



TOWN OF CARVER

SHEET METAL PERMIT APPLICATION

PER M.G.L. 112 AND CMR 271

Sheet Metal Permit Number: _____ Date: _____

Signature: _____ Date: _____
Building Commissioner/Inspector of Buildings

SECTION 1 SITE INFORMATION

1.1 Property Address:

1.2 Assessors Map & Parcel Number

_____ Map

_____ Block

_____ Lot

SECTION 2 PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:

_____ Name (Please Print)

_____ Address:

_____ Signature

_____ Phone Number:

2.2 Authorized Agent:

_____ Name:

_____ Address:

_____ Signature:

_____ Phone Number:

SECTION 3: LICENSE HOLDER AND BUSINESS INFORMATION

3.1 Sheet Metal License Holder:

_____ Licensee:

_____ Address

_____ Zip Code

_____ Signature

_____ Phone Number

License J-1 and M-1 Unrestricted License

License Type J-2 and M-2 Restricted to Dwellings 3 Stories or Less and Commercial up to 10,000 sq. ft./ 2—
Stories or Less

LICENSE TYPE

Check One

M-1 ☐

M-2 ☐

J-1 ☐

J-2 ☐

3.2 Sheet Metal Business License

_____ Company Name:

_____ Business License Number

_____ Address:

_____ Zip Code

_____ Signature:

_____ Phone Number

_____ Expiration Date:

Photo I.D. Required/ Copy of I.D. Attached: Yes: _____ No: _____

SECTION 4: WORKERS COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c152§ 25c (6))

Workers Compensation Insurance Affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the Sheet Metal Permit

Signed Affidavit Attached: Yes.....☐ No.....☐

SECTION 5: INSURANCE COVERAGE

I have a current **Liability** insurance policy or its equivalent which meet the requirements of M.G.L. Ch 112 Yes ☐ No ☐

If You 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 Only One

Signature of the Owner or Owner's Agent Owner ☐ Agent ☐

SECTION 6: Professional Design and Construction Services

For Buildings and Spaces where the Systems have been designed by someone other than the Installer

6.1 Registered Design Professional

Name (Registrant)

Address:

Signature:

Phone Number

Not Applicable ☐

Registration Number

Expiration Date:

SECTION 7 DESCRIPTION OF PROPOSED WORK (Check all that apply)

Residential: 1 or 2 Family ☐ Multi-Family ☐ Condo or Townhouse ☐ Other ☐

Commercial: Office ☐ Retail ☐ Industrial ☐ Educational ☐ Institutional ☐ Other ☐ (Specify)

Sheet Metal Work to be Performed: **New Work** ☐ **Renovation** ☐

Square Footage of the Building: Under 10,000 sq. ft. ☐ Over 10,000 sq. ft. ☐ **Number of Stories:** _____

Provide a Detailed Description of the Proposed Work:

[illegible]

SECTION 8: OWNER / AUTHORIZED AGENT DELCARATION

I _____ as the Permit holder 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 the sheet metal work and installations performed under the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Building Code and Chapter 112 of the Massachusetts General Laws.

Signed under the Pains and Penalties of Perjury.

Print Name: _____

Signature of Licensee: _____ License Number _____

Date: _____ Check at www.mass.gov/dlp for License Holder Information

SECTION 9: ESTIMATED COST OF WORK

Value of Proposed Work	For Official Use Only
_____ For Labor and Materials	Permit Fee Multiplier: _____
	Permit Fee: _____
	Check Number: _____



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 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: _____ 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 #: _____