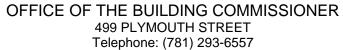


The Commonwealth of Massachusetts

TOWN OF HALIFAX





Sheet Metal Permit Application

Date:		Permit #	
Site /Address of work:		Fee \$	
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 Attach	No		
Property Owner Information: Name:		Telephone:	
Address:			
Signature of Owner:		City/Town:	
orginature of owner.			
Residential: 1-2 family Multi-	-family Co	ndo/Townhouses Other	
Commercial: Office Retail			
Institutional Other //	Sq. Ft10,0	00 +10,000 Stories	
Work to be completed: New	Renova	ation HVAC	
Metal Watershed Roofing Kitch	nen Exhaust Sy	ystem	
Metal Chimney / Vent	s Air Bal	ancing	
Description of work:			

Insurance Coverage:							
I have a current <u>liability</u>	<u>v</u> insurance policy or its €	equivalent which meets the requirer	ments of M.G.L. Ch. 1	12 Yes ∐ No ∐			
If you have checked	Yes, indicate the type	of coverage by checking the app	propriate box below	v:			
A liability insurar	nce policy	Other type of indemnity	Вог	nd \square			
Owner's Insurance Wa Massachusetts Genera	iver: I am aware that the Il Laws, and that my sign	licensee <u>does not have</u> the insuran ature on this permit application <u>wai</u>	ce coverage required ves this requirement	I by Chapter 112 of the			
		Check One Only					
		Owner	☐ Agent ☐]			
Signature or Owner or	Owner's Agent		_				
stallations performed e Massachusetts Build	under the permit issue ding Code and Chapte	te to the best of my knowledge a ed for this application will be in o r 112 of the General Laws. or to insulation installat	compliance with all	pertinent provision of			
_	Progress Inspection		<u></u>				
Date -	Comm						
<u> </u>	Final Inspection						
<u>Date</u>	Comm	<u>ents</u>					
•	M-1: unrestricted l M-2: restricted/dw 2 stories or le	ellings 3 stories or less/co	ommercial up to	o 10,000 sq.ft.			
Ву		Type of License:					
Title		☐ Master:					
City/Town		☐ Master-Restricte	ed				
Permit #		□Journeyperson					
Fee\$		☐Journeyperson -	-Restricted				
Inquesto via Ciarra	Atumo of Amountain	Cianatura of Line		Lineway #			
Inspector's Signa	ature of Approval	Signature of Licer	nsee	License #			