



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: _____

SECTION 1 - Site Information

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

SECTION 2 - Property Ownership

2.1 Owner of Record

Name (print)

Address

Signature (owner)

Telephone (owner)

SECTION 3 - Construction Services

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

3.1 Licensed Construction Supervisor

Licensed Construction Supervisor:

License Number

Expiration Date

Address

Signature

Telephone #

3.2 Registered Home Improvement Contractor

Company Name

Registration Number

Expiration Date

Address

Signature

Telephone #

SECTION 4 - Workers Compensation Insurance Affidavit (M.G.L. c. 152, § 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 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 - Estimated Construction Cost

| | |
|---|-----------------------------|
| 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/Agent Declaration

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 #

CHIMNEY APPLICATION

Owner's Name _____

Address _____

New Chimney _____ Existing Chimney _____

Masonry Chimney - Lined _____ Unlined _____

Metal Chimney - Manufacturer and Type _____

Height of Chimney _____ Type of Flue Liner _____

Signature of Applicant _____

Date _____

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

Building Permit #

PELLET STOVE, WOOD STOVE, COAL STOVE APPLICATION

Owner's Name _____

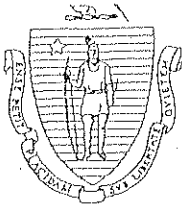
Address _____

Type of Stove _____ New _____ Used _____

Will the stove conform to requirements of the law? _____

Stove Name _____ Test Label _____

Signature of Applicant _____



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

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 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. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

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 #: _____

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. Licensing Board
- 5. Selectmen's Office
- 6. Other _____

Contact Person: _____ Phone #: _____