



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 or 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**

<u>Date</u>	<u>Comments</u>
_____	_____
_____	_____
_____	_____

**Final Inspection**

<u>Date</u>	<u>Comments</u>
_____	_____

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  
 Journeyman  
 Journeyman –Restricted

\_\_\_\_\_  
Inspector's Signature of Approval

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
License #