

Town of Harvard Sheet Metal Permit Application

Date _____ Permit Number _____

Estimated Cost of Construction _____ Permit Fee _____

Plans Submitted **YES** _____ **NO** _____ Plans Reviewed **Yes** _____ **NO** _____

Business License Number _____ Applicant License Number _____

Contractor's Information

Property Owner Information

Name: _____

Name: _____

Street: _____

Street: _____

City/Town: _____

City/Town: _____

Phone _____

Phone _____

Contractors photo I.D. attached (Required) : **YES** _____ **NO** _____ Staff Initials _____

Type of license check one:

J-1 / M-1 Unrestricted license

J-2 / M-2 Restricted to dwellings 3 stories or less and commercial buildings up to 10,000 sf/2 stories or less.

Check type of building where work is being performed (Check only one)

Residential: 1 – 2 family _____ Multi-family _____ Condo/townhouse _____ Other _____

Commercial: Office _____ Retail _____ Industrial _____ Educational _____
Institutional _____ Other _____

Square footage: Under 10,000 sf. _____ Over 10,000 sf _____ Number of stories _____

Sheet Metal work to be performed: (Check all that apply to project)

New work _____ Renovation _____ HVAC _____ Metal watershed roofing systems _____

Kitchen exhaust system _____ Metal chimney / vents _____ Air Balancing _____

Describe Scope of Work: _____

Insurance Coverage:

I have a current liability insurance policy or its equivalent which meets the requirements of MGL Ch. 112 **YES** ___ **NO** ___
(Submit copy of policy)

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 _____

Property Owner's Insurance Waiver: I am aware that the licensee does not have the insurance coverage required by MGL Ch. 112, and that my signature on this permit application waives this requirement.

Owner _____ Agent _____

Signature

I have a current Workers compensation Policy for my workers **YES** ___ **NO** ___
(Submit copy of policy)

Duct Inspection required prior to insulation installation: **YES** ___ **NO** ___

Blower door test results required at completion of work: **YES** ___ **NO** ___

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 this permit issued for this application will be in compliance with all pertinent provisions of the Ma. State Building Code and MGL Ch 112.

Signature of Licensee

Date

License Number
