



## COMMERCIAL SHEET METAL PERMIT MINIMUM SUBMITTAL CHECKLIST

**\*ALL ITEMS BELOW MUST BE COMPLETE BEFORE ACCEPTING AN APPLICATION\***

- Sheet metal permit application form completely filled out.
- Copy of valid Massachusetts Sheet Metal License
- Set of stamped engineering documents and detailed description of sheet metal system to be installed
- Workers' Compensation Insurance Affidavit (ALL APPLICANTS)
  - All contractors with employees must submit a current Certificate of Insurance.
- Equipment sized per heating / cooling load calculations (Show calculations)
- Duct work sized per manual "D" calculations (Show Calculations)
- Property tax certification form signed by the Town of Auburn Collectors Office.
- A copy of the contract and/or a cost breakdown to verify accuracy of value of work.
- Permit fee, payable to the "Town of Auburn".

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**\*This form must be submitted with application and filled out by town staff only\***  
(All items must be checked off)

Received by; \_\_\_\_\_ Date stamp:

Property Address \_\_\_\_\_



Commonwealth of Massachusetts...
Town of Auburn Sheet Metal Permit

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

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

Residential: \$9 per \$1000 Minimum Fee \$100
Commercial: \$12 per \$1000 Minimum Fee \$150

Estimated Job Cost: \_\_\_\_\_

Permit Fee: \_\_\_\_\_

Plans Submitted: YES NO

Plans Reviewed: YES NO

Business License #: \_\_\_\_\_

License #: \_\_\_\_\_

Business Information
Name: \_\_\_\_\_

Property Owner / Job Location Information
Name: \_\_\_\_\_

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

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

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

City/Town: Auburn MA 01501

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

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

Photo I.D. Required 1 Copy of photo I.D. attached: YES [ ] NO [ ]

J-1 / M-1 Unrestricted License

J-2 / M-2 Restricted to dwelling 3-stories or less and commercial up to 10,000 SF / 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 SF [ ] Over 10,000 SF [ ] # of Stories: \_\_\_\_\_

Sheet metal work to be completed: New Work: [ ] Renovation: [ ]

HVAC Metal Watershed Roofing Kitchen Exhaust System Educational
Metal Chimney / Vents Air Balancing

Provide detailed description of the work to be done:

Four horizontal lines for providing a detailed description of the work to be done.

**INSURANCE COVERAGE:**

I have a current **liability** insurance policy 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** the requirement.

Check Only One

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

Comments

_____	_____
_____	_____
_____	_____
_____	_____

Final Inspection

Comments

By	Type of License: <input type="checkbox"/> Master <input type="checkbox"/> Master-Restricted <input type="checkbox"/> Journeyman <input type="checkbox"/> Journeyman-restricted <input type="checkbox"/> _____	Signature of Licensee  License Number: _____  Check at <a href="http://www.mass.gov/dpl">www.mass.gov/dpl</a>
Title		
City/Town		
Permit #		
Fee \$		
Inspector Signature of Permit Approval		

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' 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 representatives 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."

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## 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(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (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 listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

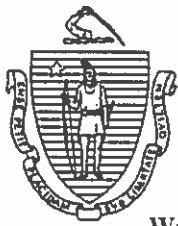
Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications 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 \_\_\_\_\_ (city or town)." 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 home owner 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.

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The Department's address, telephone and fax number:

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

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE  
Fax # 617-727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)



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**

Please Print Legibly

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

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

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

Are you an employer? Check the appropriate box:

- 1.  I am an employer with \_\_\_\_\_ employees (full and/or part-time).\*
- 2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
- 3.  I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
- 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.
- 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. ‡
- 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.]

Type of project (required):

- 7.  New construction
- 8.  Remodeling
- 9.  Demolition
- 10.  Building addition
- 11.  Electrical repairs or additions
- 12.  Plumbing repairs or additions
- 13.  Roof repairs
- 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 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 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.**

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

# Sheet Metal Commercial Guidelines

<u>Yes</u>	<u>No</u>	<u>N/A</u>	
___	___	___	Set of stamped engineering documents and detailed description of mechanical system to be installed has been provided
___	___	___	All workers performing sheet metal work onsite has a valid Massachusetts sheet metal License
___	___	___	All sheet metal work being performed with proper journeyman-to-apprentice ratios
___	___	___	Fire dampers with access door properly installed and checked for operations
___	___	___	Smoke and combination fire/smoke dampers with access doors properly installed actuator checked for proper operation (May also be verified by fire dept. during fire alarm testing)
___	___	___	Duct smoke detectors with access doors properly located (May also be verified by fire department during fire alarm testing)
___	___	___	Smoke/atrium exhaust systems installed and operations verified (May also be verified by fire department during fire alarm testing)
___	___	___	Stair pressurization systems installed (where required) and operation verified (May also be inspected by fire department during fire alarm testing)
___	___	___	Grease and kitchen hood exhaust system installed with all seams and connections welded airtight with properly located cleanouts. Proper clearances, fire rated enclosures and pressure testing required.
___	___	___	Seismic restraints installed where required on equipment and ductwork
___	___	___	Duct penetrations in fire rated walls and floors sealed
___	___	___	Metal roofing systems installed watertight using proper materials and fasteners
___	___	___	Flexible duct runs installed 6'-0" Maximum length
___	___	___	Ductwork installed using proper hanger spacing, hanger stock, threaded rod and angle iron
___	___	___	Ductwork/plenum connections sealed substantially airtight
___	___	___	Ductwork insulated by means of external covering or internal lining

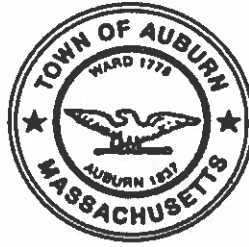
\_\_\_ \_\_\_ \_\_\_ Volume dampers installed for each supply air branch duct

\_\_\_ \_\_\_ \_\_\_ New/clean- properly sized filters installed (final inspection)

\_\_\_ \_\_\_ \_\_\_ Testing and Balancing report complete (final sign-off)

**Town of Auburn, Massachusetts**  
**Department of Development & Inspectional Services**

Julie Jacobson  
Town Manager



104 Central Street  
Auburn, MA 01501  
Telephone: (508) 832-7719  
Fax: (508)-832-4219

**In accordance with the provisions of MGL Chapter 40, Section 57, accepted by the Town of Auburn October 2, 1995, any Town Board, Commission, Officer or Department may deny any application for a permit to any person, corporation or business enterprise who has neglected or refused to pay any local taxes, fees or any other municipal charges.**

**The following signature certifies that the property and applicant as described below is not currently delinquent on any local taxes, fees or other municipal charges:**

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**Applicant**

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**Property Address**

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**Map/Parcel**

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**Signature of Auburn Tax Official**

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**Date**