



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

LICENSE TYPE

Check One

M-1

M-2

J-1

J-2

3.2 Sheet Metal Business License

 Company Name:

 Address: Zip Code

 Signature: Phone Number

 Business License 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))

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: _____

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: _____