



The Commonwealth of Massachusetts

TOWN OF HALIFAX
OFFICE OF THE BUILDING COMMISSIONER
499 PLYMOUTH STREET
Telephone: (781) 293-6557



Sheet Metal Permit Application

Date: _____

Permit # _____

Fee \$ _____

Site /Address of work: _____

Estimated Cost: \$ _____

Plans Submitted: Yes___ No___

Plans Reviewed: Yes___ No___

Applicant Information:

Name: _____

License # _____

Address: _____

Telephone: _____

City/Town: _____ Zip: _____

Cell phone: _____

Photo ID required/Copy Attached: Yes ___ No ___

Property Owner Information:

Name: _____

Telephone: _____

Address: _____

City/Town: _____

Signature of Owner: _____

Residential: 1-2 family ___ Multi-family ___ Condo/Townhouses ___ Other ___

Commercial: Office ___ Retail ___ Industrial ___ Educational ___

Institutional ___ Other ___ // **Sq. Ft. -10,000** ___ **+10,000** ___ **Stories** ___

Work to be completed: New ___ Renovation ___ HVAC ___

Metal Watershed Roofing ___ Kitchen Exhaust System ___

Metal Chimney / Vents ___ Air Balancing ___

Description of work: _____

OVER

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 X No _____

Progress Inspections

Date Comments

Final Inspection

Date Comments

J-1 / M-1: unrestricted license

J-2 / M-2: restricted/dwellings 3 stories or less/commercial up to 10,000 sq.ft.
2 stories or less

By _____

Title _____

City/Town _____

Permit # _____

Fee\$ _____

Type of License:

☐ Master:

☐ Master-Restricted

☐ Journeyperson

☐ Journeyperson –Restricted

Inspector's Signature of Approval

Signature of Licensee

License #