



Commonwealth of Massachusetts

Sheet Metal Permit

Building Department 508-473-2679

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:
