



TOWN OF OXFORD
Land Management Department
325 Main Street
Oxford, MA 01540-1727
Tel: 508.987.6045
Fax: 508.987.3934
e-mail: BuildingDept@town.oxford.ma.us

BUILDING PERMIT APPLICATION SUBMITTAL CHECKLIST

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | One complete and signed Building Permit Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Permit Fee (check or cash only) |
| <input type="checkbox"/> | <input type="checkbox"/> | One copy of the Contractor's License and Insurance Certificate (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | One set of Building Plans |
| <input type="checkbox"/> | <input type="checkbox"/> | One plot plan drawn to scale (must be drawn by a Title V Inspector, professional engineer, registered sanitarian, or septage hauler). Plan must show ALL setbacks and dimensions from well, septic, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | One complete Energy Conservation Form (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | One original Workers Compensation Insurance Affidavit |
| <input type="checkbox"/> | <input type="checkbox"/> | One Homeowner License Exemption Form (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | Stormwater Management Approval (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | Conservation Approval (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | Must have Board of Health Approval at time of submittal. |
| <input type="checkbox"/> | <input type="checkbox"/> | Must have Driveway Permit from DPW at time of submittal. (if applicable) |

NO APPLICATION WILL BE PROCESSED UNLESS THE REQUIRED DOCUMENTS ARE SUBMITTED.

Applicant Signature

Date

()

Phone



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: _____
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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: _____ Side Yard Required Setback: _____ Rear Yard Required Setback: _____	Front Yard Provided: _____ Side Yards Provided: _____ Rear Yard Provided: _____
1.6 Water Supply (MGL c. 40, §54) <input type="checkbox"/> Public Water <input type="checkbox"/> Private Well	1.7 Sewage Disposal System <input type="checkbox"/> Municipal <input type="checkbox"/> 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 #: _____	<i>Please provide Building Dept with a current copy of license & Certificate of Insurance</i> 3.2 Registered Home Improvement Contractor Company Name: _____ Registration Number: _____ Expiration Date: _____ Address: _____ Signature: _____ Telephone #: _____
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"Persons contracting with unregistered contractors do not have access to the guaranty fund (as set forth in MGL c. 142A)"

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.

<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:	

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>

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

FOR DIG SAFE INFORMATION - PLEASE CALL 1-888-344-7233

BOARD OF HEALTH REVIEW OF DESIGN PLANS

A SKETCH OF THE COMPONENTS OF THE SEPTIC SYSTEM MUST BE PROVIDED WITH ALL BUILDING APPLICATIONS EXCEPT THOSE SPECIFICALLY EXEMPTED BY THE BOARD OF HEALTH AGENT.

THE APPLICANT-LANDOWNER CANNOT DRAW THE LOCATION OF THE SEPTIC SYSTEM COMPONENTS.

THE SKETCH MUST BE DRAWN BY A TITLE 5 INSPECTOR, PROFESSIONAL ENGINEER, REGISTERED SANITARIAN, OR SEPTAGE HAULER WHO HAS FIELD INSPECTED AND CONFIRMED THE LOCATION OF THE SEPTIC SYSTEM WITH TAPED SURVEY.

ALL SKETCHES ARE TO BE SIGNED BY THE PERSON WHO LOCATED THE SYSTEM AND DATE OF INSPECTION.

Components to be located are: (whichever applies to site)

Septic Tank
Pump Chamber Tank

Holding Tank
Distribution Box

Grease Trap
Leaching Facility

After careful review of the proposed plan, I find _____ need to upgrade, modify or expand the septic system or water delivery system for the property of

Owner's Name

Location

Information and Instructions

Massachusetts General Laws chapter 152 section 25 requires all employers to provide workers' compensation for their employees. As quoted from the "law", an *employee* is defined as every person in the service of another under any contract of hire, express or implied, oral or written.

An *employer* is defined as an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer.

MGL chapter 152 section 25 also states that every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required. Additionally, neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority.

Applicants

Please fill in the workers' compensation affidavit completely, by checking the box that applies to your situation and supplying company names, address and phone numbers as all affidavits may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. Also be sure to sign and date the affidavit. The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the "law" or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below.

City or Towns

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. The affidavits may be returned to the Department by mail or FAX unless other arrangements have been made.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth Of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Ma. 02111
fax #: (617) 727-7749
phone #: (617) 727-4900 ext. 406, 409 or 375



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.

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. Electrical Inspector 5. Plumbing Inspector
 6. Other _____

Contact Person: _____ Phone #: _____

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

05/05/93
05/06/98

TABLE IV
DIMENSIONAL REQUIREMENTS

DISTRICT	LOT REQUIREMENTS				YARD SETBACK			
	Minimum Size (Sq Ft) (D)*	Minimum Width (Feet)	Minimum Frontage (Feet) (A)	Maximum Coverage (Percent)	Front Yard (Ft) (D)	Side Yard (Ft) (D)	Rear Yard (Ft)	Maximum Height (Ft)
R-1 Rural Residential	60,000	175	175	10	50	20	40	35
R-2 Suburban	40,000	150	150	20	50	20	25	35
R-3 Residential	20,000	125	125	30	25	15	20	35
R-4 Multi-Family (C)	20,000	100	100	30	50	20	25	35
CB Central Business	(B)	20	20		(E)	5	5	50
NOB North Oxford Business	(B)	20	20		(E)	5	5	50
GB General Business	(B)	20	20		(E)	5	5	35
OP Office and Professional	(B)	150	150	30	50	15	50	35
HI Highway Interchange	60,000	250	250	50	50	20	20	50
CP Central Professional	20,000	125	125	50	25	10	20	35
LI Light Industrial	40,000	90	90	65	25	20	20	50
I Industrial	40,000	90	90	65	25	20	20	50

* See following footnotes A-E.

FOOTNOTES

- (A) A lot which conforms to all other requirements and which is on a turning radius of two hundred (200) feet or less may have a minimum frontage of fifty (50) percent of that otherwise required.
- 05/05/93 (B) The minimum lot size shall be determined by the Planning Board through the Site Plan Review process on the basis of the minimum width, maximum coverage, yard setback requirements, parking and other provisions of this By-Law. No use of land shall be allowed unless the Planning Board makes a finding that the proposed use is on a lot of sufficient size to meet the requirements of the Zoning By-Law and will not create unnecessary off site impacts.
- (C) A free-standing fifty (50) foot buffer zone shall be maintained from any lot in residential use in addition to the yard setback requirements otherwise required.
- (D) Sight Prism to be maintained: visibility at intersecting streets not to be impaired by any vegetation or material obstruction placed within a prism extending thirty (30) feet in either direction and above three (3) feet or below twelve (12) feet measured from grade level.
- 05/05/93 (E) The front yard setback shall be at least fifty (50) feet from the centerline of the street right-of-way. For corner lots this setback will apply to that street face of the building which contains the main entrance the other street face of the building shall meet the minimum required side yard setback.

(SMALL ILLUSTRATION)