

CITY OF CAMBRIDGE
Inspectional Services Department
831 Massachusetts Avenue
Cambridge, Ma 02139
617-349-6100

Ranjit Singanayagam
Commissioner

SHEET METAL PERMIT

Date: _____ Permit #: _____
Estimated Job Cost: _____ Permit Fee: _____
Plans Submitted: YES _____ NO _____ Plans Reviewed: YES _____ NO _____
Business License #: _____ Applicant License #: _____

Business Information:

Name: _____
Street: _____
City/Town: _____
Telephone: _____

Property Owner/Job Location Information:

Name: _____
Street: _____
City/Town: Cambridge
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 in linear feet: _____ New Work _____ Renovations _____
HVAC _____ Metal Watershed Roofing _____ Kitchen Exhaust System _____
Metal Chimney/Vents _____ Air Balancing _____

Provide detailed description of work 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:

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 provision of the Masachusetts 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 _____	<input type="checkbox"/> Journeyperson	
Permit # _____	<input type="checkbox"/> Journeyperson - restricted	License #: _____
Fee \$ _____	<input type="checkbox"/>	

Inspector Signature of Permit Approval

Check at www.mass.gov/dpl