



THE COMMONWEALTH OF MASSACHUSETTS
Board of Examiners of Sheet Metal Workers
SHEET METAL PERMIT APPLICATION

PER M.G.L. 112 AND CMR 271

Fee \$50.00
 \$100.00 Commercial

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))

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 **wavies** this requirement

Signature of the Owner or Owner's Agent

Check Only One
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:

Additional Space for Detail of Proposed Work and or Sketches as Needed:

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)

Town / City 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 _____

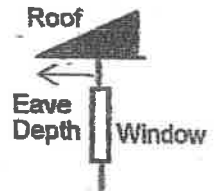
Windows

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: _____ AFUE: _____

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.