

Town of Uxbridge - Home Improvement Application

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

Office Hours: Mon, Tue & Thur 7:30am - 5:00pm, Wed 8:00am - 7:00pm, FIRDAYS CLOSED

To be used for Non-structural jobs such as in roofs, windows, siding etc...

Homeowner (Where work is being done)	Contractor Information - (We will need copy of licenses)
Name _____	Company Name _____
Street _____	Contractor/Owners Name _____
Mailing Address _____	Street Address _____
City/Town _____	City/Town _____
State & Zip Code _____	State & Zip Code _____
Daytime Phone # _____	Phone # _____
Date _____	Specialty License # _____ CSL License # _____

Sub-Contractor's Information if Applicable: Name _____
Address: _____
Phone: _____ License # _____

Work to be Performed and Materials to be used
Describe in DETAIL the work to be completed.

Contractor Agrees To Do the Following Work for Homeowner:

Materials Expected to be used:

The following schedule will be adhered to unless circumstances beyond the contractor's control arise:

Work Schedule to Begin: ___/___/___ **Expected Date of Completion:** ___/___/___

TOTAL CONTRACT PRICE
The Contractor agrees to perform the work, furnish the material and labor specified above for the
Sum of \$ _____

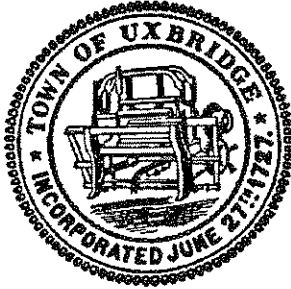
Homeowner's Signature _____	Contractor's Signature _____
Date _____	Date _____

Tax Collector Signature & Comments _____

Permit # _____ Date: _____ Fee \$ _____

Building Inspector _____ Map _____ Parcel _____

Debris Disposal Affidavit



Town of Uxbridge, Inspector of Buildings

21 South Main Street, Room 203

Uxbridge, MA 01569

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FRIDAYS CLOSED

Email: inspection.sec@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:

Name of Waste Facility

Address of Waste Facility

780 CMR 7th 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.

Signature of Permit Applicant

Date of Application



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>Are you an employer? Check the appropriate box:</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>Type of project (required):</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 # _____
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 #: _____

