The Commonwealth of Massachusetts
State Board of Building Regulations and Standards
Massachusetts State Building Code
780 CMR

TOWN OF NAHANT
BUILDING DEPARTMENT, TOWN HALL
334 Nahant Road
NAHANT, MA 01908

Commonwealth of Massachusetts

Sheet Metal Permit

Date	4/1/2015	Permit #	
Estimated Job Cost :	$ 10000	Permit Fee :	$ 100
Plans Submitted : YES ○ NO ◉		Plans Reviewed : YES ○ NO ◉	
Business License #	52	Applicant License #	469
Business Information :		Property Owner / Job Location Information :	
Name :	Douglas Hamilton	Name :	SHIRES, MICHAEL
Street :	9 North Maple Street	Street :	166 WILLOW RD
City/Town :	Woburn	City/Town :	
Telephone :	7819338288	Telephone :	8474760556

Photo I.D. required / Copy of Photo I.D. attached : YES ◉ NO ○ _____
Staff Initial

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 / Townhouses ○ Other(Specify) ○

Commercial : Office ○ Retail ○ Industrial ○ Educational ○ Institutional ○ Other(Specify) ○

Square Footage : under 10,000 sq. ft. ◉ over 10,000 sq. ft. ○ **Number of Stories:** 3

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 :

Install duct work for AC system

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.

_____
Signature of Owner or Owner's Agent

Check One Only
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 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.

Duct inspection required prior to insulation installation: YES ○ NO ◉

Progress Inspections

Date	Comments

Final Inspection

Date	Comments

	Type of License :	
By :	☑ Master	
Title :	☐ Master-Restricted	_____
City/Town :	☐ Journeyperson	Signature of Licensee
Permit # :	☐ Journeyperson-Restricted	License Number : *469*
Fee : $ *100*	☐	Check at www.mass.gov/dpl

_____

Inspector Signature of Permit Approval