



RESIDENTIAL 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
- Detailed description and sketch of sheet metal system to be installed
- Workers' Compensation Insurance Affidavit (ALL APPLICANTS)
 - o 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".

***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: _____

Email: _____

Telephone: _____

Telephone: _____

Photo I.D. Required I 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:	Signature of Licensee
Title	<input type="checkbox"/> Master	
City/Town	<input type="checkbox"/> Master-Restricted	
Permit #	<input type="checkbox"/> Journey person	
Fee \$	<input type="checkbox"/> Journey person-restricted	
	<input type="checkbox"/> _____	
Inspector Signature of Permit Approval		License Number: _____ Check at www.mass.gov/dpl

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."

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.

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.

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

Revised 02-23-15



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 Residential Guidelines

<u>Yes</u>	<u>No</u>	<u>N/A</u>	
___	___	___	Detailed description and sketch of sheet metal system to be installed has been provided
___	___	___	All workers performing sheet metal work onsite has a valid MA sheet metal license
___	___	___	All sheet metal work being performed with proper journeyman-to-apprentice ratios
___	___	___	Equipment sized per heating / cooling load calculations
___	___	___	Duct work sized per manual "D" calculations
___	___	___	Bath / shower rooms contain mechanical exhaust fan vented outdoors
___	___	___	Electric dryer exhaust properly installed maximum total run 25'-0" max flexible run 8'-0"
___	___	___	Flexible duct runs installed 14'-0" maximum length
___	___	___	Volume dampers installed for each supply air branch duct
___	___	___	Ductwork installed using proper gauges and hangers
___	___	___	Ductwork / plenum connections sealed substantially airtight
___	___	___	Ductwork insulated by means of external covering or internal lining
___	___	___	New/clean - properly sized filter 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:

Applicant

Property Address

Map/Parcel

Signature of Auburn Tax Official

Date



Residential Plans Examiner Review Form for HVAC System Design (Loads, Equipment, Ducts)

Form
RPER 1.01
8 Mar 10

County, Town, Municipality, Jurisdiction
Header Information

Contractor _____
Mechanical License # _____
Building Plan # _____
Home Address (Street or Lot#, Block, Subdivision) _____

REQUIRED ATTACHMENTS¹

Manual J1 Form (and supporting worksheets):
or MJ1AE Form² (and supporting worksheets):
OEM performance data (heating, cooling, blower):
Manual D Friction Rate Worksheet:
Duct distribution system sketch:

ATTACHED

Yes No
Yes No
Yes No
Yes No
Yes No

HVAC LOAD CALCULATION (IRC M1401.3)

Design Conditions

Winter Design Conditions

Outdoor temperature _____ °F
Indoor temperature _____ °F
Total heat loss _____ Btu

Summer Design Conditions

Outdoor temperature _____ °F
Indoor temperature _____ °F
Grains difference _____ Δ Gr @ _____ % Rh
Sensible heat gain _____ Btu
Latent heat gain _____ Btu
Total heat gain _____ Btu

Building Construction Information

Building

Orientation (Front door faces) _____
North, East, West, South, Northeast, Northwest, Southeast, Southwest

Number of bedrooms _____
Conditioned floor area _____ Sq Ft

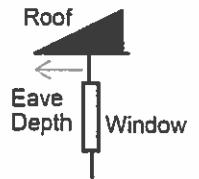
Number of occupants _____

Windows

Eave overhang depth _____ Ft

Internal shade _____
Blinds, drapes, etc.

Number of skylights _____



HVAC EQUIPMENT SELECTION (IRC M1401.3)

Heating Equipment Data

Equipment type _____
Furnace, Heat pump, Boiler, etc.
Model _____
Heating output capacity _____ Btu
Heat pumps - capacity at winter design outdoor conditions
Auxiliary heat output capacity _____ Btu

Cooling Equipment Data

Equipment type _____
Air Conditioner, Heat pump, etc.
Model _____
Sensible cooling capacity _____ Btu
Latent cooling capacity _____ Btu
Total cooling capacity _____ Btu

Blower Data

Heating CFM _____ CFM
Cooling CFM _____ CFM

HVAC DUCT DISTRIBUTION SYSTEM DESIGN (IRC M1601.1)

Design airflow _____ CFM Longest supply duct: _____ Ft Duct Materials Used (circle)
External Static Pressure (ESP) _____ IWC Longest return duct: _____ Ft Trunk Duct: Duct board, Flex, Sheet metal,
Component Pressure Losses (CPL) _____ IWC Total Effective Length (TEL) _____ Ft Lined sheet metal, Other (specify)
Available Static Pressure (ASP) _____ IWC Friction Rate: _____ IWC Branch Duct: Duct board, Flex, Sheet metal,
Lined sheet metal, Other (specify)
ASP = ESP - CPL Friction Rate = (ASP x 100) - TEL

I declare the load calculation, equipment selection, and duct system design were rigorously performed based on the building plan listed above. I understand the claims made on these forms will be subject to review and verification.

Contractor's Printed Name _____ Date _____
Contractor's Signature _____

Reserved for use by County, Town, Municipality, or Authority having jurisdiction.

¹ The AHJ shall have the discretion to accept Required Attachments printed from approved ACCA software vendors, see list on page 2 of instructions.

² If abridged version of Manual J is used for load calculation, then verify residence meets requirements, see Abridged Edition Checklist on page 13 of instructions.