

Commonwealth of Massachusetts

Sheet Metal Permit

Date: _____

Permit # _____

Estimated Job Cost: \$ _____

Permit Fee: \$ _____

Plans Submitted: **YES** _____ **NO** _____

Plans Reviewed: **YES** _____ **NO** _____

Business License # _____

Applicant License # _____

Business Information:

Property Owner / Job Location Information:

Name: _____

Name: _____

Street: _____

Street: _____

City/Town: _____

City/Town: _____

Telephone: _____

Telephone: _____

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 _____

Institutional _____ 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 _____ Metal Watershed Roofing _____ Kitchen Exhaust System _____

Metal Chimney / Vents _____ Air Balancing _____

Provide detailed description of work to be done:



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

TOWN OF PETERSHAM

Contractor _____

Mechanical License # _____

Building Permit # _____ Zone # _____

Job Address (Street or Lot #, Block, Subdivision) _____

REQUIRED ATTACHMENTS

- Manual J1 Form (and supporting worksheets): Or MJ1AE Form (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

Conditioned floor area _____ Sq Ft

Number of bedrooms _____

Number of Occupants _____

Envelope Tightness _____

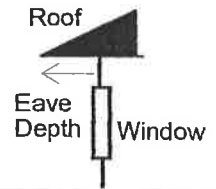
Windows

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

Auxilliary heat output capacity _____ Btu

SEER: _____ EER: _____

Cooling Equipment Data

Equipment type _____

Air Conditioner, Heat pump, etc.

Model _____

Sensible cooling capacity _____ Btu

Latent cooling capacity _____ Btu

Total cooling capacity _____ Btu

HSPF: _____ COP: _____

Blower Data

Heating CFM _____ CFM

Cooling CFM _____ CFM

HVAC DUCT DISTRIBUTION SYSTEM DESIGN (IRC M1601.1)

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 x 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 calculations, 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 _____

Note: One form is required for each zone.

FOR BUILDING DEPARTMENT USE ONLY:

IS THERE A CARBON MONOXIDE DETECTOR, MUST BE INSTALLED IN ACCORDANCE WITH M.G.L.

INSPECTION MADE: _____

COMMENTS: _____

CERTIFICATE ISSUED: _____

DATE: _____

BUILDING OFFICIAL



PETERSHAM Inspector of Buildings

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978/724-3586 tel. • 978/724-3501 fax

petershambldginsp@verizon.net

Residential Heating and/or Cooling Equipment Affidavit

Location: _____

Owner(s): _____

Project: _____

Existing Conditions: (Please check all that apply)

- I am removing existing equipment and replacing it with like kind
Or
- The equipment I am installing is not to be used as a primary heat source (Supplemental Only)
And
- This work is not being done for an alteration or addition to the conditioned living space
And
- No ductwork will be added or altered

I hereby certify under the pains and penalties of perjury that I am applying for a permit as the agent of the owner. I further attest that I have designed the system per the manufacturer, ACCA Manual J and ACCA Manual S as applicable per 780 CMR with MA amendment. If at any time throughout construction the Northborough Building Department requests a copy of said design documents for review, I will provide them.

Contractor's Name Printed

Company Name

License No.

Contractor's Signature

Date

THIS IS NOT A PERMIT

A Permit Card and any Construction Documents stamped by this office must be on site prior to construction and available for all inspections

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

Date

Comments

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

Final Inspection

Date

Comments

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

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