



Commonwealth of Massachusetts
Town of Hamilton
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: _____

Town: _____

Telephone: _____

Telephone: _____

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

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

<u>Date</u>	<u>Comments</u>
_____	_____
_____	_____
_____	_____
_____	_____

Final Inspection

Date

Comments

<u>Date</u>	<u>Comments</u>
_____	_____

By _____ Title _____ City/Town _____ Permit # _____ Fee \$ _____	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
_____ Inspector Signature of Permit Approval		