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
_____	_____

By _____

Title _____

City/Town _____

Permit # _____

Fee $ _____

_____

Inspector Signature of Permit Approval

Type of License:

☐ Master

☐ Master-Restricted

☐ Journeyperson

☐ Journeyperson-Restricted

☐ _____

_____

Signature of Licensee

License Number: _____

Check at **www.mass.gov/dpl**

TOWN OF BELMONT
OFFICE OF PLANNING & BUILDING

Homer Municipal Building, 19 Moore Street
BELMONT, MASSACHUSETTS 02478-0900
Telephone: (617) 993-2664

DEBRIS FORM

Will there be a dumpster on site? ☐YES

☐NO

Debris will be removed daily by trailer ☐

In accordance with the provisions of MGL c 40, S 54, a condition of issuance of a BUILDING PERMIT is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal as defined by MGL c 111, S 150A. The debris will be disposed of at:

_____

Name of Facility

_____

Signature of Permit Applicant

_____

Date

CONTACT THE BELMONT BOARD OF HEALTH FOR FURTHER INSTRUCTIONS & REGULATIONS

617-993-2720

WARNING: This document merely certifies that the above referenced building complies with applicable provisions of the State Building Code. No opinion is expressed or warranty given is to any potential health hazard not addressed by the State Building Code including, but not limited to, the presence of radon, lead paint, asbestos, and urea formaldehyde.

Rev. 10/2023

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Name (Business/Organizational/Individual):_____

Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:	**Type of project (required):**
☐ 1. I am an employer with ☐ employees (full and/or part time)*	☐ 7. New construction
☐ 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]	☐ 8. Remodeling
	☐ 9. Demolition
☐ 3. I am a homeowner doing all work myself. [No workers' comp. insurance required]†	☐ 10. Building addition
☐ 4. I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.	☐ 11. Electrical repairs or additions
	☐ 12. Plumbing repairs or additions
☐ 5. 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.±	☐ 13. Roof Repairs
☐ 6. 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.]	☐ 14. 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: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under MGL. c. 152, §25A is a criminal violation punishable by 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. 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, and that clicking this checkbox and typing my name in the field below will act as my signature.***

Name: _____ Date: _____

Phone #: _____ Email: _____