



TOWN OFFICES
BUILDING DEPARTMENT
16 Lincoln Road
Lincoln, MA 01773
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TOWN OF LINCOLN

MIDDLESEX COUNTY MASSACHUSETTS SHEET METAL PERMIT APPLICATION

Permit:

Date Received:

Date Issued:

Map #:	Lot/Unit#:
Address:	
Property Owner:	Phone #:
Contractor Company Name:	
Licensed Contractor Name:	
Street Address:	Phone #:
Town/State/Zip:	
Photo ID Required Attach with Permit	
J-1/M-1 (Unrestricted License)#:	EXP. Date:
J-2/M-2#: (Restricted to Dwellings 3-stories or less and Commercial up to 10,000 SF/2 Stories or less)	EXP. Date:
DESCRIPTION OF PROPOSED WORK (Check all that are applicable)	
Residential:	1-2 Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Condo/Townhouses <input type="checkbox"/> Other <input type="checkbox"/>
Commercial:	Office <input type="checkbox"/> Retail <input type="checkbox"/> Education <input type="checkbox"/> Institutional <input type="checkbox"/>
Other <input type="checkbox"/> _____	
SQUARE FOOTAGE: Under 10,000SF <input type="checkbox"/> Over 10,000 SF <input type="checkbox"/> Number of Stories _____	
SHEET METAL WORK TO BE COMPLETED: New Work <input type="checkbox"/> Renovation <input type="checkbox"/> HVAC <input type="checkbox"/>	
Metal Watershed Roofing <input type="checkbox"/> Kitchen Exhaust System <input type="checkbox"/> Metal Chimnet/Vents <input type="checkbox"/> Air Balancing <input type="checkbox"/>	
Provide Detailed Description Of Work To Be Done:	

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FEE \$	Inspector Signature:	Check or Cash: