

**APPLICATION FOR MECHANICAL PERMIT
TOWN OF PETERSHAM
BUILDING DEPARTMENT
3 S MAIN STREET - PO BOX 486,
PETERSHAM, MA 01331
Ph: 978-724-3586**

Mechanical Permits are inspected by the building inspector.

Is this application in conjunction with a building permit? YES # _____ NO

Property Address: _____ Owner of Record: _____

Assessors Map # _____ Lot # _____ Type of Occupancy: _____

New: _____ Renovation: _____ Replacement: _____ Plans Submitted: Yes _____ No _____

Installing Company Name: _____

Company Street Address: _____ City: _____ Zip: _____

Company Phone Number: _____ Estimated Cost: \$ _____

Indicate total number of units in the applicable box below

M 1 & 2 Family	Basement	1 st Floor	2 nd Floor	3 rd Floor	Roof	Ground*
	Air Handling/Hydro Units					
Evaporative & Refrigeration Coolers						
Heat Pumps						
Range Hoods Vented to Exterior						
Central Air Conditioners						
Combustion Air /Ventilation Fans						
Energy Recovery Ventilators						
Furnaces- Oil						
Other:						

Basic Building Code Commercial	Basement	1 st Floor	2 nd Floor	3 rd Floor	Roof	Ground*
	Generators					
Draft Inducers Oil fired Equip						
Kitchen Vent & Exhaust Equipment						
Pool Heater						
Process Piping						
Roof Top Units						
Radiant Heat						
Hydro Air Systems						
Central Air Conditioners						
Other:						

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.

I certify that I have the authority to make the foregoing application and that all of the information I have submitted (or entered) in the above application is true and accurate to the best of my knowledge, information and belief, and that all mechanical 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, the International Mechanical Code, and all laws/bylaws/regulations of the Town of Barre Workers' Compensation Insurance Affidavit required for all mechanical submissions

Signature: _____ Print Name: _____ Type of License: _____ License #: _____

This Section for Official Use Only

Permit fee:	Receipt #:	Date Received:	Received by:
Issued By :	Approved Date:	Permit or Alteration Number:	

7-27-2023



THE COMMONWEALTH OF MASSACHUSETTS
Board of Examiners of Sheet Metal Workers
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: _____ ****REQUIRED email address**

Address: _____ Zip Code _____

Signature: _____ Phone Number _____

Business License 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))

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: _____



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):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
or MJ1AE Form ² (and supporting worksheets):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
OEM performance data (heating, cooling, blower):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Manual D Friction Rate Worksheet:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Duct distribution system sketch:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

ATTACHED

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

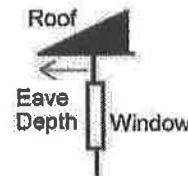
Building Construction Information

Building

Orientation (Front door faces) _____
North, East, West, South, Northeast, Northwest, Southeast, Southwest
 Number of bedrooms _____
 Conditioned floor area _____ Sq Ft

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 M1501.1)

Design airflow _____ CFM
 External Static Pressure (ESP) _____ IWC
 Component Pressure Losses (CPL) _____ IWC
 Available Static Pressure (ASP) _____ IWC
ASP = ESP - CPL

Longest supply duct: _____ Ft
 Longest return duct: _____ Ft
 Total Effective Length (TEL) _____ Ft
 Friction Rate: _____ IWC
Friction Rate = (ASP × 100) ÷ TEL

Duct Materials Used (circle)
 Trunk Duct: Duct board, Flex, Sheet metal, Lined sheet metal, Other (specify) _____
 Branch Duct: Duct board, Flex, Sheet metal, Lined sheet metal, Other (specify) _____

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.



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 Lafayette City Center
 2 Avenue de Lafayette, Boston, MA 02111-1750
 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:

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

Type of project (required):

6. New construction
7. Remodeling
8. Demolition
9. Building addition
10. Electrical repairs or additions
11. Plumbing repairs or additions
12. Roof repairs
13. 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 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 city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (check one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector 6. Other _____

Contact Person: _____ Phone #: _____

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 Office of Investigations 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
Lafayette City Center, 2 Avenue de Lafayette
Boston, MA 02111-1750

Tel. (617) 727-4900 or 1-877-MASSAFE

Fax (617) 727-7749

www.mass.gov/dia