



# Town of Lancaster

**MECHANICAL/SHEET METAL PERMIT**  
 695 Main Street, Clinton MA. 01523  
 Tel: (978) 365-3326 ext. 1310 Fax: (978) 368-4009



**Building Commissioner**  
**Tony Zahariadis**

<p><b>This Section for Official Use Only</b></p> <p>Building Permit Number: _____</p> <p>Amount of Permit _____</p> <p>Signature of Building Official: _____</p> <p>Date of Approval: _____</p>	<p><b>Date Received</b></p>
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**1. Owners and Property Information**

Address of Property: \_\_\_\_\_ Assessors Map: \_\_\_\_\_ Parcel: \_\_\_\_\_

Owner of Record: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Telephone Numbers Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**2. Description of Proposed Construction Project or Request**

*In accordance with 271 CMR, as of 2/19 /2011 permits will be required in the city or town where you will be performing sheet metal work*

**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 \_\_\_

Supply a detailed description of work to be done:

### 3. Description of Proposed Construction Project or Request

Indicate total number of units in the applicable box below

Basement	1 <sup>st</sup> Floor	2 <sup>nd</sup> Floor	3 <sup>rd</sup> Floor	Roof	Ground*	Basement	1 <sup>st</sup> Floor	2 <sup>nd</sup> Floor	3 <sup>rd</sup> Floor	Roof*	Ground*
Air Handling Units						Pool Heater					
Baseboard Heat						Process Piping					
Boilers/Furnaces/Gas/Oil						Pumps					
Central Air Conditioners						Radiant Heat					
Direct Vent Fireplace						Radiators					
Draft Inducers						Range Hoods					
Duct Coils						Refrigeration Units					
Evaporative Coolers						Roof Top Units					
Fire Suppression						Sprinkler Conn.					
Generators						Sprinkler Heads					
Heat Pumps						Sprinkler Hose Conn.					
Heating Zones						Steam Generators					
Hydro Air Systems						Steam Kettles					
Incinerators						Ventilation Fans					
Kick space Heaters											
Kitchen Equipment											
No Vent Heaters											

**Describe Project:** \*Note: If any equipment is being placed outside of the footprint of the building, indicate setbacks to property line. A land survey may be required. Roof top units may require a Structural Engineer's review.

### 4. Construction Services

Licensed Construction Supervisor  
Must supply copies of licenses

Name: \_\_\_\_\_ License Number: CS \_\_\_\_\_

Address \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Signature of Licensee: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

Telephone Numbers; Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Company Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Company Address: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Contractors Name: \_\_\_\_\_ Address: \_\_\_\_\_

Signature of Contractor: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

Telephone Numbers; Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Massachusetts Hoisting License No \_\_\_\_\_ License Grade \_\_\_\_\_ Expiration Date \_\_\_\_\_

Photo I.D. required / Copy of Photo I.D. attached: **YES** \_\_\_ **NO** \_\_\_

**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

## 5. Insurance

# INFORMATION AND INSTRUCTIONS

Massachusetts General Law Chapter 152 requires all employers to provide worker's compensation for their employees. Pursuant to this statute, an employee is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An employer is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representative of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152§25C (6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152§25C (7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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### Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s), name(s), address (as) and phone number(s) along with their certificates(s) of Insurance, Limited Liability Companies (LLC) or Limited Liability Partnership (LLP) with no employees other than the members or partners are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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### City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number, which will be used as a reference number. In addition, an applicant that must submit multiple permit/license application in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in Lancaster, MA." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a homeowner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves, etc.) said person is not required to complete this affidavit.

The Office of Investigation would like to thank you in advance for your cooperation and should you have any questions. Please do not hesitate to give us a call.

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The Department's address, telephone and fax number:

**The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, MA 02111**

**Tel: 617-727-4900 Ext 406 or 1-877- MASSAFE**

**Fax: 617-727-7749**

**[www.mass.gov/dia](http://www.mass.gov/dia)**

**5A. Insurance**



*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 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 worker's comp. insurance required.)
- 3.  I am 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 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 worker's 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 attach 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 official.***

Town of Lancaster: \_\_\_\_\_ 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 #: \_\_\_\_\_

**5B. Insurance**

**INSURANCE COVERAGE:**

I have a current liability insurance policy or its equivalent which meets the requirements of M.G.L. Ch. 112

Yes \_\_\_\_\_ No \_\_\_\_\_

If you have answered Yes, indicate the type of coverage by checking the appropriate area 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 waives this requirement.

Check One Only      Owner \_\_\_\_\_      Owners Agent \_\_\_\_\_

\_\_\_\_\_  
Owner/Owners Agent

Signature of Owner or Owner's Agent

**6. Commercial Section** (Skip this section if construction project involves 1-2 family dwelling)

1. Current use group \_\_\_\_\_

2. Current construction type \_\_\_\_\_

3. Purpose use group \_\_\_\_\_

4. Proposed construction type \_\_\_\_\_

5. Existing hazard index \_\_\_\_\_

6. Purposed hazard index \_\_\_\_\_

SPECIFY \_\_\_\_\_

**6. Construction Cost**      Commercial/Residential Construction Cost

Building \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_

Mechanical (HVAC) \_\_\_\_\_ Fire Protection \_\_\_\_\_ Total Cost \_\_\_\_\_

**7. Fee schedule: Approved by the Town of Lancaster, Board of Selectmen, June 4, 2018**

**Sheet Metal/Mechanical Residential Permit Fees**  
\$10.00 per \$1,000.00, Minimum Residential Flat Fees \$75.00

**Sheet Metal/Mechanical Commercial**  
(All non-One and Two Family Permit Fees)  
\$13.75 per \$1,000.00, Minimum Commercial flat fee \$250.00 under \$50,000.00  
\$500.00 minimum over \$50,000.00

**Fines and Fees for Violation to Building Permit**

Double the Permit Fee and/or \$400.00, \$50.00 Re-Inspection, then double each time after.  
The Building official reserves the right to determine fees not specified Special Inspection/Inspector and Plan Review, Other Miscellaneous Fees, Paid by Applicant

### **8. Debris Disposal Affidavit**

In accordance with **MGL 40 Section 54.**

The authorized agent for this project stipulates that all debris resulting from this project SHALL be disposed of in a properly licensed solid waste disposal facility as defined in MGL 111, Section 150A. The authorized agent will notify in writing to the building department and supply the appropriate forms with the name and address of waste facility for attachments to the building permit no later than 2 months for issuance of the building permit. Failure to supply this information will result with a stop work order and possible fines. **Check Section 15 for asbestos removal**

Name and Address of Waste Facility: \_\_\_\_\_

Authorized Agents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **9. Owners Consent Release**

I \_\_\_\_\_ as the Owner of record hereby authorize  
\_\_\_\_\_ to act on my behalf, in all matters relating to  
the work authorized by the building permit.

Owners Signature: \_\_\_\_\_

### **10. Declaration Statement**

Signed under the Pains and Penalties of Perjury.

I \_\_\_\_\_, as the 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.

Authorized Agents Signature: \_\_\_\_\_ Date: \_\_\_\_\_