

Town of Sandwich
The Oldest Town on Cape Cod



Building Department
Inspections
16 Jan Sebastian Drive
Sandwich, MA 02563
508-888-4200
Fax 508-833-0018

Submission Date: _____

Permit # SM-_____

Check # _____

Installer Name: _____ Installer Cell Phone: _____

Address of Work to be performed: _____

Sheet Metal Permit Submission Checklist

Submission by a Licensed Sheet Metal Worker Only

- _____ **Fees (Check payable to the Town of Sandwich)**
(New Construction: Residential – \$50.00/unit; Commercial – \$100.00/unit
(Alterations: Residential – \$30.00/unit; Commercial - \$50.00/unit)
- _____ **Completed Sheet Metal Permit application (2 pages)**
- _____ **Workers Compensation Affidavit**
- _____ **Workers Compensation Insurance Certificate (if applicable)**
- _____ **Copy of Sheet Metal License**
- _____ **Basic Plan of proposed duct work (2 sets)**
- _____ **Residential or Commercial Heat Loss/Heat Gain Calculation**

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508-888-4200
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Commonwealth of Massachusetts Sheet Metal Permit Application

Submission Date: _____

Plans submitted: Yes _____ No _____

Permit # SM-_____

Applicant/Business License # _____

Permit Fee: \$ _____ Check #: _____

Applicant/Business Information:

Property Owner/Job Location Info:

Name: _____

Name: _____

Street: _____

Street: _____

City/Town: _____

City/Town: _____

Installer Cell Phone: _____

Owner Cell Phone: _____

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 _____ Institution _____ 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: _____ Air Balancing: _____

Metal Watershed Roofing: _____ Kitchen Exhaust System: _____ Metal Chimney/Vents: _____

Provide detailed description of work to be done (basic plan): _____

Estimated Cost \$ _____

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 _____

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 _____

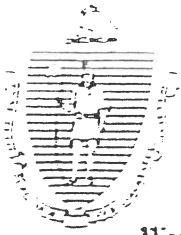
PROGRESS INSPECTIONS

<u>Date</u>	<u>Comments</u>
_____	_____
_____	_____
_____	_____
_____	_____

FINAL INSPECTIONS

<u>Date</u>	<u>Comments</u>
_____	_____

By _____ Title _____ City/Town _____ Permit # _____ Fee \$ _____ Inspector Signature of Permit Approval: _____	Type of License: ____ Master ____ Master-Restricted ____ Journeyperson ____ Journeyperson-Restricted ____ Other _____	_____ Signature of Licensee License Number: _____ Check at www.mass.gov/dpl
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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 #: _____