



Town of Needham  
 Building Department  
 470 Dedham Ave.  
 Needham, MA 02492  
 Tel. 781-455-7542

**Official Use Only**  
 Permit No. \_\_\_\_\_  
 Permit Fee \$ \_\_\_\_\_

Date \_\_\_\_\_

Plans Submitted (check appropriate box): Yes  No  Estimated Job Cost \$ \_\_\_\_\_

Job Location (Street & Number) \_\_\_\_\_

Residential  Commercial

New Work  Renovation

Applicant License # \_\_\_\_\_ Business License # \_\_\_\_\_

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/Townhouse \_\_\_\_\_ Other \_\_\_\_\_

Commercial: Office \_\_\_\_\_ Retail \_\_\_\_\_ Industrial \_\_\_\_\_ Educational \_\_\_\_\_ Institutional \_\_\_\_\_ Other \_\_\_\_\_

Square footage: Under 10,000 sq.ft. \_\_\_\_\_ Number of Stories \_\_\_\_\_

**Business Information:**

Firm Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

**Licensee Information:**

Licensee Name: \_\_\_\_\_

Type of License:

Master  
 Master-Restricted  
 Journeyperson  
 Journeyperson-Restricted  
 \_\_\_\_\_

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

**Property Owner Information:**

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

**Must Fill Out Number of Items Installed:**

**Sheet metal work to be completed:**

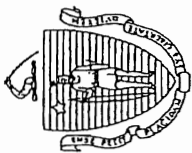
Damper	Screen	Chimney / Vents
Air termination return terminal	Watershed roof system	Bathroom fan/exhaust
Mixing box	Kitchen hood	Duct access door
Louver		Sound trap
Air handling ductwork: tested :adjusted or air balanced		

HVAC \_\_\_\_\_ Kitchen Exhaust System \_\_\_\_\_  
 Metal Watershed Roofing \_\_\_\_\_  
 Metal Chimney/ Vents \_\_\_\_\_  
 Air Balancing \_\_\_\_\_

Provide detailed description of work to be done: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 checked **Yes**, indicate the type of coverage by checking the appropriate box below:  
 Insurance  Bond  Other   
**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.  
 \_\_\_\_\_ I am the (check one) Owner  Agent   
 Signature of Owner/Agent

**By checking this box** , I hereby certify that all of the details and information I have submitted (or entered) regarding this application are true and accurate to the best of my knowledge and that all sheet metal work and installations performed under the permit issued for this application will be in compliance with all pertinent provision of the Massachusetts Building Code and Chapter 112 of the General Laws.



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 #: \_\_\_\_\_

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. †</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>Type of project (required):</p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input type="checkbox"/> Other _____</p>
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\* 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-contractor 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: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Policy # or Self-ins. Lic. #: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Job Site Address: \_\_\_\_\_

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 \_\_\_\_\_

Duct inspection required prior to insulation installation: YES  NO

**Progress Inspections**

Date \_\_\_\_\_

Comments \_\_\_\_\_

**Final Inspection**

Date \_\_\_\_\_

Comments \_\_\_\_\_

Inspector Signature of Permit Approval \_\_\_\_\_

Date \_\_\_\_\_