



# 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 \_\_\_\_

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:

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