



# Maynard Building Department

195 Main Street  
Maynard, MA 01754  
Tel: (978) 897-1374  
Fax: (978) 897-7290

Approved by \_\_\_\_\_  
Date \_\_\_\_\_  
Permit # \_\_\_\_\_  
Fee \_\_\_\_\_  
Check # \_\_\_\_\_

## Application for SHEET METAL Permit

Application is made pursuant to the Massachusetts State Building Code, 8th Ed. and International Mechanical Code

### Property/Owner Information

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zoning District \_\_\_\_\_ Map \_\_\_\_\_ Lot \_\_\_\_\_

**Value of Improvement** \$ \_\_\_\_\_

**Contractor** Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Company Name \_\_\_\_\_ HIC Reg. # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Type of License(s)  J-1  M-1  J-2  M-2 # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Photo I.D. required / Copy of Photo I.D. attached: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ Received By: \_\_\_\_\_

**Building Information**  Residential  Business  Mercantile  Assembly  Educational  
 Factory  Storage  Mixed  Utility/ Misc  Institutional

**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  Kitchen Exhaust System  Metal Chimney / Vents  
 Air Balancing  Metal Watershed Roofing  Other

Detailed Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Plans Submitted:**  Yes  No **Duct Inspection** required prior to Insulation:  Yes  No

**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 yes,** check one:  A Liability Policy  Other type of Indemnity  Bond

**OWNER'S INSURANCE WAIVER:** I am aware that the licensee does not have the insurance coverage required by M.G.L. Chapter 112, and that my signature on this Permit Application waives this requirement.

**Signature of Owner or Owner's Agent:** \_\_\_\_\_  Owner  Agent

**Signature of Licensee/Applicant:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

Complete Application Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Application Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_