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*Lawrence Morris*  
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## **TOWN OF SUTTON BUILDING DEPARTMENT**

### **SHEET METAL PERMIT APPLICATION**

#### **Requirements.**

**Fee: \$50.00**

(a) Any application for a permit shall be made to the inspector before work commences. Except in the case of emergencies, until a permit has been issued by the inspector, sheet metal shall not be installed, altered, removed, replaced, or repaired. Permits shall be obtained within two business days of an emergency.

1. Applications shall be made on a Town of Sutton approved form. (see attached)
2. Applications shall include a statement of work to be performed, the location, and the names of the persons or entities for and by whom the work is to be done.
3. A separate permit is required for each individual building.
4. Submission of a set of construction plans may be required.

(b) Permits shall be issued only to licensed Journeyperson and Master Sheet Metal Workers.

#### **(c) Liability Coverage**

1. Licensees shall have a current liability insurance policy that includes completed operations coverage and has been issued by a company licensed to do business in Massachusetts. A current certificate must be attached to the application.
2. At the discretion of the inspector, others types of indemnity against liability or a bond may be substituted.
3. Liability coverage must be adequate to cover building-wide catastrophes.

Commonwealth of Massachusetts

Sheet Metal Permit

Date: \_\_\_\_\_

Permit # \_\_\_\_\_

Estimated Job Cost: \$ \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

Plans Submitted: YES \_\_\_ NO \_\_\_

Plans Reviewed: YES \_\_\_ NO \_\_\_

Business License # \_\_\_\_\_

Applicant License # \_\_\_\_\_

Business Information:

Property Owner / Job Location Information:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_

City/Town: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Photo I.D. required / Copy of Photo I.D. attached: YES \_\_\_ NO \_\_\_

Staff Initial

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 / Townhouses \_\_\_ 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: \_\_\_

HVAC \_\_\_ Metal Watershed Roofing \_\_\_ Kitchen Exhaust System \_\_\_

Metal Chimney / Vents \_\_\_ Air Balancing \_\_\_

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:

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 112 of the Massachusetts General Laws, and that my signature on this permit application waives this 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 provision 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

<u>Date</u>	<u>Comments</u>
_____	_____
_____	_____
_____	_____
_____	_____

**Final Inspection**

Date

Comments

<u>Date</u>	<u>Comments</u>
_____	_____

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