

# TOWN OF KINGSTON



## 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**

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

By checking this box , 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
_____	_____
_____	_____
_____	_____

**Final Inspection**

Date	Comments
_____	_____

By \_\_\_\_\_  
Title \_\_\_\_\_  
City/Town \_\_\_\_\_  
Permit # \_\_\_\_\_  
Fee \_\_\_\_\_

**Type of license**  
Master  
Master-Restricted  
Journey person  
Journey person-Restricted  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Licensee  
License # \_\_\_\_\_

\_\_\_\_\_  
Inspector signature of permit approval