

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:

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 \$ _____ Inspector Signature of Permit Approval	Type of License: <input type="checkbox"/> Master <input type="checkbox"/> Master-Restricted <input type="checkbox"/> Journey person <input type="checkbox"/> Journey person-Restricted <input type="checkbox"/> _____	_____ Signature of Licensee License Number: _____ Check at www.mass.gov/dpl
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TOWN OF CHATHAM
BUILDING PERMIT



Permit # _____ Issued Date _____ TOTAL PROJECT COST _____ Permit Fee _____

BOARD APPROVALS RECEIVED: ZONING [] PLANNING [] HBDC [] CHC [] CONSERVATION [] HEALTH []

BOARD APPROVALS RECEIVED - PLEASE ATTACH APPROVED / RECORDED COPIES

PERMISSION IS HEREBY GRANTED TO: BUILD [] ADD [] ALTER [] DEMOLISH [] MOVE []

Form with fields for PROJECT LOCATION OR PARCEL ID IF VACANT LAND, NAME OF PROPERTY OWNER, PROPERTY OWNER PERMANENT ADDRESS, CITY, STATE, ZIP, SPECIFIC TYPE OF WORK TO BE DONE, FINISHED BASEMENT SF / UNFINISHED BASEMENT SF, 1ST FLOOR / SF, 2ND FLOOR / SF, GARAGE / SF, DECK & PORCHES / SF, GENERAL CONTRACTOR, EXCAVATOR / SITE WORK, FRAMING CONTRACTOR, ELECTRICIAN / LOW VOLTAGE / ALARM, PLUMBING / GAS

As a result of the provisions of MGL c 40, § 54, I acknowledge that as a condition of Building Permit all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c 111, § 150A. I certify that I will notify the Building Official by (two months maximum) of the location of the solid waste disposal facility where the debris resulting from the said construction activity shall be disposed of, and I shall submit the appropriate form for attachment to the Building Permit.

The debris will be disposed at _____ (Location of the Facility)

I hereby agree to conform to all the rules and regulations of CMR 780 and the Town of Chatham regarding the above Construction.

SIGNATURE OF PERMIT APPLICANT _____ DATE _____ SIGNATURE OF BUILDING OFFICIAL _____ APPROVED DATE _____