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: ☐ Master ☐ Master-Restricted ☐Journeyperson ☐Journeyperson-Restricted ☐ _____	_____ Signature of Licensee License Number: _____ Check at **www.mass.gov/dpl**