

# COMMERCIAL APPLICATION



## The Commonwealth of Massachusetts

Department of Public Safety  
Massachusetts State Building Code (780 CMR)

Building Permit Application to Construct, Repair, Renovate or Demolish any  
Building other than a One- or Two-Family Dwelling

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### Code and Other Requirements for Building Permits

The Department of Public Safety has issued these building permit application forms so that municipalities across the state can move toward use of a single permit form and consistent permit application process. The MA State Building Code specifies the requirements of building permits and the applicant is advised to review and be familiar with these requirements in order to avoid some of the common permit application problems. Likewise the applicant should be aware that some municipalities require that the owner confirm, even prior to acceptance of the building permit application, that no outstanding property taxes, water fees, etc. exist.

### Filing Instructions

1. Please contact the city or town where the work will be done to ensure that the city or town will accept this application form and if any additional information is required, and obtain the correct mailing address. After doing so, print the application, fill in completely and then submit to the local city or town where the work will be done.
2. All applications shall be considered complete and will be reviewed if construction documents, specifications, fee, and other materials that may be required as indicated in the Building Permit Application are included with the application.
3. Please include a check for the Building Permit fee. The fee may be calculated using the information to be supplied in section 12 of the Building Permit Application. The check is to be made payable to the local city or town where the work will be done.





# The Commonwealth of Massachusetts

Department of Public Safety  
Massachusetts State Building Code (780 CMR)

## Building Permit Application for any Building other than a One- or Two-Family Dwelling

(This Section For Official Use Only)

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

### SECTION 1: LOCATION (Please indicate Block # and Lot # for locations for which a street address is not available)

No. and Street \_\_\_\_\_ City /Town \_\_\_\_\_ Zip Code \_\_\_\_\_ Name of Building (if applicable) \_\_\_\_\_

### SECTION 2: PROPOSED WORK

Edition of MA State Code used \_\_\_\_\_ If New Construction check here  or check all that apply in the two rows below

Existing Building  Repair  Alteration  Addition  Demolition  (Please fill out and submit Appendix 1)

Change of Use  Change of Occupancy  Other  Specify: \_\_\_\_\_

Are building plans and/or construction documents being supplied as part of this permit application? Yes  No

Is an Independent Structural Engineering Peer Review required? Yes  No

Brief Description of Proposed Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Check here if an Existing Building Investigation and Evaluation is enclosed (See 780 CMR 34)

Existing Use Group(s): \_\_\_\_\_ Proposed Use Group(s): \_\_\_\_\_

### SECTION 4: BUILDING HEIGHT AND AREA

	Existing	Proposed
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)		
Total Area (sq. ft.) and Total Height (ft.)		

### SECTION 5: USE GROUP (Check as applicable)

A: Assembly A-1  A-2  Nightclub  A-3  A-4  A-5  B: Business  E: Educational

F: Factory F-1  F2  H: High Hazard H-1  H-2  H-3  H-4  H-5

I: Institutional I-1  I-2  I-3  I-4  M: Mercantile  R: Residential R-1  R-2  R-3  R-4

S: Storage S-1  S-2  U: Utility  Special Use  and please describe below:

Special Use: \_\_\_\_\_

### SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA  IB  IIA  IIB  IIIA  IIIB  IV  VA  VB

### SECTION 7: SITE INFORMATION (refer to 780 CMR 111.0 for details on each item)

Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	Flood Zone Information: Check if outside Flood Zone <input type="checkbox"/> or identify Zone: _____	Sewage Disposal: Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	Trench Permit: A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	Debris Removal: Licensed Disposal Site <input type="checkbox"/> or specify: _____
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Railroad right-of-way:  
Not Applicable   
or Consent to Build enclosed

Hazards to Air Navigation:  
Is Structure within airport approach area?  
Yes  or No

MA Historic Commission Review Process:  
Is their review completed?  
Yes  No

### SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: \_\_\_\_\_ Use Group(s): \_\_\_\_\_ Type of Construction: \_\_\_\_\_ Occupant Load per Floor: \_\_\_\_\_

Does the building contain an Sprinkler System?: \_\_\_\_\_ Special Stipulations: \_\_\_\_\_



**SECTION 9: PROPERTY OWNER AUTHORIZATION**

Name and Address of Property Owner

Name (Print) \_\_\_\_\_ No. and Street \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_

Property Owner Contact Information:

Title \_\_\_\_\_ Telephone No. (business) \_\_\_\_\_ Telephone No. (cell) \_\_\_\_\_ e-mail address \_\_\_\_\_

If applicable, the property owner hereby authorizes

Name \_\_\_\_\_ Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
to act on the property owner's behalf, in all matters relative to work authorized by this building permit application.

**SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 2)**

(If building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here  and skip Section 10.1)

**10.1 Registered Professional Responsible for Construction Control**

Name (Registrant) _____	Telephone No. _____	e-mail address _____	Registration Number _____
Street Address _____	City/Town _____	State _____ Zip _____	Discipline _____ Expiration Date _____

**10.2 General Contractor**

Company Name \_\_\_\_\_

Name of Person Responsible for Construction \_\_\_\_\_ License No. and Type if Applicable \_\_\_\_\_

Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. (business) \_\_\_\_\_ Telephone No. (cell) \_\_\_\_\_ e-mail address \_\_\_\_\_

**SECTION 11: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))**

A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents 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.

Is a signed Affidavit submitted with this application? Yes  No

**SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE**

Item	Estimated Costs: (Labor and Materials)	Total Construction Cost (from Item 6) = \$ _____  Building Permit Fee = Total Construction Cost x _____ (Insert here appropriate municipal factor) = \$ _____  Note: Minimum fee = \$ _____ (contact municipality)  Enclose check payable to _____ (contact municipality) and write check number here _____
1. Building	\$ _____	
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Other)	\$ _____	
6. Total Cost	\$ _____	

**SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT**

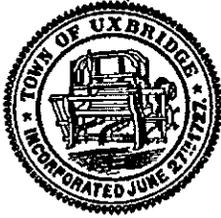
By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Please print and sign name \_\_\_\_\_ Title \_\_\_\_\_ Telephone No. \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Municipal Inspector to fill out this section upon application approval: \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

# Building Permit/Construction Process



## Town of Uxbridge, Inspector of Buildings

21 South Main Street, Room 203

Uxbridge, MA 01569

Phone # (508) 278-8600 X 5 Fax # (508) 278-0709 Office Hours: Mon.

Tues. & Thur. 7:30am-5:00pm, Weds 8:00am-7:00pm FRIDAYS CLOSED

email: [jbangma@uxbridge-ma.gov](mailto:jbangma@uxbridge-ma.gov)

The Massachusetts State Building Code (780 CMR) allows Building Departments thirty days (30) days to act on a building permit application. Building permits are usually issued within 10 days assuming all required information detailed below is provided at the time of original submission.

- 1) **The Building Permit application** – completed and signed by the homeowner or his/her authorized agent.
- 2) **The alteration fee Residential** is based on \$5.00 per \$1,000 of construction cost with a minimum of \$50.00.
- 3) **The new house fee** is based on the current International Code Council's Building Cost Data is approximately \$10.00 per square foot.
- 4) **The Homeowner License Exemption Form** - is required for work involving a single or two family residences if:
  - 1) the contractor does not have a State Construction Supervisors License, or
  - 2) the homeowner is seeking the building permit.
- 5) **The Debris Form** must be completed indicating where the debris from the construction site will be disposed.  
**Note:** The Town's residential trash does **not** include construction debris.
- 6) **The Workers' Compensation Insurance Affidavit** – must be completed by the license contractor or the homeowner performing the work.
- 7) **Valid licenses** and a photo I.D. must be presents at the time of the application.
- 8) **A Plot Plan** stamped by a Massachusetts Registered Land Surveyor must be submitted with **every** building g permit application for the construction of a new building, and accessory building, or an addition to an existing building. All plans must conform to the "Regulations for Plot Plans for Building Permits" and must include existing and proposed open space and lot coverage percentages. (Current Certified with Wet Stamp, No copies).
- 9) **Plans and Specifications:** Every application must accompanied by three (3) copies (1 copy needs to be 11" X 17") of specifications and plans to scale with sufficient clarity, detail and dimensions to show the nature and character of the work to be performed. This information will be thoroughly reviewed to determine code compliance. The degree of completeness and accuracy will have a direct bearing on the time required for the review and approval. Plans should include but not limited to:
  - a) **Foundation plan** with anchor bolt locations and clearly showing a minimum four (4) foot depth to bottom of all footings.
  - b) **Structural, mechanical and electrical plans** in sufficient detail to determine code compliance. (Include exterior building envelope component materials with R-values, heat loss information, HVAC sizing, etc. for energy code compliance in accordance with Appendix J of 780 CMR Massachusetts Building Code.)
  - c) All plans and specifications for any building containing more than 35,000 cubic feet of enclosed space, except single or two family dwelling(s), **must be stamped and signed by a qualified registered professional engineer or architect.**

# Building Permit/Construction Process

- 10) **A Rubbish container permit** must be obtained from the Fire Department if a dumpster will be utilized in conjunction with this project.
- 11) **The Conservation Commission** must approve and construction that is proposed within an area subject to control by the Wetland Protection Act and/or the Rivers Protection Act.
- 12) **The Board of Health** must approve any construction that is proposed for any food service establishment.
- 13) **The Uxbridge Fire Dept.** must review and approve all plans for fire protection, as required by building code, for new, addition's and/or major renovations.
- 14) **The Historic District Commission** must approve exterior work in the Historic District. Historic District "Rules & Regulations", "Application & Instructions", and maps are located in the office.
- 15) **The Planning Board** must approve any new lot release in a sub-division.
- 16) **A Special Permit and/or Variance** will be required from the Zoning Board of Appeals if the proposed construction does not conform to current zoning regulations.
- 17) **The Building Permit must be posted** at the site in clear view and protected from the weather at all time until the final inspection or Certificate of Use and Occupancy is issued.

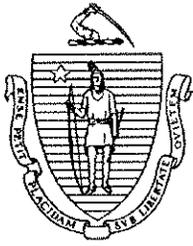
The following is a list of the minimum required inspections to be performed. It is the applicant's responsibility to notify each inspector at least 24 hours in advance of each required inspection. Building inspections are done Monday, Wednesday and Thursday's 10:00 a.m. – 12:00 noon. **Note:** These are the minimum inspections required; complex projects may require additional inspections. It is the applicant's responsibility to contact the Building commission to discuss any additional inspections, which may be required.

1. **Excavation:** Inspections must occur prior to the installation of footings or forms.
2. **Foundation:** Inspection must occur after foundation walls are erected, damp proofed, and perimeter Drain installed but prior to any backfilling.
3. **Framing:** Inspection must occur after all framing is completed, but prior to the installation of any Insulation or finish material. All plumbing, gas, fire detection systems, and electrical "rough" work must be completed and approved by appropriate inspector prior to this Inspection.
4. **Insulation:** Inspection must occur after all insulation, baffles and vapor barriers are installed but prior to the installation of any finish material or wallboard.
5. **FINAL:** The inspection must occur upon completion of all work and approval by plumbing, gas, electrical, assessor and/or fire inspection but prior to occupancy of any new building or part thereof.

If you have any additional questions regarding the building permit process, please call the Building Department office at (508) 278-8600 X 5 Monday – Thursday.

## LIST OF PHONE NUMBERS

Building, Electrical, Plumbing & Gas Office	508-278-8600 X 5
Fire Department	508-278-2787
Assessor Office	508-278-8600 X 2
DPW Office	508-278-8616
Board of Health	508-278-8600 X 8
Conservation Commission Agent	508-278-8600 X 2020



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 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 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 employees and 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 attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

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

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, 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, §25C(6) 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, MGL chapter 152, §25C(7) states "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."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit 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. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

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. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in \_\_\_\_\_ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

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.

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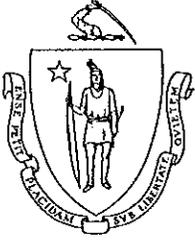
The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
1 Congress Street, Suite 100  
Boston, MA 02114-2017

Tel. # 617-727-4900 ext 7406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)



# Initial Construction Control Document

To be submitted with the building permit application by a  
**Registered Design Professional**  
for work per the 8<sup>th</sup> edition of the  
Massachusetts State Building Code, 780 CMR, Section 107

Project Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

Project: Check one or both as applicable:       New construction       Existing Construction

Project description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ MA Registration Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_, am a  
*registered design professional*, and I have prepared or directly supervised the preparation of all design plans,  
computations and specifications concerning:

- Architectural       Structural       Mechanical
- Fire Protection       Electrical       Other \_\_\_\_\_

for the above named project and that to the best of my knowledge, information, and belief such plans, computations and specifications meet the applicable provisions of the Massachusetts State Building Code, (780 CMR), and accepted engineering practices for the proposed project. I understand and agree that I (or my designee) shall perform the necessary professional services and be present on the construction site on a regular and periodic basis to:

1. Review, for conformance to this code and the design concept, shop drawings, samples and other submittals by the contractor in accordance with the requirements of the construction documents.
2. Perform the duties for registered design professionals in 780 CMR Chapter 17, as applicable.
3. Be present at intervals appropriate to the stage of construction to become generally familiar with the progress and quality of the work and to determine if the work is being performed in a manner consistent with the approved construction documents and this code.

