



\$150.00
FEE
 PAYABLE TO
 THE TOWN OF
 NANTUCKET

Planning and Land Use Services

Building ▪ Health ▪ Historic District Commission ▪ Planning Board ▪ Zoning Board of Appeals

BUILDING DIVISION

APPLICATION FOR SHEET METAL PERMIT

DATE: _____ MAP# _____ PARCEL# _____ PERMIT # _____
 ESTIMATED JOB COST: \$ _____ PAYMENT CHECK #: _____
 PLANS SUBMITTED: YES _____ NO _____ PLANS REVIEWED: YES _____ NO _____
 BUSINESS LICENSE # _____ APPLICANT LICENSE # _____

BUSINESS INFORMATION:

NAME: _____
 STREET: _____
 CITY/TOWN: _____
 TELEPHONE: _____

PROPERTY OWNER/JOB LOCATION INFORMATION:

NAME: _____
 STREET: _____
 CITY/TOWN: _____
 TELEPHONE: _____

PHOTO I.D. REQUIRED/COPY OF PHOTO I.D. ATTACHED: YES _____ NO _____

STAFF INITIALS _____

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/Townhouse _____ 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 _____ Air Balancing _____
 Metal Watershed Roofing _____ Kitchen Exhaust System _____ Metal Chimney/Vents _____ HVAC _____

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:

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 the 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 provisions 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 Inspections

Date

Comments

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