

**TOWN OF SAUGUS
COMMONWEALTH OF MASSACHUSETTS
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 sf/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 sf ____ **over 10,000 sf** ____ **Number of Stories:** ____

Sheet metal work to be completed: New Work: ____ **Renovation:** ____

HAVC ____ **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:

- | | |
|--|--|
| <p>1. <input type="checkbox"/> I am an 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> |
|--|--|

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 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 #: _____