Nothing in this document relieves the contractor of its responsibility regarding the provisions of 780 CMR 107.

When required by the building official, I shall submit field/progress reports (see item 3.) together with pertinent comments, in a form acceptable to the building official.

Upon completion of the work, I shall submit to the building official a 'Final Construction Control Document'.

Enter in the space to the right a "wet" or  
electronic signature and seal:

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Building Official Use Only		
Building Official Name: _____	Permit No.: _____	Date: _____



# Required Inspections and Site Review Document

As a condition of the building permit the following Inspections and Site Reviews identified by the building official are required for work per the 8<sup>th</sup> Edition of the Massachusetts State Building Code, 780 CMR, Section 110 and Chapter 17

Project Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Property Address: \_\_\_\_\_ Building Permit No.: \_\_\_\_\_

<b>Required Inspections to be performed by the Building Official <sup>1,6</sup></b>			
Inspection	X	Inspection	X
Preliminary (prior to start)		Roofing System/Attachment	
Soil/Footing/Foundation		Smoke/Heat/Fire Alarm System <sup>2</sup>	
Concrete Slab/Under Floor		Carbon Monoxide System <sup>4</sup>	
Flood Elevation/Certificate		Sprinkler/Standpipe/Fire Pump <sup>3</sup>	
Framing -- Floor/Wall/Roof		Fire/Smoke Dampers	
Lath and Gypsum Board		Witness Special Inspections	
Fire/Smoke Resistant Assemblies		Accessibility (521 CMR)	
Energy Code Inspections		Manufactured Building Set	
Sheet Metal Inspections		Other:	
Emergency Lighting/Exit Signage			
All Means of Egress Componenets		Final inspection	
<b>Required Site Review and Documentation for Portions or Phases Construction <sup>1,6,7</sup></b> (to be performed by the appropriate registered design professional or his/her designee or M.G.L.c 112 §81R contractor)			
Site Review and Documentation	X	Site Review and Documentation	X
Soil condition/analysis/report		Energy Efficiency Requirements	
Footing and Foundation (including reinforcement and foundation attachment)		Fire Alarm Installation <sup>2</sup>	
Concrete Floor and Under Floor		Fire Suppression Installation <sup>3</sup>	
Lowest Floor Flood Elevation		Field Reports <sup>5</sup>	
Structural Frame -- wall/floor/roof		Carbon Monoxide Detection System <sup>4</sup>	
Lath and Plaster/Gypsum		Seismic reinforcement	
Fire Resistant Wall/Partitions framing		Smoke Control Systems	
Fire Resistant Wall/Partitions finish attachments		Smoke and Heat Vents	
Above Ceiling inspection		Accessibility (521 CMR)	
Fire Blocking/Stopping System		Other:	
Emergency Lighting/Exit Signage			
Means of Egress Componenets		Special Inspections (Section 1704):	
Roofing, coping/System			
Venting Systems (kitchen, chemical, fume )			
Mechanical Systems			

1. It is the responsibility of the permit applicant to notify the building official of required inspections (x). Inspection of 780 CMR fire protection systems may be witnessed by the fire official and installation permits are required from the fire department per 527 CMR.
2. Include NFPA 72 test and acceptance documentation
3. Include applicable NFPA 13, 13R, 13D, 14, 15, 17, 20, 241, etc. - test and acceptance documentation
4. Include NFPA 720 Record of Completion and Inspection and Test Form
5. Include field reports and related documentation
6. Work shall not proceed, or be concealed, until the required inspection has been approved by the building official, and nothing within construction control shall have the effect of waiving or limiting the building official's authority to enforce this code with respect to examination of the contract documents, including plans, computations and specifications, and field inspections.
7. Rough and/or finish inspections of electrical, plumbing, or sheet metal shall be inspected prior to rough and finish inspections by the building official.

