



THE COMMONWEALTH OF MASSACHUSETTS

Board of Examiners of Sheet Metal Workers SHEET METAL PERMIT APPLICATION

PER M.G.L. 112 AND CMR 271

Sheet Metal Permit Number: _____ Date: _____

Signature: _____ Date: _____
Building Commissioner/Inspector of Buildings

SECTION 1 SITE INFORMATION

1.1 Property Address:

1.2 Assessors Map & Parcel Number

Map

Block

Lot

SECTION 2 PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:

Name (Please Print)

Address:

Signature

Phone Number:

2.2 Authorized Agent:

Name:

Address:

Signature:

Phone Number:

SECTION 3: LICENSE HOLDER AND BUSINESS INFORMATION

3.1 Sheet Metal License Holder:

Licensee:

Address

Zip Code

Signature

Phone Number

License J-1 and M-1 Unrestricted License

License Type J-2 and M-2 Restricted to Dwellings 3 Stories or Less and Commercial up to 10,000 sq. ft./
2—Stories or Less

LICENSE TYPE Check One

M-1 ☐

M-2 ☐

J-1 ☐

J-2 ☐

3.2 Sheet Metal Business License

Company Name:

Business License Number

Address:

Zip Code

Expiration Date:

Signature:

Phone Number

Photo I.D. Required/ Copy of I.D. Attached: Yes: _____ No: _____

Workers Compensation Insurance Affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the Sheet Metal Permit

SECTION 5: INSURANCE COVERAGE

If You 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

Signature of the Owner or Owner's Agent

Check Only One
Owner ☐ Agent ☐

SECTION 6: Professional Design and Construction Services

For Buildings and Spaces where the Systems have been designed by someone other than the Installer

6.1 Registered Design Professional

Not Applicable ☐

Name (Registrant)

Registration Number

Address:

Expiration Date:

Signature: _____

Phone Number**SECTION 7 DESCRIPTION OF PROPOSED WORK (Check all that apply)**Residential: 1 or 2 Family ☐ Multi-Family ☐ Condo or Townhouse ☐ Other ☐

Commercial: ☐ Office ☐ Retail ☐ Industrial ☐ Educational ☐ Institutional ☐ Other ☐ (Specify)

Sheet Metal Work to be Performed: New Work ☐ Renovation ☐

Square Footage of the Building: Under 10,000 sq. ft. ☐ Over 10,000 sq. ft. ☐ **Number of Stories:** _____

Provide a Detailed Description of the Proposed Work:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SECTION 8: OWNER / AUTHORIZED AGENT DELCARATION

I _____ as the Permit holder 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 the sheet metal work and installations performed under the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Building Code and Chapter 112 of the Massachusetts General Laws.

Signed under the Pains and Penalties of Perjury.

Print Name: _____

Signature of Licensee: _____ License Number _____

Date: _____ Check at www.mass.gov/dhp for License Holder Information

SECTION 9: ESTIMATED COST OF WORK

Value of Proposed Work	For Official Use Only
For Labor and Materials	Permit Fee Multiplier: _____
	Permit Fee: _____
	Check Number: _____

EMAIL - _____