



Town of Maynard
Office of Municipal Services

Municipal Building
195 Main Street
Maynard, MA 01754
Tel: (978) 897-1302 Fax: (978) 897-8489
www.townofmaynard-ma.gov

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 _____

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: