



Department of Municipal Licenses and Inspections

Mary E. McGrath, R.S., Director
90 Pond Street – Braintree, Massachusetts 02184

Building Division Telephone: 781-794-8070 Fax: 781-794-8022
Health Division Telephone: 781-794-8090 Fax: 781-794-8098

Joseph C. Sullivan
Mayor

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 ___

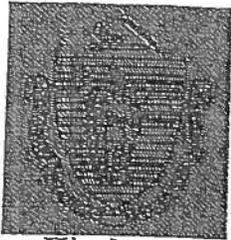
Square Footage: under 10,000 sq. ft. ___ over 10,000 sq. ft. ___ **Number of Stories:** ___

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:



The Commonwealth of Massachusetts
 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 #: _____

Are you an employer? Check the appropriate box:

- 1. I am a 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 general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡
- 5. 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):

- 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: Town of Braintree 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: R. Forsberg / M. McGourty Phone #: 781 794-8070



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DEBRIS FORM

In accordance with the provisions of MGL.C40s 54, a condition of the Building Permit Number _____ is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL cIII, Section 150A.

The debris will be disposed of at:

(Location)

(Signature of Applicant)

(Date)