Commonwealth of Massachusetts

Sheet Metal Permit

Date:	Permit #			
Estimated Job Cost: \$	Permit Fee: \$			
Plans Submitted: YES NO	Plans Reviewed: YES NO			
Business 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			
J-1 / M-1-unrestricted license	Staff Initial			
J-2 / M-2-restricted to dwellings 3-stories or less	and commercial up to 10,000 sq. ft. / 2-stories or les			
Residential: 1-2 family Multi-family				
	Industrial Educational			
Institutional	Other			
Square Footage: under 10,000 sq. ft over	10,000 sq. ft Number of Stories:			
Sheet metal work to be completed: New Wo				
HVAC Metal Watershed Roofing	Kitchen Exhaust System			
Metal Chimney / Vents	Air Balancing			
Provide detailed description of work to be done:				

INSURANCE COVERAGE:						
I have a current <u>liability</u> insurance p	policy or its equivalent which med	ets the requi	rements of M.G.L. (Ch. 112 Yes 🗌 No	• 	
If you have checked Yes, indicate the	ne type of coverage by checking	the appropri	ate box below:			
A liability insurance policy	Other type of indem	nnity Bond D				
OWNER'S INSURANCE WAIVER: I a Massachusetts General Laws, and t	am aware that the licensee <u>does r</u> that my signature on this permit a	not have the application <u>v</u>	insurance coveragon vaives this requiren	e required by Chapt nent.	er 112 of the	
		Check One Only				
			Owner	Agent 🗌		
Signature of Owner or Own	er's Agent				5	
By checking this box , I hereby certify accurate to the best of my knowledge ar in compliance with all pertinent provision. Duct inspec	nd that all sheet metal work and insta	llations perfo le and Chapte	rmed under the permi r 112 of the General L	t issued for this applic aws.	are true and cation will be	
	Progress Ins	pections				
Date		Commen	<u>ts</u>			
					<u></u> ×	
	Final Insp	<u>ection</u>				
<u>Date</u>	Comments					
· .						
	Type of License:					
Ву	☐ Master					
Title	☐ Master-Restricted					
City/Town	□Journeyperson		Signature	of Licensee		
Permit #	☐Journeyperson-Restricted	License N	lumber:			
Fee \$	D		www.mass.gov/d			
¥						
Inspector Signature of Permit Approval						



TOWN OF MILLBURY

MUNICIPAL OFFICE BUILDING • 127 ELM STREET • MILLBURY, MA 01527-2632 • Tel. 508 / 865-0438 • FAX, 508 / 865-0857

TO: HVAC Installers/Builders

FROM: Paul F. Stringham, Building Inspector, Zoning Enforcement Office

RE: Submission requirements for HVAC systems

DATE: March 23, 2017

The state of Massachusetts has adopted the 2015 International Energy Conservation Code (with MA amendments) fully effective January 2, 2017

A reminder...Millbury is a 'stretch code' community.

EFFECTIVE IMMEDIATLEY, the following items are required to be submitted prior to issuance of a sheet metal or HVAC permit:

ALL SUBMISSIONS

- Standard Massachusetts Sheet Metal permit application, fully completed
- Copy of sheet metal license
- MA Worker's Compensation Insurance Affidavit
- Declaration sheet from insurance company certifying Worker's Compensation coverage
- Plans showing route of supply, return, duct size, components, insulation values on ductwork, termination size
- Performance specifications of heating unit (also cooling unit, if applicable)

RESIDENTIAL WORK

- ACCA approved Residential Plans Examiner Review Form for HVAC System Design
- Check payable to the Town of Millbury (\$8/\$1,000 of project value, minimum \$100)
- ACCA approved manual 'S'
- ACCA approved manual 'D'
- ACCA approved manual 'J'

COMMERCIAL WORK

- Check payable to the Town of Millbury (\$10/\$1,000 of project value, minimum \$250)
- Calculations and specifications in accordance with 2015 IECC with MA amendments section C403
- Mechanical system design criteria
- Economizer description
- Equipment and system controls
- Fan motor horsepower and controls
- Duct sealing, duct and pipe insulation and location

MISSING OR INCOMPLETE SUBMITTALS WILL BE REJECTED