

**TOWN OF WINCHESTER
APPLICATION FOR MECHANICAL AND SHEET METAL PERMIT**

Plans Submitted: YES NO Plans Reviewed: YES NO Estimated Cost \$ _____

Business Information:

Property Owner/Job Location Information:

Name: _____

Name: _____

Street: _____

Street: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____ Business License# _____

Phone: _____ Applicant License# _____

Applicant Signature: _____

Applicant Name: _____

Photo I.D. required: Copy of Photo I.D. Attached: YES <input type="checkbox"/> NO <input type="checkbox"/> 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 TYPE OF LICENSE: <input type="checkbox"/> Master <input type="checkbox"/> Master-Restricted <input type="checkbox"/> Journeyperson <input type="checkbox"/> Journeyperson-Restricted

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:

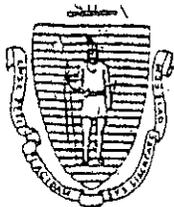
Provide detailed description of work to be done: _____

Provide detailed description of Mechanical work to be done: _____

INSURANCE COVERAGE: I have a current liability insurance policy or it equivalent which meets the requirements of M.G.L. Ch. 112: Yes <input type="checkbox"/> No <input type="checkbox"/> If you have checked <u>Yes</u> , indicate the type of coverage by checking the appropriate box below: A liability insurance policy <input type="checkbox"/> Other type of indemnity <input type="checkbox"/> Bond <input type="checkbox"/> 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: <input type="checkbox"/> Owner <input type="checkbox"/> Agent Owner/Agent Signature: _____

By checking this box , I hereby certify that all of the details and information I have submitted (or entered) regarding this application of 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: YES NO

This Section for Building Department use only		
Permit No. _____	Date Issued: _____	Permit Fee: _____
Issued by: _____		



Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
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 #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am a 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 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>	<p>Type of project (required):</p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input type="checkbox"/> Other _____</p>
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* 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 their workers' comp. policy information.

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 (circle one):
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____
Contact Person: _____ Phone #: _____