



CITY OF LYNN MASSACHUSETTS
Inspectional Services Department
Room 401, Lynn City Hall, Lynn, MA 01901
p. 781-598-4000 ~ f. 781-477-7031
Website: www.lynnisd.com

Approval
Stamp

SHEET METAL PERMIT APPLICATION PER M.G.L. 112 AND CMR 271

Building Permit Number: _____ Date: _____	
Signature: _____ Date: _____ Building Commissioner/Inspector of Buildings	
SECTION 1: SITE INFORMATION	
1.1 Property Address _____	1.2 Assessors Map, Parcel Number, Ward Map Block Lot Ward
1.3 Zoning Information Property use _____ Zoning District _____	
SECTION 2: PROPERTY OWNERSHIP/AUTHORIZED AGENT	
2.1 Owner of Record: Name (Please Print) _____ Address: _____ Signature _____ Phone Number: _____	
2.2 Authorized Agent: Name (Please Print) _____ Address: _____ Signature _____ Phone Number: _____	
SECTION 3: LICENSE HOLDER AND BUSINESS INFORMATION	
3.1 Sheet Metal License Holder Address _____ Signature _____ Phone Number _____ License Number _____ License Exp. Date _____ License J-1 and M-1 Unrestricted License License Type J-2 and M-2 Restricted to Dwellings 3 Stories or Less and Commercial up to 10,000 sq. ft./ 2—Stories or Less	LICENSE TYPE Check One M-1 _____ M-2 _____ J-1 _____ J-2 _____



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3.2 Sheet Metal Business License

Company Name

Address

Signature

Phone Number

Bus. License No.

License Exp. Date

Photo I.D. Required/Copy of I.D. Attached: Yes: _____ No: _____

SECTION 4: WORKERS COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c152§ 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 Permit

Signed Affidavit Attached Yes _____ No _____

SECTION 5: INSURANCE COVERAGE

I have a current **Liability** insurance policy or its equivalent which meet the requirements of M.G.L. Ch. 112 Yes _____ No _____

If You checked **Yes** Indicate the type of coverage by checking the appropriate box below:

A Liability Insurance Policy _____ **Other Type of Indemnity** _____ **Bond** _____

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 the Owner or Owner's Agent

Check one only: Owner _____ Agent _____

SECTION 6: PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES

6.1 Registered Design Professional

Name (Registrant)

Address:

Signature

Phone Number

IF APPLICABLE: Registration Number _____ Expiration Date _____

SECTION 7: DESCRIPTION OF PROPOSED WORK (Check all that apply)

Fire Alarm <input type="checkbox"/>	Sprinkler <input type="checkbox"/>	CO System <input type="checkbox"/>	Pre Eng. Fixed <input type="checkbox"/>	Other <input type="checkbox"/>
New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repair (s) <input type="checkbox"/>	Alteration (s) <input type="checkbox"/>	Addition <input type="checkbox"/>

Plans Submitted: Yes _____ No _____ **Plans Reviewed:** Yes _____ No _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street, 7th Floor
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit: Building/Plumbing/Electrical Contractors

Applicant information: Please PRINT legibly

name: _____

address: _____

city _____ state: _____ zip: _____ phone # _____

work site location (full address): _____

I am a homeowner performing all work myself. Project Type: New Construction Remodel
 I am a sole proprietor and have no one working in any capacity. Building Addition

I am an employer providing workers' compensation for my employees working on this job.

company name: _____

address: _____

city: _____ **phone #:** _____

insurance co. _____ **policy #** _____

I am a sole proprietor, **general contractor**, or **homeowner** (*circle one*) and have hired the contractors listed below who have the following workers' compensation policies:

company name: _____

address: _____

city: _____ **phone #:** _____

insurance co. _____ **policy #** _____

company name: _____

address: _____

city: _____ **phone #:** _____

insurance co. _____ **policy #** _____

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature _____ Date _____

Print name _____ Phone # _____

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department

check if immediate response is required Licensing Board

contact person: _____ phone #: _____ Selectmen's Office

(revised Sept. 2003)

Health Department Other _____

