

Commonwealth of Massachusetts

Sheet Metal Permit

Date : _____

Permit # _____

Estimated Job Cost: _____

Permit Fee: \$ _____

Plans Submitted: **YES** ___ **NO** ___

Plans Reviewed: **YES** ___ **NO** ___

Business License # _____

Applicant License # _____

Business Information:

Property Owner / Job Location Information:

Name: _____

Name: _____

Street: _____

Street: _____

City/Town: _____

City/Town: _____

Telephone: _____

Telephone: _____

Photo I.D. required / Copy of Photo I.D. attached: **YES** ___ **NO** ___

Building Type:

Residential: 1-2 family ___ Multi-family ___ Condo / Townhouses ___

Commercial: Office ___ Retail ___ Industrial ___ Educational ___ Institutional ___

Building Cubic Footage: under 35,000 cu. ft. ___ over 35,000 cu. ft. ___

Sheet metal work to be completed: New Work: ___ Renovation: ___

HVAC ___ Metal Roofing ___ Kitchen Exhaust System ___ Chimney / Vents ___

Provide brief description of work to be done:

INSURANCE COVERAGE:

I have a current liability insurance policy or its equivalent which meets the requirements of M.G.L. Ch. 112 Yes No

If you have checked Yes, indicate the type of coverage by checking the appropriate box below:

A liability insurance policy Other type of indemnity Bond

OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 112 of the Massachusetts General Laws, and that my signature on this permit application waives this requirement.

Check One Only

Owner Agent

Signature of Owner or Owner's Agent

By checking this box , 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 sheet metal work and installations performed under the permit issued for this application will be in compliance with all pertinent provision of the Massachusetts Building Code and Chapter 112 of the General Laws.

Progress Inspections

Date

Comments

_____	_____
_____	_____
_____	_____
_____	_____

Final Inspection

Date

Comments

_____	_____
-------	-------

By _____ Title _____ City/Town _____ Permit # _____ Fee \$ _____ _____ Inspector Signature of Permit Approval	Type of License: <input type="checkbox"/> Master <input type="checkbox"/> Master-Restricted <input type="checkbox"/> Journeyperson <input type="checkbox"/> Journeyperson-Restricted <input type="checkbox"/> _____	_____ Signature of Licensee License Number: _____ Check at www.mass.gov/dpl
---	--	--