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: _____

Email: _____

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

Staff Initial

J-1 / M-1-unrestricted license

J-2 / M-2-restricted to dwellings 3-stories or less and commercial up to 10,000 sq. ft. / 2-stories or less

Residential: 1-2 family ____ Multi-family ____ Condo / Townhouses ____ Other ____

Commercial: Office ____ Retail ____ Industrial ____ Educational ____

Institutional ____ Other ____

Square Footage: under 10,000 sq. ft. ____ over 10,000 sq. ft. ____ **Number of Stories:** _____

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

HVAC ____ Metal Watershed Roofing ____ Kitchen Exhaust System ____

Metal Chimney / Vents ____ Air Balancing ____

Provide detailed 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.

Duct inspection required prior to insulation installation: YES _____ NO _____

Progress Inspections

Date	Comments
_____	_____
_____	_____
_____	_____
_____	_____

Final Inspection

Date	Comments
_____	_____

By _____	Type of License:	
Title _____	__ Master	
City/Town _____	__ Mater-Restricted	_____
Permit # _____	__ Journeyperson	Signature of Licensee
Fee $ _____	__ Journeyperson – Restricted	Licensee Number: _____
	__ _____	Check at www.mass.gov/dpl
_____		
Inspector Signature of Permit Approval		