

# General Building Permit



The Commonwealth of Massachusetts  
 Board of Building Regulations and Standards  
 Massachusetts State Building Code, 780 CMR, 7<sup>th</sup> edition  
 Building Permit Application To Construct, Repair, Renovate Or Demolish a  
*One- or Two-Family Dwelling*

FOR  
 MUNICIPALITY  
 USE  
*Revised January  
 1, 2008*

**This Section For Official Use Only**

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Building Commissioner/ Inspector of Buildings Date

**SECTION 1: SITE INFORMATION**

<b>1.1 Property Address:</b> _____ 1.1a Is this an accepted street? yes _____ no _____	<b>1.2 Assessors Map &amp; Parcel Numbers</b> Map Number _____ Parcel Number _____
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<b>1.3 Zoning Information:</b> Zoning District _____ Proposed Use _____	<b>1.4 Property Dimensions:</b> Lot Area (sq ft) _____ Frontage (ft) _____
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1.5 Building Setbacks (ft)					
Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

<b>1.6 Water Supply:</b> (M.G.L. c. 40, §54) Public <input type="checkbox"/> Private <input type="checkbox"/>	<b>1.7 Flood Zone Information:</b> Zone: _____ Outside Flood Zone? Check if yes <input type="checkbox"/>	<b>1.8 Sewage Disposal System:</b> Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>
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**SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>**

**2.1 Owner<sup>1</sup> of Record:**

Name (Print) \_\_\_\_\_ Address for Service: \_\_\_\_\_

Signature \_\_\_\_\_ Telephone: \_\_\_\_\_

**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)**

New Construction  Existing Building  Owner-Occupied  Repairs(s)  Alteration(s)  Addition   
 Demolition  Accessory Bldg.  Number of Units \_\_\_\_\_ Other  Specify: \_\_\_\_\_

Brief Description of Proposed Work<sup>2</sup>: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
<b>6. Total Project Cost:</b>	<b>\$ _____</b>	

**SECTION 5: CONSTRUCTION SERVICES**

**5.1 Licensed Construction Supervisor (CSL)**

Name of CSL- Holder _____ Address _____ Signature _____ Telephone _____	License Number _____ Expiration Date _____ List CSL Type (see below) _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>U</td> <td>Unrestricted (up to 35,000 Cu. Ft.)</td> </tr> <tr> <td>R</td> <td>Restricted 1&amp;2 Family Dwelling</td> </tr> <tr> <td>M</td> <td>Masonry Only</td> </tr> <tr> <td>RC</td> <td>Residential Roofing Covering</td> </tr> <tr> <td>WS</td> <td>Residential Window and Siding</td> </tr> <tr> <td>SF</td> <td>Residential Solid Fuel Burning Appliance Installation</td> </tr> <tr> <td>D</td> <td>Residential Demolition</td> </tr> </tbody> </table>	Type	Description	U	Unrestricted (up to 35,000 Cu. Ft.)	R	Restricted 1&2 Family Dwelling	M	Masonry Only	RC	Residential Roofing Covering	WS	Residential Window and Siding	SF	Residential Solid Fuel Burning Appliance Installation	D	Residential Demolition
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**5.2 Registered Home Improvement Contractor (HIC)**

HIC Company Name or HIC Registrant Name _____ Address _____ Signature _____ Telephone _____	Registration Number _____ Expiration Date _____
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**SECTION 6: 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.

Signed Affidavit Attached?    Yes .....             No .....

**SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

I, \_\_\_\_\_, as Owner of the subject property hereby authorize \_\_\_\_\_ to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 7b: OWNER<sup>1</sup> OR AUTHORIZED AGENT DECLARATION**

I, \_\_\_\_\_, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

Print Name \_\_\_\_\_  
 Signature of Owner or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_  
 (Signed under the pains and penalties of perjury)

**NOTES:**

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will **not** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

2. When substantial work is planned, provide the information below:

Total floors area (Sq. Ft.) _____	(including garage, finished basement/attics, decks or porch)
Gross living area (Sq. Ft.) _____	Habitable room count _____
Number of fireplaces _____	Number of bedrooms _____
Number of bathrooms _____	Number of half/baths _____
Type of heating system _____	Number of decks/ porches _____
Type of cooling system _____	Enclosed _____ Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"

## Required Plan Information for Building Permit Application 2009

All building permit applications submitted for new construction must include the following:

### A. GENERAL REQUIREMENTS:

1. **One** (1) copy of plot plan showing proposed building/structure.
2. **Three** (3) copy construction plans: (CMR 780.5110.7 Building code). All sets shall be stamped "APPROVED" by building inspector; one set to be forwarded to Fire Department, one set shall be kept at construction site for inspection purposes and one set will be kept in building dept.
  - a) Submitted plans to be **no larger than 18" x 24"** (unless pre-approved by building dept.).
  - b) All Plans drawn to scale, preferably 1/4" = 1' -0" or 1/8" = 1" -0".
  - c) **All plans to accurately show:**
    - 1) **Address**
    - 2) **Page title/drawing title**
    - 3) **Plan date/ revision date**
    - 4) **Drawn by**
    - 5) **scale**
3. One (1) copy of "Energy Compliance Report" or "MassCheck";  
Note: include calculations for areas i.e. walls, ceilings, floors, glazing.
4. "Groundwater Protection Overlay" calculation sheet (if required).

### B. REQUIRED PLANS FOR BUILDING/STRUCTURE:

1. **Foundation Plan**
2. **Floor Plan(s), all floors**
3. **Elevation (s)**
4. **Section (s)**
  - a) Sections must be clearly identified on floor plans.
  - b) Section view required when there is a cathedral/vaulted ceiling.
5. **Framing plan (s)**

### C. INFORMATION REQUIRED ON PLANS:

1. **Plot Plan:**
  - a) **All** property lines.
  - b) Area of lot.
  - c) **All** existing and proposed building/structures; including open decks, porches, bulkheads, etc.
  - d) Building/structure size, distance from property lines.
2. **Foundation Plan:**
  - a) Show all walls and interior footings (location and size). Include bulkhead if applicable.
  - b) Dimensions, interior and exterior.
  - c) Window/ventilation locations, type and size.
  - d) Anchor bolt/strap spacing.
  - e) For pier footing, show location for same.
3. **Floor Plan** -- indicate ALL items to show compliance with all appropriate building code articles:
  - a) Level Name/indication.
  - b) Show all walls, windows, doors, stairs and railing details, mechanical equipment, plumbing fixtures.
  - c) Dimensions, both exterior and interior.  
Breakdown of square footage of each area for calculating permit cost.
  - d) Label all rooms.
  - e) Label all doors and windows.
  - f) Smoke detectors, show location and type.
  - g) Structure beams – show sizes and clearly label, ALSO, PROVIDE APPROPRIATE DOCUMENTATION FOR SIZING, MANUFACTURER'S CUT SHEET OR ENGINEER'S STAMPED CALCULATIONS.
  - h) Masonry fireplace, indicate flue size(s).
  - i) Concealed space, more than 36' headroom, show location and size of access.

## Required Plan Information for Building Permit Application 2009

4. **Elevation (s):**
  - a) Label which elevation/view; front, rear... North, South... etc.
  - b) Height of chimney above roof line.
  - c) Grade.
5. **Section (s); label all sections for location through building:**
  - a) Dimensions – horizontal and vertical.
  - b) Framing items and sizes.
  - c) Insulation – location (s), thickness and R-value (s).
  - d) Roof pitch.
  - e) Grade at exterior.
6. **Framing Plan (s) –required when all framing members are not clearly identified for size on Floor plan or section view(s):**
  - a) Show all engineered lumber, clearly label and show sizes, **INCLUDE COMPUTER SHEET FROM MANUFACTURER AND/OR P.E.'s CALCULATION W/WET STAMPED AND SIGNATURE.**  
NOTE: If engineer involved, engineer to field verify and submit written certification of Compliance to building code.

