



**Town of Greenfield**  
**Office of the Inspector of Buildings**  
 14 Court Sq., Greenfield, MA 01301  
 (413) 772-1404 Fax: (413) 772-1566  
 www.Greenfield-MA.gov



**Application for Sheet Metal Work Permit**

This Section For Official Use Only

Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Building Commissioner/ Inspector of Buildings Date

**SECTION 1: SITE INFORMATION (check all that apply)**

**1.1 Property Address:** \_\_\_\_\_ **Assessors Map & Parcel Numbers (Official Use Only)**  
 1.1a Is this an accepted street? yes \_\_\_\_\_ no \_\_\_\_\_ Map Number \_\_\_\_\_ Parcel Number \_\_\_\_\_

<b>Residential</b>	1-2 Family <input type="checkbox"/>	Multi-family <input type="checkbox"/>	Condo/Townhouse <input type="checkbox"/>	Other <input type="checkbox"/> _____							
<b>Commercial</b>	Office <input type="checkbox"/>	Retail <input type="checkbox"/>	Industrial <input type="checkbox"/>	Educational <input type="checkbox"/>	Institutional <input type="checkbox"/>	Other <input type="checkbox"/> _____					
<b>Building Size</b>	Under 10,000 sq ft. <input type="checkbox"/>	Over 10,000 sq ft. <input type="checkbox"/>	<b>Number of stories</b>	1	2	3	4	5	6	7	8

**SECTION 2: PROPERTY OWNERSHIP**

**2.1 Owner of Record:**  
 Name (Print) \_\_\_\_\_ Address for Service (Mailing address): \_\_\_\_\_  
 Signature \_\_\_\_\_ Telephone \_\_\_\_\_

**SECTION 3: DESCRIPTION OF PROPOSED WORK (check all that apply)**

**3.1 Sheet metal work to be completed:** New Work  Renovation  HVAC  Metal watershed roofing   
 Metal Chimney/Vents  Air balancing  Other  \_\_\_\_\_

Brief Description of Proposed Work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 4: ESTIMATED CONSTRUCTION COSTS/PERMIT FEES**

<b>4.1 Estimated costs (Labor and Materials):</b>	\$ _____	<b>Official Use Only</b>
<b>4.2 Multiply Item 4.1 by .01</b>	\$ _____	
<b>4.3 Add \$45 (Commercial) or \$40 (Residential) to Item 4.2</b>	\$ _____	
<b>Pay this amount</b>		
Make checks payable to <u>Town of Greenfield</u> .		1. Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier _____ x _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____

**SECTION 5: CONSTRUCTION SERVICES**

**5.1 Licensed Sheet Metal Contractor**

Name of Licensee _____ Address _____ Signature _____ Telephone _____	License Number _____ Expiration Date _____
	List Type (see below) _____
	Type Description
	J-1 Unrestricted Journeyman
	J-2 Restricted Journeyman
	M-I Unrestricted Master
M-II Restricted Master	
Restricted licenses are limited to dwellings three (3) stories or less and commercial up to 10,000 sq. ft/2-stories or less.	

**SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152. § 25C(6))**

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit Attached?    Yes .....             No .....

**SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR PERMIT**

I, \_\_\_\_\_, as Owner of the subject property hereby authorize \_\_\_\_\_ to act on my behalf, in all matters relative to work authorized by this permit application.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**SECTION 7b: OWNER<sup>1</sup> OR AUTHORIZED AGENT DECLARATION**

I, \_\_\_\_\_, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

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

\_\_\_\_\_  
Signature of Owner or Authorized Agent

(Signed under the pains and penalties of perjury)

\_\_\_\_\_  
Date

**SECTION 8: ADDITIONAL INFORMATION OR SKETCHES (OPTIONAL)**

Blank area for additional information or sketches.