



# City of Lowell

Division of Development Services  
375 Merrimack Street, Room 55  
Lowell, MA 01852  
P: 978.674.4144 F: 978.446.7103

## Sheet Metal Work Permit

Fee: Calculated

Property Address (include unit #s): \_\_\_\_\_

Property Owner: \_\_\_\_\_

Owner Address (if different): \_\_\_\_\_

Owner City, State, Zip (if different): \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_ Owner Email: \_\_\_\_\_

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

Company Name \_\_\_\_\_

Company Address: \_\_\_\_\_

Company City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

License No: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_

License Type  Master  Journeyman

FOR OFFICE USE ONLY

Application #: \_\_\_\_\_

Fee: \$ \_\_\_\_\_

Check #: \_\_\_\_\_

Permit #: \_\_\_\_\_

*Get instant email notification when your permit is issue and inspections completed. Don't forget to give us your email.*

### Category of Work (Select one):

<input type="checkbox"/> 1-2 Family Residential	<input type="checkbox"/> Multi-family Residential	<input type="checkbox"/> Condo/Townhouse	<input type="checkbox"/> Other Residential
<input type="checkbox"/> Office	<input type="checkbox"/> Retail	<input type="checkbox"/> Industrial	<input type="checkbox"/> Educational
<input type="checkbox"/> Institutional	<input type="checkbox"/> Other Commercial		

### Type of Work (Select all that apply):

<input type="checkbox"/> HVAC	<input type="checkbox"/> Metal Watershed Roof	<input type="checkbox"/> Exhaust System
<input type="checkbox"/> Metal Chimney/Vents	<input type="checkbox"/> Air Balancing	

Number of Units: \_\_\_\_\_ Number of Stories: \_\_\_\_\_

Estimated Project Costs (Labor & Materials): \$ \_\_\_\_\_

**Description of Work (include location of work relative to structure):**

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**Work to be completed:**     New                       Renovation

**Square Footage:**             < 10,000 sqft     10,000 or more sqft

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**Demolition and/or Construction Debris May Not Be Put Curbside for Municipal Trash Pick Up:** As a result of the provisions of MGL c40s54, I acknowledge that as a condition of the permit, all debris resulting from the construction activity governed by this permit must be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c111s150A.

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**Workers Compensation Insurance Affidavit:** In accordance with MGL c152s25C(6) a Workers Compensation Affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in denial of the permit.

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**Insurance Coverage:** Unless waived by the owner, no permit for the performance of sheet metal work may be issued unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent.     Insurance                       Bond                       Other

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**Owner's Insurance Waiver:** I am aware that the Licensee *does not have* the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the  owner  owner's agent

Owner/Agent Signature: \_\_\_\_\_

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**Taxes and Financial Obligations:** In accordance with City of Lowell policy, all taxes, fees, fines and financial obligations must be current for the property before a permit will be issued.

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**Applicant's Declaration:** As the Applicant, I hereby declare, under the pains and penalties of perjury that the statements and information provided herein are true and accurate, to the best of my knowledge and behalf, and that I understand the requirements, regulations and laws applicable to the work described herein.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Print Name \_\_\_\_\_