### **C. ETC.....**

1. Driveway Construction Affidavit – filled out (DPW-145 Hecla St (508)278-8601).
2. **Dig Safe** – 1- 888-344-7233 or (1-888-DIG-SAFE)
3. Acceptance of water quality from **Board of Health** for WELLS (if needed)
4. Copy of approved septic design (if needed).

### **D. BUILDING PERMIT INSPECTION LIST**

Call office @ (508)278-8600 X 2014 for the following:

1. **Footings**
2. **Foundation** (after drains & tarring)
3. **Rough Frame** (after rough electrical & plumbing are done. FIRE STOPPING must be complete)
4. **Insulation** (after insulation is complete)
5. **FINAL** (after all other signatures are complete)

Before Certificate of Occupancy is issued, We will require a CERTIFIED AS-BUILT of finished location of House, deck, porch, bulkhead, chimney and all accessory structures.

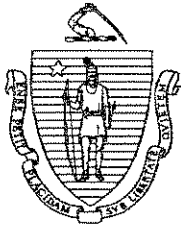
***NOTE: Incomplete plans & paperwork may be cause or disapproval of delay in the issuance of the building permit.***

**Fees may be doubled if work is started without first obtaining a building permit.**

**General Building Permit Application to be used for but not limited to: NEW, Remodel/Renovations, Additions, Decks & Sunrooms.**

Thank you,

**Glenn Hand, Inspector of Buildings**



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 #: \_\_\_\_\_

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am a 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>	<p><b>Type of project (required):</b></p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input type="checkbox"/> Other _____</p>
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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).**

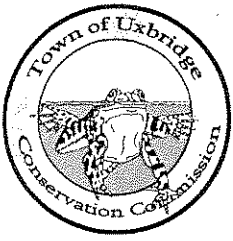
Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised 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 # _____
<b>Issuing Authority (circle one):</b>	
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector	
6. Other _____	
Contact Person: _____	Phone #: _____



TOWN OF UXBRIDGE  
**CONSERVATION COMMISSION**

21 SOUTH MAIN STREET  
UXBRIDGE, MASSACHUSETTS 01569  
508.278.8600 X 2013

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

## **Building Permit Request Acknowledgement**

The Conservation Commission is the regulatory commission for any work proposed within the 100-foot Buffer Zone of a wetland feature or 200-foot Riverfront Area of a perennial River, wetland feature or flood zone. Any and all work within the buffer zones or jurisdictional wetland features must be authorized by the Conservation Commission.

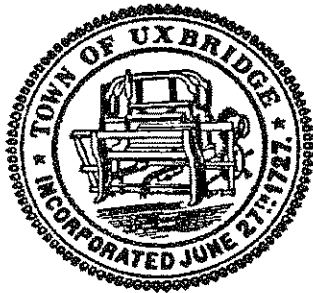
Should you have any questions regarding whether your project is in proximity to a wetland feature or buffer zone please either contact a Wetland Biologist or the Conservation Commission.

I \_\_\_\_\_ understand that it is my responsibility to obtain any and all permits necessary from the Conservation Commission for the proposed development on the property. The issuance of a building permit does not certify the absence of jurisdictional wetland resource areas on or near the above referenced property.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Debris Disposal Affidavit



**Town of Uxbridge, Inspector of Buildings**

21 South Main Street, Room 203

Uxbridge, MA 01569

Phone # (508) 278-8600 x 2014 Fax # (508) 278-0709

Office Hours: Mon. Tues. & Thur. 7:30am-5:00pm, Weds 8:00am-7:00pm

FRIDAYS CLOSED

Email: [building.inspector@uxbridge-ma.gov](mailto:building.inspector@uxbridge-ma.gov)

In accordance with the provisions of MGL c. 40, §.54 Building Permit # \_\_\_\_\_ was issued with this condition that all debris resulting from work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c. 111, §. 150A.

