City 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: _____

1.1a Is this an accepted street? yes_____ no_____

Assessors Map & Parcel Numbers (Official Use Only)
_____ _____
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	$	1. Permit Fee: $_____ Indicate how fee is determined:
4.3 Add $45 (Commercial) or $40 (Residential) to Item 4.2	$	☐ Standard City/Town Application Fee ☐ Total Project Cost[3] (Item 6) x multiplier _____ x _____
	Pay this amount	Total All Fees: $_____
Make checks payable to Town of Greenfield.		Check No. _____Check Amount: _____Cash Amount:_____ ☐ Paid in Full ☐ 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.

SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152. § 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 building permit.

Signed Affidavit Attached? Yes ..... ☐ No ..... ☐

SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR PERMIT

I, _____, as Owner of the subject property hereby authorize _____ to act on my behalf, in all matters relative to work authorized by this permit application.

_____ _____

Signature of Owner Date

SECTION 7b: OWNER[1] OR AUTHORIZED AGENT DECLARATION

I, _____, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

_____

Print Name

_____ _____

Signature of Owner or Authorized Agent Date

(Signed under the pains and penalties of perjury)

Are building plans and/or construction documents being provided as part of this permit application in accordance with IMC Section 106.3.1? Yes..... ☐ No..... ☐

SECTION 8: ADDITIONAL INFORMATION OR SKETCHES (OPTIONAL)

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 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 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 #:**_____