

TOWN OF DEDHAM
Commonwealth of Massachusetts

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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 _____

J-1 / M-1-unrestricted license _____ Staff Initial _____

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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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

Comments

Final Inspection

Comments

Type of License:

By _____ Master
Title _____ Master-Restricted
City/Town _____ Journeyperson
Permit # _____ Journeyperson-Restricted
Fee \$ _____ _____

Signature of Licensee _____

License Number: _____

Check at www.mass.gov/dpl

Inspector Signature of Permit Approval _____