

Town of Somerset
 140 Wood Street
 Somerset, MA 02726
 508-646-2805

Mechanical Permit Application

The Application for a mechanical permit must be accompanied by:

- Building Application
- Copies of Licenses
- Signed Affidavit with Proof of Liability and Workman's Comp. Ins.
- Tax Form

Installation Address: _____

Type of Fixture or Item:

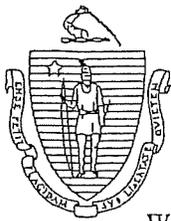
#: _____

	Air Conditioner Unit	H.P. Each:
	Air Handling Unit	C.F.M.:
	Boiler	H.P. Each:
	Clothes Dryer	
	Evaporative Cooler	
	Floor Furnace	B.T.U.: M. :
	Forced Air System	B.T.U.: M. :
	Gas Fired A.C. Unit	Tonage Each:
	Incinerator	
	Range Hood	
	Refridgerator Unit	H.P. Each:
	Unit Heater	B.T.U.: M. :
	Ventalation Fan	
	Wall Heater	B.T.U.: M. :
	Other:	

The Commonwealth of Massachusetts State Board of Building Regulations and Standards Massachusetts State Building Code 780 CMR 8 th edition		FOR MUNICIPALITY USE (revised 01/20/2015)			
APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A ONE OR TWO FAMILY DWELLING					
This Section For Official Use Only					
Building Permit Number: _____		Date Applied: _____			
Signature: _____		Date: _____			
Building Commissioner/ Inspector of Buildings					
SECTION 1 - SITE INFORMATION					
1.1 Property Address: _____		1.2 Assessors Map & Parcel Numbers _____			
1.1a Is this an accepted city/town street: yes ___ no ___		Map Number _____	Parcel Number _____		
1.3 Zoning Information: Zoning District _____ Proposed Use _____		1.4 Property Dimensions: Lot Area (sf) _____ Frontage (ft) _____			
Building Setbacks (ft)					
Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
1.7 Water Supply (M.G.L. c. 40, § 5-4 Public <input type="checkbox"/> Private <input type="checkbox"/>		1.5 Flood Zone Information: Zone: ___ Outside Flood Zone <input type="checkbox"/>		1.8 Sewage Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>	
SECTION 2: PROPERTY OWNERSHIP/ AUTHORIZED AGENT					
2.1 Owner of Record:					
Name (Print) _____		Address for Service: Street _____ City/Town _____ State _____			
Signature _____		Telephone _____		Zip Code _____	
2.1 (a) Is this a new or existing owner occupied one or two family? Yes <input type="checkbox"/> No <input type="checkbox"/> 2.1(b) Number of Units _____					
2.2 Authorized Agent:					
Name (Print) _____		Authorized Agent: Street _____ City/Town _____ State _____			
Signature _____		Telephone No. for Authorized Agent _____		Zip Code _____	
SECTION 3: CONSTRUCTION SERVICES					
3.1 Licensed Construction Supervisor CSL			•		
Licensed Construction Supervisor _____			License Number _____ Restriction Code _____		
Address _____ City/Town _____ State _____ Zip Code _____			•		
Signature _____ Telephone _____			Expiration Date _____		
3.2 Registered Home Improvement Contractor HIC			•		
Company Name _____			Registration Number _____		
Address _____ City/Town _____ State _____ Zip Code _____			•		
Signature _____ Telephone _____			Expiration Date _____		

SECTION 4 - 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 <input type="checkbox"/> No <input type="checkbox"/>				
SECTION 5 - DESCRIPTION OF PROPOSED WORK (check all applicable)				
New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repairs(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Accessory Bldg. <input type="checkbox"/>	Demolition <input type="checkbox"/>	Historic Preservation <input type="checkbox"/>	Other <input type="checkbox"/> Specify: _____	
Brief Description of Proposed Work: _____ _____ _____				
TOTAL ALL FLOORS (Sq. Ft.) _____ (including garage, finished basement/attics, decks or porch)				
GROSS LIVING AREA (Sq. Ft.) _____		HABITABLE ROOM COUNT _____		
NUMBER OF FIREPLACE _____		NUMBER OF BEDROOMS _____		
NUMBER OF BATHROOMS _____		NUMBER OF HALF/BATHS _____		
NUMBER OF DECKS/PORCHES _____		ENCLOSED _____		OPEN _____
HEATING/COOLING _____		TYPE _____		
SECTION 6 - ESTIMATED CONSTRUCTION COSTS <i>Note: Fees are non-refundable</i>				
Item	Estimated Costs (Dollars) to include both labor and materials.	Official Use Only (N/I means not included)		
1. Building	\$ _____	1. Building Permit Fee: \$ _____		
2. Electrical	\$ _____	2. Electrical Permit Fee: \$ _____		
3. Gas	\$ _____	3. Gas Permit Fee: \$ _____		
4. Plumbing	\$ _____	4. Plumbing Permit Fee: \$ _____		
5. Mechanical (HVAC, Fireplace, stoves, chimney, power vent)	\$ _____	5. Mechanical Permit Fee: \$ _____		
6. Mechanical (Fire Suppression)	\$ _____	TOTAL ALL FEES: \$ _____		
7. TOTAL PROJECT COST:	\$ _____	Check Number: _____ Cash: _____		
Section 7a. OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT				
I, _____, as <u>Owner</u> of the subject property hereby authorize _____ to act on my behalf, in all matters relative to work authorized by this building permit application.				
X Signature of Owner		Date		
SECTION 7b OWNER/AUTHORIZED AGENT DECLARATION				
I, _____, as Owner/ 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 _____				
X Signature of Owner / Agent (Signed under the pains and penalties of perjury)		Date		

Owners please read before signing: *OWNERS PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL c. 142A.*



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: X _____ 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 #: _____

TAX FORM

THIS FORM MUST BE SIGNED BY THE TAX COLLECTOR

Date: _____

Address of Property: _____

Map: _____

Lot: _____

Owner of Property: _____

Address of Owner: (Same as Above) _____

Name of Applicant: (Owner) _____

Address of Applicant: _____

I CERTIFY THAT THE APPLICANT LISTED ABOVE HAS NO OUTSTANDING TAX DUE TO THE TOWN OF SOMERSET FOR ANY PROPERTY OWNED OR JOINTLY OWNED BY THE APPLICANT. I ALSO CERTIFY THAT THE OWNER OF THE PROPERTY LISTED HAS NO OUTSTANDING TAX DUE TO THE TOWN OF SOMERSET.



Tax Collector, Town of Somerset: _____