

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.

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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.*



MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM GAS FITTING WORK

G
TYPE OR PRINT CLEARLY

CITY _____ MA DATE _____ PERMIT # _____

JOB SITE ADDRESS _____ OWNER'S NAME _____

OWNER ADDRESS _____ TEL _____ FAX _____

OCCUPANCY TYPE COMMERCIAL EDUCATIONAL RESIDENTIAL

NEW: RENOVATION: REPLACEMENT: PLANS SUBMITTED: YES NO

APPLIANCES ↓	FLOORS →	BSM	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BOILER																
BOOSTER																
CONVERSION BURNER																
COOK STOVE																
DIRECT VENT HEATER																
DRYER																
FIREPLACE																
FRYOLATOR																
FURNACE																
GENERATOR																
GRILLE																
INFRARED HEATER																
LABORATORY COCKS																
MAKEUP AIR UNIT																
OVEN																
POOL HEATER																
ROOM / SPACE HEATER																
ROOF TOP UNIT																
TEST																
UNIT HEATER																
UNVENTED ROOM HEATER																
WATER HEATER																
OTHER																

INSURANCE COVERAGE

I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL. Ch. 142 YES NO

IF YOU CHECKED YES, PLEASE INDICATE THE TYPE OF COVERAGE BY CHECKING THE APPROPRIATE BOX BELOW

LIABILITY INSURANCE POLICY OTHER TYPE INDEMNITY BOND

OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 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 AGENT

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 plumbing work and installations performed under the permit issued for this application will be in compliance with all Pertinent provision of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

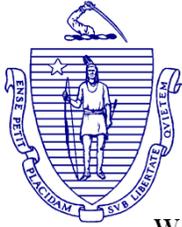
PLUMBER-GASFITTER NAME _____ LICENSE # _____ SIGNATURE _____

MP MGF JP JGF LPGI CORPORATION # _____ PARTNERSHIP # _____ LLC # _____

COMPANY NAME: _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ TEL _____

FAX _____ CELL _____ EMAIL _____



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

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:

Check one in each Column

- 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 #: _____

Plumbing/Gas Fee Calculation

SALISBURY eff. 9/8/2015

1. Scope of Work

Residential

(1 & 2 Family, 3 Townhouse Only)

\$75 min.

Check One

Fee

Residential - MultiFamily

(apartments, condos, etc)

\$50 per unit

Units Qty

ENTER #

Commercial

\$90 min.

2. Fixture Count Fee

Fixtures

\$10 each

Fixt. Qty

ENTER #

3. Hot Water Heater (only)

Residential

\$50 each

Heater Qty

ENTER #

Commercial

\$60 each

ENTER #

TOTAL FEE

CLICK on each in Order