I (type name) \_\_\_\_\_ am the building permit applicant and by entering my name below I attest under the pains and penalties of perjury that I have received this checklist of required inspections and approvals.

Signature: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_  
Sign or type name if electronic signature

**Building Official Use Only**  
 Building Official Name: \_\_\_\_\_ Date: \_\_\_\_\_





# Required Inspections and Site Review Document

As a condition of the building permit the following Inspections and Site Reviews identified by the building official are required for work per the 8<sup>th</sup> Edition of the Massachusetts State Building Code, 780 CMR, Section 110 and Chapter 17

Project Title: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_ Building Permit No.: FY15-\_\_\_\_\_

<b>Required Inspections to be performed by the Building Official <sup>1,6</sup></b>			
Inspection	X	Inspection	X
Preliminary (prior to start)		Roofing System/Attachment	
Soil/Footing/Foundation		Smoke/Heat/Fire Alarm System <sup>2</sup>	
Concrete Slab/Under Floor		Carbon Monoxide System <sup>4</sup>	
Flood Elevation/Certificate		Sprinkler/Standpipe/Fire Pump <sup>3</sup>	
Framing – Floor/Wall/Roof		Fire/Smoke Dampers	
Lath and Gypsum Board		Witness Special Inspections	
Fire/Smoke Resistant Assemblies		Accessibility (521 CMR)	
Energy Code Inspections		Manufactured Building Set	
Sheet Metal Inspections		Other:	
Emergency Lighting/Exit Signage			
All Means of Egress Componentes		Final inspection	
<b>Required Site Review and Documentation for Portions or Phases Construction <sup>1,6,7</sup></b> (to be performed by the appropriate registered design professional or his/her designee or M.G.L.c 112 §81R contractor)			
Site Review and Documentation	X	Site Review and Documentation	X
Soil condition/analysis/report		Energy Efficiency Requirements	
Footing and Foundation (including reinforcement and foundation attachment)		Fire Alarm Installation <sup>2</sup>	
Concrete Floor and Under Floor		Fire Suppression Installation <sup>3</sup>	
Lowest Floor Flood Elevation		Field Reports <sup>5</sup>	
Structural Frame – wall/floor/roof		Carbon Monoxide Detection System <sup>4</sup>	
Lath and Plaster/Gypsum		Seismic reinforcement	
Fire Resistant Wall/Partitions framing		Smoke Control Systems	
Fire Resistant Wall/Partitions finish attachments		Smoke and Heat Vents	
Above Ceiling inspection		Accessibility (521 CMR)	
Fire Blocking/Stopping System		Other:	
Emergency Lighting/Exit Signage			
Means of Egress Componentes		Special Inspections (Section 1704):	
Roofing, coping/System			
Venting Systems (kitchen, chemical, fume )			
Mechanical Systems			

1. It is the responsibility of the permit applicant to notify the building official of required inspections (x). Inspection of 780 CMR fire protection systems may be witnessed by the fire official and installation permits are required from the fire department per 527 CMR.
2. Include NFPA 72 test and acceptance documentation
3. Include applicable NFPA 13, 13R, 13D, 14, 15, 17, 20, 241, etc. - test and acceptance documentation
4. Include NFPA 720 Record of Completion and Inspection and Test Form
5. Include field reports and related documentation
6. Work shall not proceed, or be concealed, until the required inspection has been approved by the building official, and nothing within construction control shall have the effect of waiving or limiting the building official's authority to enforce this code with respect to examination of the contract documents, including plans, computations and specifications, and field inspections.
7. Rough and/or finish inspections of electrical, plumbing, or sheet metal shall be inspected prior to rough and finish inspections by the building official.

I (type name) \_\_\_\_\_ am the building permit applicant and by entering my name below I attest under the pains and penalties of perjury that I have received this checklist of required inspections and approvals.

