City of Somerville
Mayors Office of Strategic Planning & Community Development
Inspectional Services Division

PERMIT #: DATE RCVD: DATE ISSUED:

MAP:	BLOCK:	LOT:	CHECK #	FEE $
ADDRESS:				
PROPERTY OWNER:			PHONE #:	
CONTRACTOR COMPANY NAME: LICENSED CONTRACTOR NAME:				
STREET ADDRESS: CITY? STATE/ZIP:			PHONE #:	
Photo ID Required – Attach with Permit				
J-1/M-1 (Unrestricted License) #:			EXP. DATE:	
J-2/M-2 #: (Restricted to Dwellings 3-stories or less and Commerical up to 10,000 SF/2 Stories or less)			EXP. DATE:	

DESCRIPTION OF PROPOSED WORK (Check all applicable):

RESIDENTIAL: 1-2 Family ☐ Multi-Family ☐ Condo/Townhouses ☐ Other ☐ _____

COMMERICIAL: Office ☐ Retail Industrial ☐ Educational ☐ Institutional ☐
Other ☐ _____

SQUARE FOOTAGE: Under 10,000 SF ☐ Over 10,000 SF ☐ 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:

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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.

Check one:
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 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:

SIGNATURE OF LICENSEE:	**COST OF WORK:**

Duct Inspection Required Prior to Insulation: YES ☐ NO ☐

PROGRESS INSPECTIONS

Inspector	Date	Comments

FINAL INSPECTION

Inspector	Date	Comments

▼ FOR OFFICE USE ONLY ▼

INSPECTORS COMMENTS:

Inspectors Signature:

INFORMATION NEEDED:

Equipment Sizes per Heating/Cooling Calculations
Duct Work Sized Per Manual D
R-Value of Insulation on Ducts