# 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:**

<table>
<thead>
<tr>
<th>#</th>
<th>Air Conditioner Unit</th>
<th>H.P. Each:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Air Handling Unit</td>
<td>C.F.M.:</td>
</tr>
<tr>
<td></td>
<td>Boiler</td>
<td>H.P. Each:</td>
</tr>
<tr>
<td></td>
<td>Clothes Dryer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evaporative Cooler</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Floor Furnace</td>
<td>B.T.U.:</td>
</tr>
<tr>
<td></td>
<td>Forced Air System</td>
<td>B.T.U.:</td>
</tr>
<tr>
<td></td>
<td>Gas Fired A.C. Unit</td>
<td>Tonnege Each:</td>
</tr>
<tr>
<td></td>
<td>Incinerator</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Range Hood</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Refrigerator Unit</td>
<td>H.P. Each:</td>
</tr>
<tr>
<td></td>
<td>Unit Heater</td>
<td>B.T.U.:</td>
</tr>
<tr>
<td></td>
<td>Ventilation Fan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wall Heater</td>
<td>B.T.U.:</td>
</tr>
<tr>
<td></td>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>
### 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 ____________

Building Setbacks (R)

<table>
<thead>
<tr>
<th>Front Yard</th>
<th>Side Yards</th>
<th>Rear Yard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required</td>
<td>Provided</td>
<td>Required</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provided</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Required</td>
</tr>
</tbody>
</table>

1.7 Water Supply (M.G.L. c. 40, § 5-4)

Public □ Private □

1.5 Flood Zone Information:

   Zone: ___ Outside Flood Zone □

   1.8 Sewage: Disposal System:

   Municipal □ On site disposal system □

### SECTION 2: PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:

   Name (Print) ____________________________ Address for Service: Street ____________

   City/Town ____________ State ____________ Zip Code ____________

   Signature ____________________________ Telephone ____________________________

   2.1 (a) Is this a new or existing owner occupied one or two family? Yes □ No □

   2.1(b) Number of Units ____________________________

2.2 Authorized Agent:

   Name (Print) ____________________________ Authorized Agent: Street ____________

   City/Town ____________ State ____________ Zip Code ____________

   Signature ____________________________ Telephone No. for Authorized Agent ____________________________

### SECTION 3: CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor 

   License Number ____________________________ Restriction Code ____________

   Expiration Date ____________________________

   Name ____________________________

   Company Name ____________________________

   Address ____________ City/Town ____________ State __ Zip Code ____________

   Signature ____________________________ Telephone ____________________________

3.2 Registered Home Improvement Contractor

   Registration Number ____________________________ Expiration Date ____________________________

   Name ____________________________

   Company Name ____________________________

   Address ____________ City/Town ____________ State __ Zip Code ____________

   Signature ____________________________ Telephone ____________________________
SECTION 4 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 § 25C.5)

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 5 - DESCRIPTION OF PROPOSED WORK (check all applicable)

- New Construction □
- Existing Building □
- Alteration(s) □
- Repair(s) □
- Demolition □
- Accessory Bldg. □
- Historic Preservation □
- Addition □
- Other □

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Estimated Costs (Dollars) to include both labor and materials.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Building</td>
<td>$</td>
</tr>
<tr>
<td>2. Electrical</td>
<td>$</td>
</tr>
<tr>
<td>3. Gas</td>
<td>$</td>
</tr>
<tr>
<td>4. Plumbing</td>
<td>$</td>
</tr>
<tr>
<td>5. Mechanical (HVAC, Fireplace, stoves, chimney, power vent)</td>
<td>$</td>
</tr>
<tr>
<td>6. Mechanical (Fire Suppression)</td>
<td>$</td>
</tr>
</tbody>
</table>

TOTAL PROJECT COST: $ Check Number: __________ Cash: __________

Section 7a OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

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

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 __________________________
Signature of Owner / Agent __________________________ Date __________________________
(Signed under the pains and penalties of perjury)

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. 132, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

☐ New construction  
☐ Remodeling  
☐ Demolition  
☐ Building addition  
☐ Electrical repairs or additions  
☐ Plumbing repairs or additions  
☐ Roof repairs  
☐ 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 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: ___________________________  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 MGL c. 132, §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):

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: ________________________________