

Commonwealth of Massachusetts

Sheet Metal Permit

Date: _____ Permit # _____

Estimated Job Cost: \$ _____ Permit Fee: \$ _____

Plans Submitted: **YES** ____ **NO** ____ Plans Reviewed: **YES** ____ **NO** ____

Business License # _____ Applicant 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** ____ _____

Staff Initial

J-1 / M-1-unrestricted license

J-2 / M-2-restricted to dwellings 3-stories or less and commercial up to 10,000 sq. ft. / 2-stories or less

Residential: 1-2 family ____ Multi-family ____ Condo / Townhouses ____ Other ____

Commercial: Office ____ Retail ____ 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 Work: ____ Renovation: ____

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 liability insurance policy or its equivalent which meets the requirements of M.G.L. Ch. 112 Yes No

If you have 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.

Check One Only

Owner Agent

Signature of Owner or Owner's Agent

By checking this box , 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 and that all sheet metal work and installations performed under the permit issued for this application will be in compliance with all pertinent provision of the Massachusetts Building Code and Chapter 112 of the General Laws.

Duct inspection required prior to insulation installation: YES _____ NO _____

Progress Inspections

Date

Comments

_____	_____
_____	_____
_____	_____
_____	_____

Final Inspection

Date

Comments

_____	_____
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By _____ Title _____ City/Town _____ Permit # _____ Fee \$ _____ _____ Inspector Signature of Permit Approval	Type of License: <input type="checkbox"/> Master <input type="checkbox"/> Master-Restricted <input type="checkbox"/> Journey person <input type="checkbox"/> Journey person-Restricted <input type="checkbox"/> _____	_____ Signature of Licensee License Number: _____ Check at www.mass.gov/dpl
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Residential Plans Examiner Review Form for HVAC System Design (Loads, Equipment, Ducts)

Form
RPER 1.01
8 Mar 10

County, Town, Municipality, Jurisdiction
Header Information

Contractor _____
Mechanical License # _____
Building Plan # _____
Home Address (Street or Lot#, Block, Subdivision) _____

REQUIRED ATTACHMENTS¹

Manual J1 Form (and supporting worksheets):
or MJ1AE Form² (and supporting worksheets):
OEM performance data (heating, cooling, blower):
Manual D Friction Rate Worksheet:
Duct distribution system sketch:

ATTACHED

Yes No
Yes No
Yes No
Yes No
Yes No

HVAC LOAD CALCULATION (IRC M1401.3)

Design Conditions

Winter Design Conditions

Outdoor temperature _____ °F
Indoor temperature _____ °F
Total heat loss _____ Btu

Summer Design Conditions

Outdoor temperature _____ °F
Indoor temperature _____ °F
Grains difference _____ Δ Gr @ _____ % Rh
Sensible heat gain _____ Btu
Latent heat gain _____ Btu
Total heat gain _____ Btu

Building Construction Information

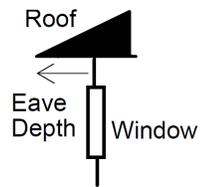
Building

Orientation (Front door faces) _____
North, East, West, South, Northeast, Northwest, Southeast, Southwest
Number of bedrooms _____
Conditioned floor area _____ Sq Ft

Number of occupants _____

Windows

Eave overhang depth _____ Ft
Internal shade _____
Blinds, drapes, etc
Number of skylights _____



HVAC EQUIPMENT SELECTION (IRC M1401.3)

Heating Equipment Data

Equipment type _____
Furnace, Heat pump, Boiler, etc.
Model _____
Heating output capacity _____ Btu
Heat pumps - capacity at winter design outdoor conditions
Auxiliary heat output capacity _____ Btu

Cooling Equipment Data

Equipment type _____
Air Conditioner, Heat pump, etc
Model _____
Sensible cooling capacity _____ Btu
Latent cooling capacity _____ Btu
Total cooling capacity _____ Btu

Blower Data

Heating CFM _____ CFM
Cooling CFM _____ CFM

HVAC DUCT DISTRIBUTION SYSTEM DESIGN (IRC M1601.1)

Design airflow _____ CFM Longest supply duct: _____ Ft Duct Materials Used (circle)
External Static Pressure (ESP) _____ IWC Longest return duct: _____ Ft Trunk Duct: Duct board, Flex, Sheet metal,
Component Pressure Losses (CPL) _____ IWC **Total Effective Length (TEL)** _____ Ft Lined sheet metal, Other (specify)
Available Static Pressure (ASP) _____ IWC **Friction Rate:** _____ IWC Branch Duct: Duct board, Flex, Sheet metal,
ASP = ESP - CPL Friction Rate = (ASP × 100) ÷ TEL Lined sheet metal, Other (specify)

I declare the load calculation, equipment selection, and duct system design were rigorously performed based on the building plan listed above, I understand the claims made on these forms will be subject to review and verification.

Contractor's Printed Name _____ Date _____
Contractor's Signature _____

Reserved for use by County, Town, Municipality, or Authority having jurisdiction.

¹ The AHJ shall have the discretion to accept Required Attachments printed from approved ACCA software vendors, see list on page 2 of instructions.

² If abridged version of Manual J is used for load calculation, then verify residence meets requirements, see Abridged Edition Checklist on page 13 of instructions.