

Welcome to Salisbury On-Line Permits

This Application is to be filled out online, printed, and brought to the Building Department for a Permit.

1. **Application** - This is a **Fillable PDF form** and works on most websites.
 - If you have trouble, upload and use **Adobe Reader**; it is a free program.
2. **Entering Information** –
 - You must type it in (no handwritten permits).
 - You must fill in all required boxes
3. **Submission via Email and Paper** - Once you have completed the Application form,
 - Please scroll to the **last** page and **MOUSE/CLICK** on the **EMAIL** and **PRINT** button. This will do 2 things;
 - A copy is required to be **emailed** to us for our computer records.
 - A copy must be **printed** on your printer to bring to the Building Department.
 - If you have troubles with the emailing, save a copy and email it through your regular email, as an attachment to permits@salisburyma.gov. *Please add the Address and Permit type in the subject heading.*
4. **To Close the Application** - Once you have printed and emailed the necessary copies, please **MOUSE/CLICK** the **CLOSE** button to end your session.
5. **Payment** – You may pay at the Department with credit card, cash (*exact amount, please*) or check.

oo

Warning – *The Applicant must bring the paper copy, with attachments and signatures, to our office in order to **START** the review process to get a Permit.*

*It may take up to **30 days** after we get the application to issue a permit.*



Town of Salisbury

Office of the Inspector of Buildings

5 Beach Road Salisbury MA 01952
 p (978) 462-7839 : f (978)462-4176

MECHANICAL/SHEET METAL PERMIT

Jobsite Address: _____ Permit # _____
 Town SALISBURY, MA Date: _____
 Jobsite Owner Name: _____ Map/Lot : _____
 Jobsite Owner Address: _____ Phone _____
 City/Town/State/Zip _____ Email _____

Work Type Residential Commercial
 New Replacement

Plans Submitted Yes No Est. Cost of Work _____

Residential	Basement	1st Floor	2nd Floor	3rd Floor	Roof
Furnace - Oil, Gas					
Central A/C					
Mini-Split Systems					
Range Hoods w/ Ext. Venting					
Bathroom Vent Fans					
Laundry Exhaust Booster Fan					
ERV Systems					
Other					
Other					

Commercial	Basement	1st Floor	2nd Floor	3rd Floor	Roof
Kitchen Exhaust Equipment					
Heating System					
A/C System					
RTU's					
VAV's					
Exhaust Equipment					
Radiant heat					
Other					
Other					

Installer Name _____ Company Name _____
 Company Address: _____ Phone _____
 City/Town/State/Zip _____ Email _____

M1 J1 M2 J2 Photo I.D. Included Yes No
 J1/M1 unrestricted, J2/M2 restricted to 3 stories or less, Commercial restricted to 10,000sf / 2 stories or less

All work shall be completed in accordance with the 8th ed. of the State of Mass. Building Code including the 2009 IMC.

Town of Salisbury
Office of the Inspector of Buildings
5 Beach Road Salisbury MA 01952
p (978) 462-7839 : f (978)462-4176

MECHANICAL/SHEET METAL PERMIT

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 check Yes, indicate the type of coverage by checking the appropriate box below:

A Liability Insurance Policy Other Type of Indemnity Bond

If you do not have Liability Insurance, the Owner must hard-sign the Waiver below !

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.

Signature of Owner or Owner's Agent

Check One Only

Owner Agent

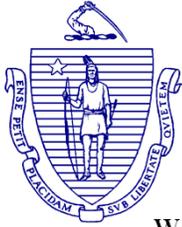
LICENSEE/APPLICANT'S DECLARATION

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. That all Sheet Metal and Mechanical work, materials and installations performed under this permit shall be in compliance with all pertinent provisions of the Massachusetts Building Code, 780 CMR (2009 ed.) and M.G.L. 112.

Signature of Licensee/Applicant

BUILDING DEPARTMENT

APPROVED	FEE \$ _____
Scott Vandewalle, Building Inspector	All work @ \$15/\$1000 value
	DATE _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Applicant must
Fill Out all Boxes

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: _____ Date: _____

Phone #: _____

Applicant must sign
the hard copy

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 #: _____

TOWN OF SALISBURY

Office of the Inspector of Buildings

FAQ's - Requirements for All HVAC Installations

Mechanical/Sheet Metal Permits

- 1. File a Mechanical Permit - Fill out attached permit form for all equipment
- 2. File a Sheet Metal Permit - Fill out attached form for all sheet metal & ductwork
- 3. Provide a Manual J for all Equipment Sizing
- 4. Provide ACORD certificate showing both Liability and Workers Compensation Insurance
- 5. Provide copies of Sheet Metal licenses
- 6. Pass a ROUGH Sheet Metal Inspection prior to ROUGH Framing
- 7. Conduct a Duct Blower Test, if Applicable, and Submit Passing Results
- 8. All exhaust Ducts to be well supported rigid/corrugated piping, spiral will not be acceptable
- 9. Do not use Duct tape on joints, only metal tape
- 10. All insulation to be tape-sealed at all joints, to all finish surfaces
- 11. Kitchen Exhausts must not exceed 400 cfm without code required make-up air
- 12. Do not vent bathroom exhaust fans into/near vented Soffits

These requirements may change based upon the nature of each specific project and/or future anticipated changes in applicable codes.

5 Beach Road, Salisbury MA 01952 p: (978) 462-7839 f: (978) 462-4176 bldginsp@salisburyma.gov

CLICK each in Order

