

Town of Rehoboth

Building Department
320 Anawan Street
Rehoboth, MA 02769

Phone: 508-252-3335 * Fax: 508-252-6159 * www.town.rehoboth.ma.us

Mechanical and Sheet Metal Permit

Application for plan review and Mechanical permit.

Date _____ Permit# _____ Job Cost \$ _____ Permit Fee \$ _____

Mechanical Permits-\$100.00 Residential Mechanical Permits-\$125.00 Commercial

*Duct air leakage testing must be performed on all new work unless the air handler and all ductwork are located within *conditioned space*

INSPECTIONS NEEDED

Preliminary Inspection Rough Inspection Final Inspection Air Balancing

Business Name: _____ Job Location: _____

Business Lic. # _____ Owner phone # _____

Applicant Lic. #: _____ Type: _____ Owner name: _____

Applicant name: _____ Owner address: _____

Applicant address: _____ City/Town: _____ Zip: _____

City/Town: _____ Zip: _____ Assessor's Plat _____ Lot _____

(check one)

Residential: 1 or 2 family ___ Multi-family ___ Condo/Townhouse ___ Other ___

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

Square Footage: under 10,000 sq. ft. ___ over 10,000 sq. ft. ___ Number of stories _____

Photo I.D. required / Copy of Photo I.D. attached: Yes ___ No ___

Mechanical Work to be completed. Give brief description e.g. Type, size, quantity, etc.

(circle applicable)

Masonry Chimneys, Fireplace, Solid Fuel Burning Appliance, Gas Appliance, Power vent, Fire Suppression system, Mechanical Refrigeration.

Sheet Metal License:

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

Sheet Metal Work to be completed:

(check applicable item) New Work ____ Renovation ____ Alteration ____

HVAC____ Metal watershed roofing ____ Kitchen exhaust system ____ Metal chimney/vents ____ Air balancing ____

Provide detailed description of work to be done: _____

Applicant/Licensee Signature: _____

Type of License:_____ Applicant's License number: _____

I hereby authorize the applicant to apply for the required Mechanical Permit:
(Owner's signature required only if contracted directly by owner.)

Owner's Signature:_____

Insurance Coverage:

I have a current liability insurance policy or its equivalent which meets the requirements of M.G.L. Ch. 112 (circle one) 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 Ch. 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) Owner Owner's Agent

Duct inspection required prior to insulating: Yes ____ No ____

Inspections: Date	Type of Inspection	Pass	Fail	Notations
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____