



**TOWN OF BOXBOROUGH
BUILDING DEPARTMENT
SHEET METAL PERMIT
Telephone: (978) 264-1726
Fax: (978) 264-3127**

PERMIT #:

DATE RCVD:

DATE ISSUED:

MAP #:		LOT/UNIT #:	
ADDRESS:			
PROPERTY OWNER:		PHONE #:	
CONTRACTOR COMPANY NAME:			
LICENSED CONTRACTOR NAME:			
STREET ADDRESS:		PHONE #:	
TOWN/STATE/ZIP:			
J-1/M-1 (Unrestricted License) #:		EXP. DATE:	
J-2/M-2 #: (Restricted to Dwellings 3-stories or less and Commerical up to 10,000 SF/2 Stories or less)		EXP. DATE:	
DESCRIPTION OF PROPOSED WORK (Check all applicable):			
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 OF WORK TO BE DONE:			



**TOWN OF BOXBOROUGH
BUILDING DEPARTMENT
SHEET METAL PERMIT
Telephone: (978) 264-1726
Fax: (978) 264-3127**

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 Laws, and that my signature on this permit application **waives** this requirement.

Signature of Owner or Owner's Agent

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

SIGNATURE OF LICENSEE:

Duct Inspection Required Prior to Insulation: YES NO

PROGRESS INSPECTIONS

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

FINAL INSPECTION

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

▼ FOR OFFICE USE ONLY ▼

INSPECTORS COMMENTS:

FEE \$:

Inspectors Signature:

CHECK # OR CASH: