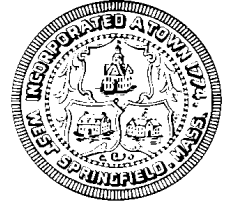


*The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR*



Town of West Springfield
Building Department
26 Central Street, West Springfield, MA 01089

SHEET METAL PERMIT APPLICATION

Date: _____ Permit Fee: _____ Permit Number: _____

Property Owner: _____ Job Location Information: _____

Name: _____ Name: _____

Street: _____ Street: _____

City/State: _____ City/State: _____

Telephone: _____ Telephone: _____

Contractor Information:

Name: _____ License # _____

Street: _____ License Type: _____

City/State: _____ Telephone: _____

Photo I.D./License Required Copy of Photo I.D./License Attached: Yes _____ No _____

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

Estimated Job Cost: \$ _____

Plans Submitted: Yes _____ No _____ Plans Reviewed: Yes _____ No _____

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: _____
