



Town of Wakefield

THE COMMONWEALTH OF MASSACHUSETTS

Board of Examiners of Sheet Metal Workers
SHEET METAL PERMIT APPLICATION

PER M.G.L. 112 AND CMR 271

Sheet Metal Permit Number: _____ Date: _____

Signature: _____ Date: _____
Building Commissioner/Inspector of Buildings

SECTION 1 SITE INFORMATION

1.1 Property Address:

1.2 Assessors Map & Parcel Number

Map

Block

Lot

SECTION 2 PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:

Name (Please Print)

Address:

Signature

Phone Number:

2.2 Authorized Agent:

Name:

Address:

Signature:

Phone Number:

SECTION 3: LICENSE HOLDER AND BUSINESS INFORMATION

3.1 Sheet Metal License Holder:

Licensee:

Address

Zip Code

Signature

Phone Number

License J-1 and M-1 Unrestricted LicenseLicense Type J-2 and M-2 Restricted to Dwellings 3 Stories or Less and Commercial up to 10,000 sq. ft./
2—Stories or LessLICENSE TYPE

Check One

M-1 ☐M-2 ☐J-1 ☐J-2 ☐

3.2 Sheet Metal Business License

Company Name:

Business License Number

Address:

Zip Code

Signature:

Phone Number

Expiration Date:

Photo I.D. Required/ Copy of I.D. Attached: Yes: _____ No: _____

SECTION 4: WORKERS COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c152§ 25c (6))

Workers Compensation Insurance Affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the Sheet Metal Permit

Signed Affidavit Attached: Yes.....☐ No.....☐

SECTION 5: INSURANCE COVERAGE

I have a current Liability insurance policy or its equivalent which meet the requirements of M.G.L. Ch 112 Yes ☐ No ☐

If You 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

Signature of the Owner or Owner's Agent

Check Only One
Owner ☐ Agent ☐

SECTION 6: Professional Design and Construction Services

For Buildings and Spaces where the Systems have been designed by someone other than the Installer

6.1 Registered Design Professional

Name (Registrant)

Address:

Signature: _____

Phone NumberNot Applicable ☐

Registration Number

Expiration Date:

SECTION 7 DESCRIPTION OF PROPOSED WORK (Check all that apply)Residential: 1 or 2 Family ☐ Multi-Family ☐ Condo or Townhouse ☐ Other ☐Commercial: Office ☐ Retail ☐ Industrial ☐ Educational ☐ Institutional ☐ Other ☐ (Specify) _____Sheet Metal Work to be Performed: New Work ☐ Renovation ☐

Square Footage of the Building: Under 10,000 sq. ft. ☐ Over 10,000 sq. ft. ☐ Number of Stories: _____

Provide a Detailed Description of the Proposed Work:

Plans Submitted: YES: ☐ NO: ☐ PLANS REVIEWED: YES: ☐ NO: ☐

SECTION 8: OWNER / AUTHORIZED AGENT DELCARATION

I _____ as the Permit holder 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 the sheet metal work and installations performed under the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Building Code and Chapter 112 of the Massachusetts General Laws.

Signed under the Pains and Penalties of Perjury.

Print Name: _____ Email Address: _____

Signature of Licensee: _____ License Number _____

Date: _____ Check at www.mass.gov/dlp for License Holder Information

SECTION 9: ESTIMATED COST OF WORK

Value of Proposed Work	For Official Use Only
_____ For Labor and Materials	Permit Fee Multiplier: _____
	Permit Fee: _____
	Check Number: _____