



Town of Greenfield
Office of the Inspector of Buildings
 14 Court Sq., Greenfield, MA 01301
 (413) 772-1404 Fax: (413) 772-1566
 www.Greenfield-MA.gov



Application for Sheet Metal Work Permit

This Section For Official Use Only

Permit Number: _____ Date Applied: _____

Signature: _____
 Building Commissioner/ Inspector of Buildings Date

SECTION 1: SITE INFORMATION (check all that apply)

1.1 Property Address: _____ Assessors Map & Parcel Numbers (Official Use Only)

1.1a Is this an accepted street? yes _____ no _____ Map Number _____ Parcel Number _____

Residential 1-2 Family Multi-family Condo/Townhouse Other _____

Commercial Office Retail Industrial Educational Institutional Other _____

Building Size Under 10,000 sq ft. Over 10,000 sq ft. **Number of stories** 1 2 3 4 5 6 7 8

SECTION 2: PROPERTY OWNERSHIP

2.1 Owner of Record:

Name (Print) _____ Address for Service (Mailing address): _____

Signature _____ Telephone _____

SECTION 3: DESCRIPTION OF PROPOSED WORK (check all that apply)

3.1 Sheet metal work to be completed: New Work Renovation HVAC Metal watershed roofing
 Metal Chimney/Vents Air balancing Other _____

Brief Description of Proposed Work: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS/PERMIT FEES

4.1 Estimated costs (Labor and Materials):	\$ _____	Official Use Only
4.2 Multiply Item 4.1 by .01	\$ _____	
4.3 Add \$45 (Commercial) or \$40 (Residential) to Item 4.2	\$ _____	1. Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____ Total All Fees: \$ _____
Pay this amount		Check No. _____ Check Amount: _____ Cash Amount: _____
Make checks payable to <u>Town of Greenfield.</u>		<input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____

SECTION 5: CONSTRUCTION SERVICES

5.1 Licensed Sheet Metal Contractor

 Name of Licensee

 Address

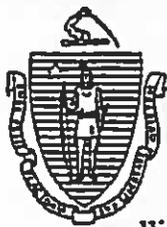
 Signature

 Telephone

License Number _____ Expiration Date _____
 List Type (see below) _____

Type	Description
J-1	Unrestricted Journeyman
J-2	Restricted Journeyman
M-I	Unrestricted Master
M-II	Restricted Master

Restricted licenses are limited to dwellings three (3) stories or less and commercial up to 10,000 sq. ft/2-stories or less.



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

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 an 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 homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
- 5. 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.[‡]
- 6. 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):

- 7. New construction
- 8. Remodeling
- 9. Demolition
- 10. Building addition
- 11. Electrical repairs or additions
- 12. Plumbing repairs or additions
- 13. Roof repairs
- 14. 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 MGL c. 152, §25A is a criminal violation punishable by 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. 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 #: _____