



Town of Clinton
MECHANICAL/SHEET METAL PERMIT
 242 Church Street, Clinton MA 01510
 Tel: (978) 365-4128



Building Official
Zoning Enforcement Officer
James W. Salmon

<p>This Section for Official Use Only</p> <p>Building Permit Number: _____</p> <p>Amount of Permit: _____</p> <p>Signature of Building Official: _____</p> <p>Date of Approval: _____</p>	<p>Date Received</p>
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1. Owners and Property Information

Address of Property: _____ Assessors Map: _____ Parcel: _____

Owner of Record: _____ Date of Application: _____

Address of Owner: _____

Telephone Numbers Home (____) _____ Work (____) _____ Cell (____) _____

2. Description of Proposed Construction Project or Request

In accordance with 271 CMR, as of 2/19/2011 permits will be required in the city or town where you will be performing sheet metal work

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 ___

Supply a detailed description of work to be done:

3. Description of Proposed Construction Project or Request

Indicate total number of units in the applicable box below

Basement	1 st Floor	2 nd Floor	3 rd Floor	Attic	Ground*	Roof*
Air Handling Units			Pool Heater			
Baseboard Heat			Process Piping			
Boilers/Furnaces/Gas/Oil			Pumps			
Central Air Conditioners			Radiant Heat			
Direct Vent Fireplace			Radiators			
Draft Inducers			Range Hoods			
Duct			Refrigeration Units			
Evaporative Coolers			Roof Top Units			
Fire Suppression			Sprinkler Connection			
Generators			Sprinkler Heads			
Heat Pumps			Sprinkler Hose Connection			
Heating Zones			Steam Generators			
Hydro Air Systems			Steam Kettles			
Incinerators			Ventilation Fans			
Kickspace Heaters						
Kitchen Equipment						
No Vent Heaters						

Describe Project: *Note: If any equipment is being placed outside of the footprint of the building, indicate setbacks to property line. A land survey may be required. Roof top units may require a Structural Engineer's review.

4. Construction Services

Licensed Construction Supervisor must supply copies of licenses

Name: _____ License Number: CS _____

Address: _____ Date of Expiration: _____

Signature of Licensee: _____ Date of Signature: _____

Telephone Numbers: Home: _____ Work: _____ Cell: _____

Company Name: _____ Registration Number: _____

Company Address: _____ Date of Expiration: _____

Contractors Name: _____ Address: _____

Signature of Contractor: _____ Date of Signature: _____

Telephone Numbers: Home: _____ Work: _____ Cell: _____

Massachusetts Hoisting License No _____ License Grade _____ Expiration Date _____

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

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

5. Insurance

INFORMATION AND INSTRUCTIONS

Massachusetts General Law Chapter 152 requires all employers to provide worker's compensation for their employees. Pursuant to this statute, an employee is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An employer is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representative of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152§25C (6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."**

Additionally, MGL chapter 152§25C (7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s), name(s), address (as) and phone number(s) along with their certificate(s) of Insurance, Limited Liability Companies (LLC) or Limited Liability Partnership (LLP) with no employees other than the members or partners are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number, which will be used as a reference number. In addition, an applicant that must submit multiple permit/license application in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in Clinton, MA." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a homeowner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves, etc.) said person is not required to complete this affidavit.

The Office of Investigation would like to thank you in advance for your cooperation and should you have any questions. Please do not hesitate to give us a call.

The Department's address, telephone and fax number:

**The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111**

Tel: 617-727-4900 Ext 406 or 1-877- MASSAFE

Fax: 617-727-7749

www.mass.gov/dia

5A. Insurance



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:

- | | |
|---|---|
| 1. <input type="checkbox"/> I am employer with _____ employees (full and/or part-time).* | 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 Workers' comp. insurance. |
| 2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. (No worker's comp. insurance required.) | 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 worker's Comp. insurance required.] |
| 3. <input type="checkbox"/> I am homeowner doing all work Myself. (No workers' comp. Insurance required.) † | |

Type of project (required):

- | |
|--|
| 6. <input type="checkbox"/> New construction |
| 7. <input type="checkbox"/> Remodeling |
| 8. <input type="checkbox"/> Demolition |
| 9. <input type="checkbox"/> Building addition |
| 10. <input type="checkbox"/> Electrical repairs or additions |
| 11. <input type="checkbox"/> Plumbing repairs or additions |
| 12. <input type="checkbox"/> Roof repairs |
| 13. <input type="checkbox"/> 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 their workers' comp. policy information

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 official.

Town of Clinton: _____ 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 #: _____

5B. Insurance

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 answered Yes, indicate the type of coverage by checking the appropriate area 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 _____ Owners Agent _____

_____ Signature of Owner or Owner's Agent

6. Commercial Section (Skip this section if construction project involves 1-2 family dwelling)

1. Current use group _____

2. Current construction type _____

3. Purpose use group _____

4. Proposed construction type _____

5. Existing hazard index _____

6. Purposed hazard index _____

SPECIFY _____

6. Construction Cost Commercial/Residential Construction Cost

Building _____ Electrical _____ Plumbing _____

Mechanical (HVAC) _____ Fire Protection _____ Total Cost _____

7. Fee schedule:

Approved by the Town of Clinton, Board of Selectmen, March 30, 2011.

Sheet Metal/Mechanical Commercial/Residential

Signed Contracted Price \$10.00 per \$1,000.00

Special Inspection/Inspector and Plan Review, Other Miscellaneous Fees, Paid by Applicant

Fines and Fees for Violation to Building Permit Fees

\$ 250.00 and/or Double the Permit Fee

\$ 50.00 Re-Inspection Fee Lost or Damaged Permit Card \$ 100.00

8. Debris Disposal Affidavit

In accordance with MGL 40 Section 54.

The authorized agent for this project stipulates that all debris resulting from this project SHALL be disposed of in a properly licensed solid waste disposal facility as defined in MGL 111, Section 150A. The authorized agent will notify in writing the building department and supply the appropriate forms with the name and address of waste facility with attachments to the building permit no later than within 2 months of issuance of the building permit. Failure to supply this information will result with a stop work order and possible fines.

Check Section 15 for asbestos removal

Name and Address of Waste Facility: _____

Authorized Agents Signature: _____ Date: _____

9. Owners Consent Release

I, _____, as the Owner of record hereby authorize _____ to act on my behalf, in all matters relating to the work authorized by the building permit.

Owners Signature: _____

10. Declaration Statement

Signed under the Pains and Penalties of Perjury

I, _____, as the Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

Authorized Agents Signature: _____ Date: _____