



TOWN OF BILLERICA
BUILDING DEPARTMENT
SHEET METAL PERMIT APPLICATION

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

Check one:
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 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 LICENSEE:

COST OF WORK:

Duct Inspection Required Prior to Insulation: YES ☐ NO ☐

PROGRESS INSPECTIONS

Date

Comments

FINAL INSPECTION

Date

Comments

▼ FOR OFFICE USE ONLY ▼

INSPECTOR'S COMMENTS:

FEE \$:

Inspector's Signature:

CHECK # OR CASH:

INFORMATION NEEDED:

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