



# 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**

**1.4 Property Dimensions**

\_\_\_\_\_  
Zoning District      Proposed Use

\_\_\_\_\_  
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)**

**1.7 Sewage Disposal System**

Public Water     Private Well

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

*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

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 7 - 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 _____
<b>Brief Description of Proposed Work:</b>	

**SECTION 8 - Estimated Construction Costs**

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 9 - 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  
Building & Zoning Department  
325 Main Street  
Oxford, MA 01540

## HOMEOWNER LICENSE EXEMPTION

Please Print.

DATE: \_\_\_\_\_

JOB LOCATION: \_\_\_\_\_

HOMEOWNER NAME: \_\_\_\_\_

HOMEOWNER ADDRESS: \_\_\_\_\_

HOMEOWNER TELEPHONE: \_\_\_\_\_

The current exemption for "homeowners" was extended to include owner-occupied dwellings of six units or less and to allow such homeowners to engage an individual for hire who does not possess a license, provided that the owner acts as supervisor. (State Building Code Section 108.3.5.1)

### DEFINITION OF HOMEOWNER:

Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one to six family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner. Such "homeowner" shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit.

The undersigned "homeowner" assumes responsibility for compliance with the State Building Code and other applicable codes, by-laws, rules and regulations.

The undersigned "homeowner" certifies that he/she understands the Town of Oxford Building Department minimum inspection procedures and requirements and that he/she will comply with said procedures and requirements.

HOMEOWNER'S SIGNATURE \_\_\_\_\_

APPROVAL OF BUILDING OFFICIAL \_\_\_\_\_

Note: Three family dwellings 35,000 cubic ft., or larger, will be required to comply with State Building Code Section 116.0



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:

- |  |  |
|--|--|
| <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>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.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>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.</p> <p>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.]</p> |
|--|--|

Type of project (required):

6.  New construction
7.  Remodeling
8.  Demolition
9.  Building addition
10.  Electrical repairs or additions
11.  Plumbing repairs or additions
12.  Roof repairs
13.  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 attach 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.

*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. Electrical Inspector 5. Plumbing Inspector  
 6. Other \_\_\_\_\_