000000000000000000000000		j		
ROOF TOP UNIT			<u> </u>			AMERICAN A VENEZA				NAME OF THE PARTY	A Service Constant processes	-			.ti-coorigiama.co	
TEST			A-1000000000000000000000000000000000000	*************	A to 1600 op one beauting			# construction and the		494070000000						
UNIT HEATER			A STATE OF THE PARTY OF THE PAR		***************************************						AMORANANISA					-
UNVENTED ROOM HEATER					201412.30.70.00.41.00			3-41-1-41-1-90-00-1000-1000		***************************************					Í	
WATER HEATER					e company	Accessional chickon						j			1	
OTHER					49122424	Approximation and		According to the second								
												4-11-(11-(11-4)			go aj redizio di regionalità	
· · · · · · · · · · · · · · · · · · ·	The same particular of the states and the states of the same and the s		***************************************	and a constant				American	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
				f					AMPLETANCE							1
INSURANCE COVERAGE															Les sur sometime	
I have a current <u>liability</u> insurance policy or its substantial equivalent which meets the requirements of MGL. Ch. 142 YES NO																
I IF YOU CHECKED YES, PLEASE INDICATE THE TYPE OF COVERAGE BY CHECKING THE APPROPRIATE BOX BELOW																
LIABILITY INSURANCE POLICY OTHER TYPE INDEMNITY BOND																
OWNER'S INSURANCE WAIVER: I am aware that the licensee <u>does not have</u> the insurance coverage required by Chapter 142 of the Massachusetts General Laws, and that my signature on this permit application <u>waives</u> this requirement.																
CHECK ONE ONLY: OWNER AGENT																
SIGNATURE OF OWNER OR AGENT																
I hereby certify that all of the details and information I have submitted or entered regarding this application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit Issued for this application will be in compliance with all Pertinent provision of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.																
PLUMBER-GASFITTER NAME SIGNATURE																
MP MGF JP JGF LPGI CORPORATION # PARTNERSHIP # LLC #																
COMPANY NAM	COMPANY NAME: ADDRESS															
CITY		de consciona de sensor de como de sensor de se	***************************************		STAT	E	ZIP	Haman Haman Name of Colorest	nococcanias propinsion	TEI	- 3000000000000000000000000000000000000			one contract of		
FAX	CELL	E	MAIL		64:000 SK-185: (006)-02*502*0	edia fertangan antagan saya sa	ensensensensensensensen	generated selectors in elec-	······································	Nicores alexandronación	- chd-mas-lane	энээнхиу гу унынын	Secretaria de la constanta de		tion of the control o	