



Town of North Reading  
Massachusetts

Building Department

235 North Street, North Reading, MA 01864...978/664-6040 - FAX 978/664-1713

**SHEET METAL PERMIT APPLICATION**

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: North Reading

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

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

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

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/Townhouse \_\_\_\_\_ Other \_\_\_\_\_

Commercial: Office \_\_\_\_\_ Retail \_\_\_\_\_ Industrial \_\_\_\_\_ Educational \_\_\_\_\_

Institutional \_\_\_\_\_ Other \_\_\_\_\_

Square Footage: Under 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 done:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Over →

**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:

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.

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

Owner ☐ 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 installation performed under this 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.

Duct inspection required prior to insulation installation: Yes \_\_\_\_ No \_\_\_\_

**Progress Inspections**

Date	Comments
_____	_____
_____	_____
_____	_____
_____	_____

**Final Inspection**

Date	Comments
_____	_____

**Type of License**

By _____	<input type="checkbox"/> Master	_____
Title _____	<input type="checkbox"/> Master - Restricted	Signature of Licensee
City <b>North Reading</b>	<input type="checkbox"/> Journey person	
Permit # _____	<input type="checkbox"/> Journey person - restricted	License #: _____
Fee \$ _____	<input type="checkbox"/> _____	

\_\_\_\_\_  
Inspector Signature of Permit Approval

Check at [www.mass.gov/dpl](http://www.mass.gov/dpl)