

TOWN OF HAMILTON

SHEET METAL PERMIT

To be completed by Building Department

Signature Indicating Approval of the Permit Application by the
Town of Hamilton Inspector of Buildings

Signature: _____

Date: _____

BUILDING PERMIT #: _____

FEE PAID: _____ DATE PAID: _____

CHECK NUMBER: _____

SHEET METAL APPLICATION FEE: \$50

PROPERTY ADDRESS: _____

OWNER(S) NAME: _____

APPLICANT

NAME OF APPLICANT: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

NAME OF PERSON RESPONSIBLE FOR CONSTRUCTION: _____

PHONE: (_____) _____

LICENSE NUMBER: _____ TYPE OF LICENSE: _____

J-1/M-1 UNRESTRICTED LICENSE J-2/M-2 RESTRICTED TO DWELLINGS 3 STORIES OR LESS AND COMMERCIAL UP TO 10,000 SQ FT/2 STORIES OR LESS

APPLICANT'S SIGNATURE: _____ DATE: ____/____/____

By signing above 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.

TYPE OF PROPERTY (CHECK ONE)

RESIDENTIAL: 1-2 FAMILY _____ MULTI-FAMILY _____

CONDO/TOWNHOUSE _____ OTHER _____

COMMERCIAL: OFFICE _____ RETAIL _____ INDUSTRIAL _____ EDUCATIONAL _____

INSTITUTIONAL _____ OTHER _____

SQUARE FOOTAGE

UNDER 10,000 SQ FT _____ OVER 10,000 SQ FT _____

NUMBER OF STORIES _____

TYPE OF WORK

NEW CONSTRUCTION _____ RENOVATION _____ HVAC ONLY _____

METAL WATERSHED ROOFING _____

KITCHEN EXHAUST SYSTEM _____

METAL CHIMNEY VENTS _____

DETAILED DESCRIPTION OF WORK TO BE DONE

ESTIMATE JOB COST: _____

Is the attached mandatory Residential Plans Examiner Review Form for HVAC System Designs (Loads, Equipment, Ducts) Included with this application?

_____ Yes _____ No

**PLEASE INCLUDE COPIES OF YOUR LICENSE
AND YOUR GENERAL LIABILITY INSURANCE CERTIFICATE WITH EACH APPLICATION.**

OWNERS INSURANCE WAIVER (If applicable)

I/WE _____, ARE AWARE THAT THE LICENSEE DOES NOT HAVE THE INSURANCE COVERAGE REQUIRED BY CHAPTER 112 OF THE MASSACHUSETTS GENERAL LAWS AND THAT MY/OUR SIGNATURE ON THIS PERMIT WAIVES THIS REQUIREMENT.

_____/_____/_____
Signature of Owner Date

_____/_____/_____
Signature of Owner Date