



**Commonwealth of Massachusetts**  
**OFFICE OF CONSUMER AFFAIRS**  
**DIVISION OF OCCUPATIONAL LICENSURE**  
**Board of Examiners of Sheet Metal Workers**  
**1000 Washington Street – 7<sup>th</sup> Floor**  
**Boston, Massachusetts 02110-2012**

**APPLICATION FOR VARIANCE FROM STATE SHEET METAL CODE**

\$100.00 application fee – Check payable to Commonwealth of Massachusetts

**(1) Applicant Information**

Name: \_\_\_\_\_ Daytime Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Title or Position: \_\_\_\_\_ Email: \_\_\_\_\_  
Name of local Building Inspector: \_\_\_\_\_ Tel: \_\_\_\_\_  
Prior to submitting this application, the local Building Inspector was informed of the variance on \_\_\_\_\_ : \_\_\_\_\_ (mm/dd/yyyy)

**(2) Present Owner Information**

Name: \_\_\_\_\_ Daytime Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

**(3) Variance Location Information**

Name of proposed or current occupier of building: \_\_\_\_\_ Floor # \_\_\_\_\_  
Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Tel: \_\_\_\_\_

**(4) Other Party Information**

Engineer: \_\_\_\_\_  
Contractor: \_\_\_\_\_ Pending: ☐  
Sheet Metal Worker: \_\_\_\_\_ Pending: ☐  
Sheet Metal Permit Number: \_\_\_\_\_ Pending: ☐

**(5) Variance Request Information**New construction: ☐Renovation: ☐Alteration: ☐

Applicable Code Section(s):

Has the sheet metal work started? Yes ☐ No ☐ Date work started: (mm/dd/yyyy) N/A ☐Reason(s) why this variance is necessary and should be allowed. Include a statement of hardship.

I hereby certify that the information entered on this application request, to include supporting documentation, is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

Date of Application:

(mm/dd/yyyy)

**[This completes the online process, please print and sign the application]****GENERAL NOTES**

1. If necessary, attach supporting information / documentation to this application and deliver or mail to the Board Office.
2. \$100.00 application fee (non-refundable) – Check or money order payable to Commonwealth of Massachusetts.
3. Variances will be heard at the monthly Board meetings. Proper notification will be sent.
4. Copies of state sheet metal code regulations (271 CMR) are available at the State Bookstore, Room 116, State House, Boston, MA 02113. Call 617 727-2834 for current cost plus mailing charge.
5. The applicant must file a copy of the Board's approval for this variance request with the local Building Inspector prior to commencing any work.