

TOWN OF BILLERICA

BUILDING DEPARTMENT SHEET METAL PERMIT APPLICATION

PERMIT #:	DATE RCVD:		DATE ISSUED:				
MAP #:		LOT/UNIT #:	:				
ADDRESS:							
PROPERTY OWNER:			PHONE #:				
CONTRACTOR COMPANY NAME:							
LICENSED CONTRACTOR NAME:							
STREET ADDRESS:			PHONE #:				
TOWN/STATE/ZIP:							
Photo ID Required – Attach with Permit							
J-1/M-1 (Unrestricted License) #:			EXP. DATE:				
J-2/M-2 #:							
(Restricted to Dwellings 3-stories or less and Com	EXP. DATE:						
DESCRIPTION OF PROPOSED WORK (Check all applicable):							
RESIDENTIAL: 1-2 Family Multi-Family Condo/Townhouses Other							
COMMERCIAL: Office Retail Industrial Educational Institutional							
	Other 🗆						
SQUARE FOOTAGE: Under 10,000 SF Over 10,000 SF Number of Stories:							
SHEET METAL WORK TO BE COMPLETED: New Work			Renovation				
Metal Watershed Roofing ☐ Kitchen Exhaust System ☐ Metal Chimney/Vents ☐ Air Balancing							
PROVIDE DETAILED DESCRIPTION OF WORK TO BE DONE:							
ESTIMATED COST: \$							



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INSURANCE COVER		1	A CMCL OL 140 Wood					
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	y [] Oth	er type of indem	nnity U Bond					
by Chapter 142 of the Mas	WAIVER: I am aware that the lic ss. General Law, and that my signa	ensee <u>DOES Ne</u> ture on this perm	nit application <u>waives</u> thi	coverage required is requirement. heck one: Agent				
Signature of Owner or Ow	vner'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 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:								
SIGNATURE OF LICENS	SEE:	COST OF WO	COST OF WORK:					
Duct Inspection Required Prior to Insulation: YES 🗆 NO 🗆								
PROGRESS INSPECTIONS								
	Date	}	Comments					
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	1000000	<u> </u>						
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FINAL INSPECTION								
	<u>Date</u>		Comments					
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▼ FOR OFFICE USE ONLY ▼								
INSPECTOR'S COMM	IENTS:							
		<u> </u>						
FEE \$:	Inspector's Signature:	ĺ	CHECK # OR CASH:					

INFORMATION NEEDED:

Equipment Sizes per Heating/Cooling Calculations
Duct Work Sized Per Manual D
R-Value of Insulation on Ducts