

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/Zip: _____ City/Town/Zip: _____

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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CITY OF FRAMINGHAM
Inspectional Services Division

Memorial Building, Room 203
150 Concord Street
Framingham, Massachusetts 01702-8368

Fred Bray
Building Commissioner

Telephone:
Fax:

508-532-5500
508-532-5794

DEBRIS AFFIDAVIT

JOBSITE LOCATION: _____

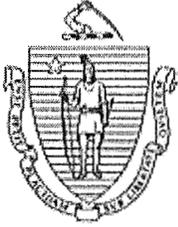
In accordance with the provisions of MGL c 40, s 54, a condition of Building Permit Number _____ is that debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111, 2 150A.

The debris will be disposed of in:

Location of Facility

Signature of Applicant

Date



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 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 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> |
|---|---|

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 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 #: _____

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 #: _____