



Town of Oxford

Building Permit

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A ONE OR TWO FAMILY DWELLING

Signature: _____
Building Commissioner/Inspector of Buildings

Date Issued: _____

1.1 Property Address:

1.2 Assessors Map & Parcel Number:

Map Number

Parcel Number

1.3 Zoning Information

Zoning District Proposed Use

1.4 Property Dimensions

Lot Area (sf)

Frontage (ft)

1.5 Building Setbacks

Front Yard Required Setback: _____

Front Yard Provided: _____

Side Yard Required Setback: _____

Side Yards Provided: _____

Rear Yard Required Setback: _____

Rear Yard Provided: _____

1.6 Water Supply (MGL c. 40, §54)

Public Water Private Well

1.7 Sewage Disposal System

Municipal On site disposal system

2.1 Owner of Record

Name (print)

Address

Signature (owner)

Telephone (owner)

3.1 Licensed Construction Supervisor

Licensed Construction Supervisor:

License Number Expiration Date

Address

Signature Telephone #

Please provide Building Dept with a current copy of license & Certificate of Insurance

3.2 Registered Home Improvement Contractor

Company Name

Registration Number Expiration Date

Address

Signature Telephone #

SECTION 4 - Workers Compensation Insurance Affidavit (M.C. 1-2-15, § 2-1-10)
 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 building permit.

SECTION 5 - Description of Proposed Work

<input type="checkbox"/> New Construction – Total Sq. footage _____	<input type="checkbox"/> Alterations
<input type="checkbox"/> Existing Building	<input type="checkbox"/> Addition
<input type="checkbox"/> Repairs	<input type="checkbox"/> Accessory Bldg.
<input type="checkbox"/> Demolition	<input type="checkbox"/> Other – Specify _____

Brief Description of Proposed Work:

SECTION 6 - Financial Information

Estimated Cost (Dollars) to be completed by permit applicant.	<i>Official Use Only</i>
	<i>Building Permit Fee:</i>
Total Estimated Cost: _____	<i>Check Number:</i>

SECTION 7 - Owner Certification

I, _____, as owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.
 Signed under the pains and penalties of perjury.

 Signature of Owner

 Date

TOWN OF OXFORD
Office of the Building Inspector
325 Main Street • Oxford, Massachusetts 01540

Building Permit #

SIGN PERMIT APPLICATION

Owner's Name _____

Address _____

Installer _____

Location of Building _____

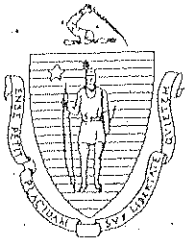
Location of Sign _____

Size of Sign _____ Estimated Cost _____

Will the sign conform to requirements of the law? _____

Attach a print of sign and a plot plan showing location of sign.

Signature of Applicant _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box: 1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).* 2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.] 3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †		4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. ‡ These sub-contractors have workers' comp. insurance. 5. <input type="checkbox"/> 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): 6. <input type="checkbox"/> New construction 7. <input type="checkbox"/> Remodeling 8. <input type="checkbox"/> Demolition 9. <input type="checkbox"/> Building addition 10. <input type="checkbox"/> Electrical repairs or additions 11. <input type="checkbox"/> Plumbing repairs or additions 12. <input type="checkbox"/> Roof repairs 13. <input type="checkbox"/> Other _____
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*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 their workers' comp. policy information.

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 Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of 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. Be advised that 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 #: _____

<i>Official use only. Do not write in this area, to be completed by city or town official.</i>	
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 _____	