

# Commonwealth of Massachusetts

## 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 \_\_\_

Building Type:

Residential: 1-2 family \_\_\_ Multi-family \_\_\_ Condo / Townhouses \_\_\_

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

Building Cubic Footage: under 35,000 cu. ft. \_\_\_ over 35,000 cu. ft. \_\_\_

Sheet metal work to be completed: New Work: \_\_\_ Renovation: \_\_\_

HVAC \_\_\_ Metal Roofing \_\_\_ Kitchen Exhaust System \_\_\_ Chimney / Vents \_\_\_

Provide brief description of work to be done:

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**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

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.

**Progress Inspections**

Date

Comments

<u>Date</u>	<u>Comments</u>
_____	_____
_____	_____
_____	_____
_____	_____

**Final Inspection**

Date

Comments

<u>Date</u>	<u>Comments</u>
_____	_____

By _____ Title _____ City/Town _____ Permit # _____ Fee \$ _____	Type of License: <input type="checkbox"/> Master <input type="checkbox"/> Master-Restricted <input type="checkbox"/> Journeyperson <input type="checkbox"/> Journeyperson-Restricted <input type="checkbox"/> _____	_____ Signature of Licensee License Number: _____ Check at <a href="http://www.mass.gov/dpl">www.mass.gov/dpl</a>
Inspector Signature of Permit Approval		

**Sheet Metal Commercial Guidelines / Life Safety / Critical Systems**  
**Inspection Checklist**

<u>Yes</u>	<u>No</u>	<u>N/A</u>	
_____	_____	_____	Set of stamped engineering documents and detailed description of mechanical system to be installed has been provided
_____	_____	_____	All workers performing sheet metal work onsite has valid Massachusetts sheet metal license
_____	_____	_____	All sheet metal work being performed with proper journey person-to-apprentice ratios
_____	_____	_____	Fire dampers with access door properly installed and checked for operation
_____	_____	_____	Smoke and combination fire / smoke dampers with access doors properly installed - actuator checked for proper operation (May also be verified by fire department during fire alarm testing)
_____	_____	_____	Duct smoke detectors with access doors properly located (May also be verified by fire department during fire alarm testing)
_____	_____	_____	Smoke / atrium exhaust systems installed and operation verified (May also be verified by fire department during fire alarm testing)
_____	_____	_____	Stair pressurization systems installed (where required) and operation verified (May also be verified by fire department during fire alarm testing)
_____	_____	_____	Grease / kitchen hood exhaust system installed with all seams and connections welded airtight with properly located cleanouts. Proper clearances, fire rated enclosures and pressure testing required.
_____	_____	_____	Seismic restraints installed where required on equipment and ductwork
_____	_____	_____	Duct penetrations in fire rated walls and floors sealed
_____	_____	_____	Metal roofing systems installed watertight using proper materials and fasteners
_____	_____	_____	Flexible duct runs installed 6'-0" maximum length
_____	_____	_____	Ductwork installed using proper hanger spacing, hanger stock, threaded rod and angle iron
_____	_____	_____	Ductwork / plenum connections sealed substantially airtight
_____	_____	_____	Ductwork insulated by means of external covering or internal lining
_____	_____	_____	Volume dampers installed for each supply air branch duct
_____	_____	_____	New/clean - properly sized filters installed (final inspection)
_____	_____	_____	Testing and Balancing report complete (final sign-off)

Sheet Metal Residential Guidelines / Inspection Checklist

<u>Yes</u>	<u>No</u>	<u>N/A</u>	
_____	_____	_____	Detailed description and sketch of sheet metal system to be installed has been provided
_____	_____	_____	All workers performing sheet metal work onsite has valid Massachusetts sheet metal license
_____	_____	_____	All sheet metal work being performed with proper journeyman-to-apprentice ratios
_____	_____	_____	Equipment sized per heating / cooling load calculations
_____	_____	_____	Duct work sized per manual "D" calculations
_____	_____	_____	Bath / shower rooms contain mechanical exhaust fan vented outdoors
_____	_____	_____	Electric dryer exhaust properly installed maximum total run 35'-0", maximum flexible run 8'-0"
_____	_____	_____	Flexible duct runs installed 14'-0" maximum length
_____	_____	_____	Volume dampers installed for each supply air branch duct
_____	_____	_____	Ductwork installed using proper gauges and hangers
_____	_____	_____	Ductwork / plenum connections sealed substantially airtight
_____	_____	_____	Ductwork insulated by means of external covering or internal lining
_____	_____	_____	New/clean - properly sized filter installed (final inspection)
_____	_____	_____	Testing and Balancing report complete (final sign-off)