



TOWN OF SEEKONK

Building Department

100 Peck Street

Seekonk, MA 02771

Phone: (508) 336-2990 Fax: (508)336-0764

Mary C. McNeil

Building Commissioner - Mechanical Inspector

APPLICATION FOR PLAN REVIEW & MECHANICAL PERMIT

Date _____ Permit# _____ Job Cost \$ _____ Permit Fee \$ _____

Plans Attached: Yes ☐ No ☐ Reviewed Needed: Yes ☐ No ☐

INSPECTIONS NEEDED

Preliminary Inspection ☐ Rough Inspection ☐ Final Inspection ☐

Please give 24 hr. notice for inspections

APPLICANT INFORMATION:

OWNER INFORMATION:

Name _____	Name _____
Street _____	Street _____
Town & Zip _____	City & Zip _____
Job Location _____	Job Location _____
Phone # _____	Phone # _____

Mechanical Work to be completed. Give brief description e.g. Type, size, quantity, etc.

- ☐ Chimneys & Vents \$35: _____
- ☐ Fireplaces \$40: _____
- ☐ Solid Fuel Burning & Gas Appliances \$35: _____
- ☐ Power Vents \$35: _____
- ☐ Air Distribution Systems \$60: _____
- ☐ Kitchen Exhaust Equipment \$40: _____
- ☐ HVAC Systems \$40: _____
- ☐ Fire Suppression Systems \$50: _____
- ☐ Mechanical Refrigeration \$40: _____
- ☐ Other: _____

Applicant/Owner Signature: _____ License # _____

Permit approved by: _____ Date: _____