

Residential Sheet Metal Permits (One and Two family dwellings)

The following is required to file for a residential sheet metal permit:

- Sheet Metal Permit Application
- Workman's Compensation Affidavit and copy of insurance certificate
- Plans are required for new homes, additions in excess of 100 sf., large scale alterations which involve substantial interior demolition or a new system installed in existing dwelling. All plans shall contain the following information:
 1. Plans must be legible and drawn to scale, submit 2 sets of 11x17 (or one large and one 11x17)
 2. Layout of the HVAC System and/or regulated venting (i.e. bath vents, kitchen hood vents, dryer vents, etc.) including but not limited to equipment and duct location including registers and returns, fresh air intakes and exhaust locations, duct sizes and metal gauges of the duct work
 3. CFM of air flow at each register of the HVAC system
 4. For HVAC systems shows applicable sizing calculations done in accordance with Manual D, J and S of the ACCA (Air Conditioning Contractors of America)
 5. R-Value of duct insulation. (if applicable)
 6. Any other information deemed necessary by the Inspector of Buildings

NOTE: Plans are not required if the project is limited to a new bath vent, new kitchen hood, vent, new dryer vent or any other work the Inspector of Buildings waives the plan requirement

The following items do not need a resident sheet metal permit according to the Inspector of Buildings interpretation of the sheet metal board: The replacement of an existing residential fan unit only. Note: If replacing duct work to fan unit will require sheet metal permit. Change out of residential furnaces and air handlers - Metal Roofing - Metal Flashing- Flue and chimneys for gas fired, oil fired and solid fuel burning equipment.

Commercial Sheet Metal Permit (Other than one and two family dwelling)

The following is required to file for a commercial sheet metal permit:

- Sheet Metal Permit Application
- If sheet metal work is taking place on an existing building, an investigation and evaluation done in accordance with 780 CMR, Chapter 34 must be submitted with your application.
- Workers Compensation Affidavit and copy of insurance certificate
- Plans bearing the stamp of a Registered Design Professional must be submitted if the building is over 35,000 cubic feet of enclosed space
- Construction Control Affidavit is required for all commercial sheet metal permits subject to construction control
- Plans must be legible and drawn to scale, submit 2 sets of 11x17 (or one large and one 11x17)

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:

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

_____	_____
_____	_____
_____	_____
_____	_____

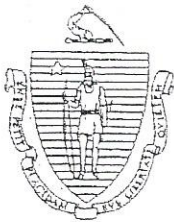
Final Inspection

Date

Comments

_____	_____
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By _____ Title _____ City/Town _____ Permit # _____ Fee \$ _____ Inspector Signature of Permit Approval	Type of License: <input type="checkbox"/> Master <input type="checkbox"/> Master-Restricted <input type="checkbox"/> Journey person <input type="checkbox"/> Journey person-Restricted <input type="checkbox"/> _____	_____ Signature of Licensee License Number: _____ Check at www.mass.gov/dpl
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The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
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 #: _____

Are you an employer? Check the appropriate box:

- | | |
|---|--|
| <p>1. <input type="checkbox"/> I am an 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> |
|---|--|

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

*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 attach 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 #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____