



Commonwealth of Massachusetts
Sheet Metal Permit
Town of Wayland

Date: _____

Permit # _____

Estimated Job Cost: \$ _____

Permit Fee: \$ _____

Plans Submitted: YES ____ NO ____

Plans Reviewed: YES ____ NO ____

Business License # _____

Applicant License # _____

Business Information:

Property Owner / Job Location Information:

Name: _____

Name: _____

Street: _____

Street: _____

City/Town: _____

City/Town: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

Photo I.D. required / Copy of Photo I.D. attached: YES ____ NO ____

Staff Initial

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

Residential: 1-2 family ____ Multi-family ____ Condo / Townhouses ____ Other ____

Commercial: Office ____ Retail ____ Industrial ____ Educational ____

Institutional ____ Other ____

Square Footage: under 10,000 sq. ft. ____ over 10,000 sq. ft. ____ Number of Stories: ____

Sheet metal work to be completed: New Work: ____ Renovation: ____

HVAC ____ Metal Watershed Roofing ____ Kitchen Exhaust System ____

Metal Chimney / Vents ____ Air Balancing ____

Provide detailed description of work to be done:

INSURANCE COVERAGE:

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

If you have 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.

Check One Only

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 will be in compliance with all pertinent provision of the Massachusetts Building Code and Chapter 112 of the General Laws.

Duct inspection required prior to insulation installation: YES _____ NO _____

Progress Inspections

Date

Comments

_____	_____
_____	_____
_____	_____
_____	_____

Final Inspection

Date

Comments

_____	_____
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<p>By _____</p> <p>Title _____</p> <p>City/Town _____</p> <p>Permit # _____</p> <p>Fee \$ _____</p> <p>_____ Inspector Signature of Permit Approval</p>	<p>Type of License:</p> <p><input type="checkbox"/> Master</p> <p><input type="checkbox"/> Master-Restricted</p> <p><input type="checkbox"/> Journeyperson</p> <p><input type="checkbox"/> Journeyperson-Restricted</p> <p><input type="checkbox"/> _____</p>	<p>_____ Signature of Licensee</p> <p>License Number: _____</p> <p>Check at www.mass.gov/dpl</p>
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