



Commonwealth of Massachusetts
 Sheet Metal Permit
 Town of Huntington



Date _____ Permit Number _____

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 _____ Huntington, MA 01050

Telephone: _____ Telephone _____

Photo ID required. Photo ID 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 _____ **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 and attach drawings if applicable:

INSURANCE COVERAGE:

I have a current liability insurance policy or it's equivalent which meets the requirements of M.G.L. Ch. 112 YES ___ NO ___ If you checked YES indicate the type of coverage by checking the appropriate box;

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**
Signature of Owner or Owner's Agent **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 the 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

Permit # _____ Issued by George Peterson, Building Commissioner signature _____

Type of License: Master Master-Restricted Journey Person Journeyperson-Restricted

Signature of Licensee _____

License Number _____ Checked at www.mass.gov/dpi