



**TOWN OF SEEKONK BUILDING DEPARTMENT**

**Building Commissioner**

**(508) 336-2990**

**100 Peck Street**

**Seekonk, Ma 02771**

**Commonwealth of Massachusetts**

**SHEETMETAL & MECHNICAL Permit Application**

Date: \_\_\_\_\_ Estimated Job Cost: \_\_\_\_\_ Permit#: \_\_\_\_\_

Plans Submitted: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ Plans Reviewed: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Photo I.D. required/Copy of Photo I.D. Attached: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Business / Contractor Information:**

**Property Owner / Job Location Information:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_

City/Town: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

**BUILDING TYPE:**

Residential: **1-2 Family** \_\_\_\_\_ **Multi-Family** \_\_\_\_\_ **Condo/Townhouses** \_\_\_\_\_ **Other** \_\_\_\_\_

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

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** \_\_\_\_\_ **Metal Chimney/Vents** \_\_\_\_\_

**Provide brief description of work to be done:** \_\_\_\_\_

Chimney & Vents _____	FEE: <b>\$36.05 each</b>
Fireplace _____	FEE: <b>\$41.20 each</b>
Solid Fuel Burning & Gas Appliance _____	FEE: <b>\$36.05 each</b>
**Pellet Stove _____ **Woodstove _____	
Air Distribution Systems _____	FEE: <b>\$61.80 each</b>
Kitchen Exhaust Equipment _____	FEE: <b>\$41.20 each</b>
HVAC System _____	FEE: <b>\$41.20 each</b>
Fire Suppression System _____	FEE: <b>\$51.50 each</b>
Mech. Refrigeration _____	FEE: <b>\$41.20 each</b>
Power Vents _____	FEE: <b>\$36.05 each</b>
Roof Top Units _____	FEE: <b>\$41.20 each OR (up to 5 Units \$61.80 10.30each</b>
OTHER _____	<b>for each additional after 5 Units)</b>

**INSURANCE COVERAGE:**

I have a current Liability Insurance policy or its equivalent which meets the requirements of MGL Chapter 112 **YES**\_\_\_\_ **No**\_\_\_\_

**A liability 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 MASS 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  , 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 MASS Building Code and Chapter 112 of the General Laws

By _____	<b>TYPE OF LICENSE:</b>	<b>SIGNATURE OF LICENSEE:</b>
Title _____	____ <b>Master</b>	_____
City/Town _____	____ <b>Master-Restricted</b>	<b>License Number:</b> _____
Permit#: _____ Fee#: _____	____ <b>Journey person</b>	
<b>Inspector Signature of Permit Approval:</b>	____ <b>Journey person-Restricted</b>	
_____	____ <b>Sheet Metal</b>	
<i>Signature</i>		

**FINAL INSPECTION**

**DATE:**

**COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_