



City of Waltham
Building Department
119 School St, Lower Level
Waltham, Ma 02451
Tel.(781)-314-3275

**Supplemental Sheet Metal
Information for Building
Permit Applications**

Date: _____

Plans Submitted (Check appropriate box) Yes _____ No _____ Estimated Job Cost \$ _____

Job Location (Street & Number) _____

Residential _____ Commercial _____

_____ New Work _____ Renovations

Applicants License# _____

Business License# _____

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: Offices _____ Retail _____ Industrial _____ Educational _____ Institutional _____ Other _____

Square Footage: Under 10,000 sq. ft. _____ Number of Stories _____

Business Information:

Firm Name: _____ Telephone () _____

Address: _____

License Information:

Licensee Name: _____

Type of License

Signature of Licensee: _____

____ Master
____ Master-Restricted
____ Journey person
____ Journey person Restricted
____ Other _____

Property Owner Information:

Name: _____ Telephone () _____

Address: _____

Must Fill Out Number of Items Installed

Damper		Screen		Chimney/Vents	
Air termination return terminal		Watershed roof system		Bathroom fan/exhaust	
Mixing box		Kitchen Hood		Duct access door	
Louver				Sound Trap	
Air handling ductwork: tested: adjusted or air balanced					

Sheet Metal Work to be Completed:

HVAC _____ Kitchen Exhaust System _____
Metal Watershed Roofing _____
Metal Chimney/Vents _____
Air Balancing _____

Provide details 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. 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 waives 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 Owners Agent

By checking this area, 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 General Laws.