



**The Commonwealth of
Massachusetts**
Department of Public Safety
Sheet Metal Application

**The City of Holyoke Building
Department**

20 Korean Veterans Plaza
Room 300
Holyoke, MA 01040
413-322-5600
www.holyoke.org



Date: _____

Permit # _____

Estimated Job Cost: \$ _____

Permit Fee: \$ _____

Plans Submitted: **YES** ____ **NO** ____

Plans Reviewed: **YES** ____ **NO** ____

Business License # _____

Applicant License # _____

Business Information:

Property Address:

Name: _____

Name: _____

Street: _____

Street: _____

City/Town: _____

City/Town: _____

*Email: _____

*Email: _____

Telephone _____

Telephone: _____

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 ____

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

Square Footage: under 10,000 sq. ft. ____ over 10,000 sq. ft. ____ **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:

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.

Check One Only

Owner _____ Agent _____

Signature of Owner or Owner's Agent

By checking here ____, 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.

By _____

Type of License:

Title _____

Master

City/Town _____

Master – Restricted

Permit # _____

Journeyperson

Fee \$ _____

Journeyperson – Restricted

Other _____

MUST BE SIGNED

Signature of Licensee _____

License Number: _____

Check at www.mass.gov/dpl

Inspector Signature of Permit Approval

TAX COLLECTOR AFFIDAVIT

This is to certify that, in accordance with Chapter 74 of the Acts of 1996, the persons and properties named herein have NO uncollected taxes, fines, fees or other charges owing to the City of Holyoke that would prevent the issuance of permits.

Property Address

Owners Name

Holyoke Tax Collector or his designee

Date

