



TOWN OF DENNIS
SHEET METAL PERMIT APPLICATION

Permit Number.....	Fee.....
Inspector Initial of Permit Approval	Date.....
Tax.....	
Fire Department.....	
Map.....	Parcel.....

Submitted Plans: **Yes** ___ **No** ___

Reviewed: **Yes** ___ **No** ___

Property Owner / Job Location Information:

Business Information:

Name: _____

Business License # _____

Street: _____

Applicant License # _____

City/Town: _____

Name: _____

Telephone: _____

Street: _____

Estimated Job Cost: \$ _____

City/Town: _____

Telephone: _____

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

Photo I.D. required / Copy of Photo I.D. attached: Yes No

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

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

Duct leakage test report required: Yes No

By _____
Title _____
City/Town _____
Permit # _____
Fee \$ _____

Type of License:
Master
Master-Restricted
Journeyman
Journeyman-Restricted

Signature of Licensee

License Number: _____

Check at www.mass.gov/dpl