



TOWN OF SEEKONK BUILDING DEPARTMENT

100 Peck Street, Seekonk, Ma 02771

Phone: (508) 336-2990

SHEETMETAL & MECHANICAL Permit Application

Date: _____ Estimated Job Cost: _____ Permit#: _____

BUSINESS/CONTRACTOR INFO:

JOB LOCATION INFORMATION:

Name: _____

Name: _____

Street: _____

Street: _____

City/Town: _____

City/Town: _____

Telephone: _____

Telephone: _____

BUILDING TYPE:

Residential: **1-2 Family** _____ **Multi-Family** _____ **Condo/Townhouses** _____ **Other** _____

Commercial: **Office** _____ **Retail** _____ **Industrial** _____ **Educational** _____ **Institutional** _____ **Other** _____

Building Cubic Footage: **under 35,000 cu. ft.** _____ **over 35,000 cu. ft.** _____

Sheet metal work to be completed: **New Work:** _____ **Renovation:** _____ **HVAC** _____

Metal Roofing _____ **Kitchen Exhaust System** _____ **Metal Chimney/Vents** _____

Provide brief description of work to be done: _____

Please enter the number of fixtures being installed of each type:

Appliance Type	Number
Chimney & Venting	
Fireplace	
Air Distribution System	
HVAC System	
Mechanical Refrigeration	
Power Vents	
Roof Top Units	
Other:	
Total Number of Fixtures	