



APPLICATION FOR PERMIT TO DO SHEET METAL

TOWN OF WILMINGTON

BUILDING LOCATION _____

OWNER'S NAME _____ RESIDENTIAL ☐ COMMERCIAL ☐

NEW ☐ RENOVATION ☐ HVAC ☐ METAL WATERSHED ROOFING ☐

KITCHEN EXHAUST SYSTEM ☐ METAL CHIMNEY/VENTS ☐ AIR BALANCING ☐

Provide detailed description of work to be done:

Duct Inspection required prior to insulation installation: Yes ☐ No ☐

VALUE OF SHEET METAL WORK \$ _____ (Required by Municipal Policy)

COMPANY NAME _____ LICENSED SHEET METAL _____

ADDRESS _____ TELEPHONE # _____

LICENSE # _____ J-1 / M-1 ☐ (Unrestricted license) J-2 / M-2 ☐ (Restricted to dwellings up to 3 stores & commercial up to 10,000 sq ft/2 stories)

CHECK ONE: ☐ Corporation # _____ ☐ Partnership # _____ ☐ Firm/Co. # _____

I hereby certify that all the details and information I have submitted or entered in the above 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

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

_____. Signature of Owner or Owner's Agent

CHECK ONE: Owner ☐ Agent ☐

Inspector of Buildings Signature: _____

FOR OFFICE USE ONLY:

FEE _____ PERMIT # _____ DATE _____

*TREASURER'S OFFICE: _____ CASH ☐ CHECK ☐ CK # _____

*(Required) MGL Ch 40 §57