



### TOWN OF BILLERICA BUILDING DEPARTMENT SHEET METAL PERMIT APPLICATION

PERMIT #:

DATE RCVD:

DATE ISSUED:

|  |  |             |          |
|--|--|-------------|----------|
| MAP #:   |  | LOT/UNIT #: |          |
| ADDRESS:   |  |             |          |
| PROPERTY OWNER:  |  |             | PHONE #: |
| CONTRACTOR COMPANY NAME:   |  |             |          |
| LICENSED CONTRACTOR NAME:  |  |             |          |
| STREET ADDRESS:  |  | PHONE #:    |          |
| TOWN/STATE/ZIP:  |  |             |          |
| Photo ID Required – Attach with Permit   |  |             |          |
| J-1/M-1 (Unrestricted License) #:  |  | EXP. DATE:  |          |
| J-2/M-2 #:<br><small>(Restricted to Dwellings 3-stories or less and Commercial up to 10,000 SF/2 Stories or less)</small>  |  | EXP. DATE:  |          |
| <b>DESCRIPTION OF PROPOSED WORK (Check all applicable):</b>  |  |             |          |
| RESIDENTIAL:    1-2 Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Condo/Townhouses <input type="checkbox"/> Other <input type="checkbox"/> _____                       |  |             |          |
| COMMERCIAL:    Office <input type="checkbox"/> Retail <input type="checkbox"/> Industrial <input type="checkbox"/> Educational <input type="checkbox"/> Institutional <input type="checkbox"/> |  |             |          |
| Other <input type="checkbox"/> _____   |  |             |          |
| SQUARE FOOTAGE:    Under 10,000 SF <input type="checkbox"/> Over 10,000 SF <input type="checkbox"/> Number of Stories: _____   |  |             |          |
| SHEET METAL WORK TO BE COMPLETED: New Work <input type="checkbox"/> Renovation <input type="checkbox"/> HVAC <input type="checkbox"/>  |  |             |          |
| Metal Watershed Roofing <input type="checkbox"/> Kitchen Exhaust System <input type="checkbox"/> Metal Chimney/Vents <input type="checkbox"/> Air Balancing <input type="checkbox"/>           |  |             |          |
| PROVIDE DETAILED DESCRIPTION OF WORK TO BE DONE:   |  |             |          |
|  |  |             |          |
|  |  |             |          |
|  |  |             |          |
|  |  |             |          |
|  |  |             |          |
|  |  |             |          |
| ESTIMATED COST : \$  |  |             |          |
|  |  |             |          |



**TOWN OF BILLERICA  
BUILDING DEPARTMENT  
SHEET METAL PERMIT APPLICATION**

**INSURANCE COVERAGE:**

I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142. Yes  No

If you have checked YES, please indicate the type coverage by checking the appropriate box.

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 142 of the Mass. General Law, and that my signature on this permit application **waives** this requirement.

Check one:  
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 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 provisions of the Massachusetts Building Code and Chapter 112 of the General Laws:

SIGNATURE OF LICENSEE:

COST OF WORK:

Duct Inspection Required Prior to Insulation: YES  NO

**PROGRESS INSPECTIONS**

Date

Comments

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FINAL INSPECTION**

Date

Comments

\_\_\_\_\_

\_\_\_\_\_

**▼ FOR OFFICE USE ONLY ▼**

INSPECTOR'S COMMENTS:

FEE \$:

Inspector's Signature:

CHECK # OR CASH:

**INFORMATION NEEDED:**

Equipment Sizes per Heating/Cooling Calculations  
Duct Work Sized Per Manual D  
R-Value of Insulation on Ducts