**The debris will be disposed of to this location:**

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Name of Waste Facility

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Address of Waste Facility

## 780 CMR 7<sup>th</sup> Edition

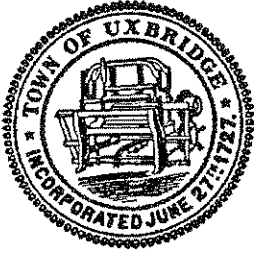
**5111.5 Debris:** As a condition of issuing a permit for the demolition, renovation, rehabilitation or other alteration of a detached one or two-family dwelling, M.G.L. c. 40, § 54 requires that the debris resulting there from shall be disposed of in a properly licensed solid waste disposal facility as defined by M.G.L. c. 111, § 150A. Signature of the permit applicant, date and number of the building permit to be issued shall be indicated on a form provided by the building department, and attached to the office copy of the building permit retained by the building department. If the debris will not be disposed of as indicated, the holder of the permit shall notify the building official, in writing, as to the location where the debris will be disposed.

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Signature of Permit Applicant

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Date of Application



# Town of Uxbridge, Inspector of Buildings

21 South Main Street, Room 203

Uxbridge, MA 01569

Phone # (508) 278-8600 x 2014 Fax # (508) 278-0709

Email: [building.inspector@uxbridge-ma.gov](mailto:building.inspector@uxbridge-ma.gov)

Dear Property Owners:

Date: \_\_\_\_\_

Prior to applying for your building permit, you must get approval from each checked department listed below. Return this COMPLETED form with your permit application and materials.

Proposed Project: \_\_\_\_\_

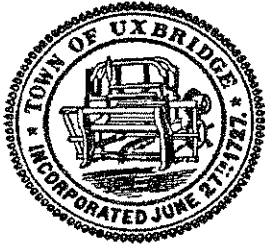
Project Location: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone # \_\_\_\_\_

Map/Lot # \_\_\_\_\_ Zone: \_\_\_\_\_ Use Group: \_\_\_\_\_

Department	X	Approval Date	Remark
Treasurer/Collector - Always	X		
Board of Health – Approved Well Plans			
Board of Health – Approved Septic Plans			
Conservation Always with any digging			
Fire Dept – More than 1200 s.f. a floor			
DPW – Water Dept If using Town Water			
DPW – Sewer Dept If using Town Sewer			
DPW – Highway Dept Driveway Cut			
Historic District Commission			

OFFICE HOURS: Mon. Tues & Thurs. 7:30 a.m. – 5:00 p.m. Weds. 8:00 a.m. – 7:00 p.m., FRIDAYS CLOSED



**Town of Uxbridge  
Inspector of Buildings**

21 South Main Street, Room 203  
Uxbridge, MA 01569

Phone # (508) 278-8600 x 2014 Fax # (508) 278-0709  
Office Hours: Mon. Tues. & Thur 7:30am-5:00pm, Wed 8:00am-7:00pm  
FRIDAYS CLOSED

Email: [inspection.sec@uxbridge-ma.gov](mailto:inspection.sec@uxbridge-ma.gov)

## Checklist for Building Permits

### Homeowner doing work:

- Application must be filled out COMPLETELY.
- Worker's Compensation Insurance must be completed.
- (3) copies of Building Prints.
- (1) One plot plan showing new structure location.
- Driveway construction Affidavit (if required).
- Dig safe (copy).
- Acceptance of Water quality (if required).
- Acceptance of Septic Design (if required).
- Copy of Energy compliance or Masscheck.
- Sign off sheet from all departments checked (issued by Building Dept).
- \_\_\_\_\_
- \_\_\_\_\_

### Contractor in addition to above:

- Worker's Compensation Affidavit filled out by contractor.
- Insurance Liability Certificate (needed).
- Copy if contractor's license (CSL or other).
- \_\_\_\_\_

