

# Commonwealth of Massachusetts

## Sheet Metal Permit

Date: \_\_\_\_\_ Permit # \_\_\_\_\_

Estimated Job Cost: \$ \_\_\_\_\_ Permit Fee: \$ \_\_\_\_\_

Plans Submitted: **YES** \_\_\_ **NO** \_\_\_ Plans Reviewed: **YES** \_\_\_ **NO** \_\_\_

Business License # \_\_\_\_\_ Applicant License # \_\_\_\_\_

Business Information: Property Owner / Job Location Information:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Street: \_\_\_\_\_ Street: \_\_\_\_\_

City/Town: \_\_\_\_\_ City/Town: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Photo I.D. required / Copy of Photo I.D. attached: **YES** \_\_\_ **NO** \_\_\_ \_\_\_\_\_

Staff Initial

**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

**Residential:** 1-2 family \_\_\_ Multi-family \_\_\_ Condo / Townhouses \_\_\_ Other \_\_\_

**Commercial:** Office \_\_\_ Retail \_\_\_ Industrial \_\_\_ Educational \_\_\_

Institutional \_\_\_ Other \_\_\_

**Square Footage:** under 10,000 sq. ft. \_\_\_ over 10,000 sq. ft. \_\_\_ **Number of Stories:** \_\_\_

**Sheet metal work to be completed:** New Work: \_\_\_ Renovation: \_\_\_

HVAC \_\_\_ Metal Watershed Roofing \_\_\_ Kitchen Exhaust System \_\_\_

Metal Chimney / Vents \_\_\_ Air Balancing \_\_\_

Provide detailed description of work to be done:

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**INSURANCE COVERAGE:**

I have a current liability insurance policy or its equivalent which meets the requirements of M.G.L. Ch. 112 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 Chapter 112 of the Massachusetts General Laws, and that my signature on this permit application waives this requirement.

Check One Only

Owner  Agent

\_\_\_\_\_

Signature of Owner or Owner's Agent

By checking this box , I hereby certify that all of the details and information I have submitted (or entered) regarding this application are true and accurate to the best of my knowledge and that all sheet metal work and installations performed under the permit issued for this application will be in compliance with all pertinent provision of the Massachusetts Building Code and Chapter 112 of the General Laws.

Duct inspection required prior to insulation installation: YES \_\_\_\_ NO \_\_\_\_

**Progress Inspections**

Date

Comments

_____	_____
_____	_____
_____	_____
_____	_____

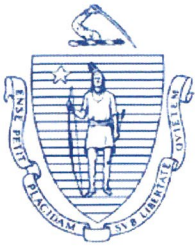
**Final Inspection**

Date

Comments

_____	_____
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<p>By _____</p> <p>Title _____</p> <p>City/Town _____</p> <p>Permit # _____</p> <p>Fee \$ _____</p> <p>_____</p> <p><b>Inspector Signature of Permit Approval</b></p>	<p>Type of License:</p> <p><input type="checkbox"/> Master</p> <p><input type="checkbox"/> Master-Restricted</p> <p><input type="checkbox"/> Journeyperson</p> <p><input type="checkbox"/> Journeyperson-Restricted</p> <p><input type="checkbox"/> _____</p>	<p>_____</p> <p>Signature of Licensee</p> <p>License Number: _____</p> <p>Check at <a href="http://www.mass.gov/dpl">www.mass.gov/dpl</a></p>
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**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**Lafayette City Center**  
**2 Avenue de Lafayette, Boston, MA 02111-1750**  
**www.mass.gov/dia**

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**  
**Applicant Information** **Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p>	<p><b>Type of project (required):</b></p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input type="checkbox"/> Other _____</p>
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\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.  
 † Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.  
 ‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.***

Insurance Company Name: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).** Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

***I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

<b>Official use only. Do not write in this area, to be completed by city or town official.</b>	
City or Town: _____	Permit/License # _____
<b>Issuing Authority (check one):</b>	
1. <input type="checkbox"/> Board of Health 2. <input type="checkbox"/> Building Department 3. <input type="checkbox"/> City/Town Clerk 4. <input type="checkbox"/> Electrical Inspector 5. <input type="checkbox"/> Plumbing Inspector 6. <input type="checkbox"/> Other _____	
Contact Person: _____	Phone #: _____