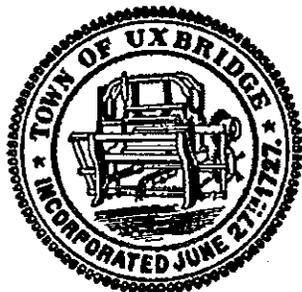
Signature: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_  
Sign or type name if electronic signature

Building Official Name: _____	Date: _____
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# Debris Disposal Affidavit

HIGHLIGHTED AREA MUST BE FILLED OUT



## Town of Uxbridge, Inspector of Buildings

21 South Main Street, Room 203

Uxbridge, MA 01569

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

Email: [jbangma@uxbridge-ma.gov](mailto:jbangma@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 in:**

---

**Name and Location of Waste Facility**

### 780 CMR 8<sup>th</sup> Edition

**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. Also, See 527 CMR § 34.03.

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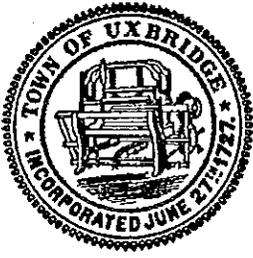
**Signature of Permit Applicant**

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**Date of Application**

**\*\*\* ANY DUMPSTER NEEDS A  
PERMIT FROM THE FIRE DEPARTMENT \*\*\***

Should be included in this packet



# 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: [jbangma@uxbridge-ma.gov](mailto:jbangma@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: \_\_\_\_\_

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

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			
Zoning Board of Approval (if required)			
Planning Board (if Required)			

Office Hours: Mon. Tues & Thurs. 7:30 a.m. -- 5:00 p.m. Weds. 8:00 a.m. -- 7:00 p.m., FRIDAY CLOSED



# Checklist for Building Permits

## Homeowner doing work:

- Application must be filled out COMPLETELY.
- Property owner must fill out Homeowner License Exemption
- Worker's Compensation and or Liability Insurance must be completed.
- Debris Disposal Affidavit needs to be filled out
- (3) Copies of Stamped Building Prints. 1 set approved plans will be returned to applicant (2 large size plans & 1 - 11" X 17" for office files). All plans MUST have square footage.
- (1) Plot Plan showing new structure. (*Current Certified with Wet Stamp*) no Copies.
- Dig safe # (Needed). # \_\_\_\_\_
- Acceptance of Septic Design/Water (if required).
- Copy of Energy compliance or Masscheck. [www.energycodes.gov](http://www.energycodes.gov)
- Sign off sheet from all departments checked (with application).
- Fire Department needs to get the Rubbish Container permit application.

## Hired Contractor in addition to above:

- Worker's Compensation Affidavit filled out by contractor.
- Insurance Liability Certificate (needed).
- Copy of contractor's license (CSL and HIC and any needed license.)
- Property owner must sign application. (7b)
- FOUNDATION AS-BUILT needed before Certificate of Occupancy.**





William T. Kessler, Chief

Rubbish container permit. 527CMR 34. (document--Aug 2014)

527CMR 34.03 The owner, lessee or refuse generator of any premises shall obtain a permit from the head of the Fire Department for rubbish containers, which are emptied by mechanical assistance, of six cubic yards or more in the aggregate of compacted or uncompacted combustible rubbish. Permits shall state the container location(s) and the name and telephone number of the company or person who can be reached in an emergency. No permit shall be required for containers which are delivered to a location and removed in the course of a single business day.

Address where container(s) is to be stored \_\_\_\_\_

Owner of property \_\_\_\_\_

Owner's phone number(s) \_\_\_\_\_

527CMR 34.05(3) containers will not be placed at any location as to become an obstacle to the egress of persons from buildings or to vehicle traffic or as to obstruct operations of the Fire Department personnel during a fire or other emergency.

527CMR 34.05(4) containers will be marked with the name and telephone number of the company to notify in case of emergency.

527CMR 34.05(5) tops of containers will not be within 5 feet vertically or horizontally below any window or other opening, unless approved by the Fire Chief.

527CMR 34.05(2) containers shall have access to their interior for fire extinguishment, without moving or removing from a compactor unit. A minimum 2 inch port opening labeled "fire hose port", or removable cover is acceptable.

I understand that by signing below, I am responsible for compliance of 527CMR 34 at this location.

\_\_\_\_\_  
(Name of applicant)

\_\_\_\_\_  
(Signature)

Phone number \_\_\_\_\_

Firm or Corporation \_\_\_\_\_

Permit number \_\_\_\_\_

Fee paid \_\_\_\_\_

Check # \_\_\_\_\_

Issued by \_\_\_\_\_

Signature \_\_\_\_\_

Start date \_\_\_\_\_

Expiration date \_\_\_\_\_

Restrictions \_\_\_\_\_

**\$5.00 Fee to Fire Dept.**