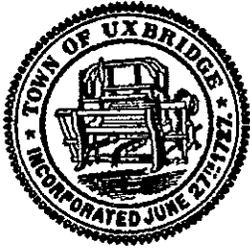


Checklist for Stove Permits Wood/Coal/Pellet/Gas

- Application must be filled out COMPLETELY (including homeowners signature-7b)
- Homeowner License Exemption needs to be filled out if homeowner is doing work.
- Copy of the Stove's spec sheet
- Workers' Compensation Insurance included (homeowner or contractor)
- \$25.00 Check payable to the *TOWN OF UXBRIDGE*
- Contractor's Insurance Liability Certificate
- Copy of Installers CSL & HIC licenses (If permit is not taken by homeowner)
- HOMEOWNERS' signature must appear on application. (Or specifically stating that the contractor is responsible for all permits on contract)
- Anything not completed, may result in delay of the issuing of the permit



Town of Uxbridge
Inspector of Buildings/Zoning Enforcement
21 South Main Street
Uxbridge, MA 01569
Phone # (508) 278-8600 X 5 Fax # (508) 278-0709
Email: dscott@uxbridge-ma.gov

Requirements for the Installation and Use of Wood Burning & Other Solid Fuel-Burning Heating Appliances

1. Solid Fuel Burning Appliance is Listed and Labeled.
2. Copy of Insulation instruction need to be included with application.
3. Installer holds a CSL & HIC (unless the homeowner is going to install the appliance).
4. If Installation is an owner-occupied building of up to 4-units, the individual signing the contract with the homeowner holds a Home Constructor Registration.
5. **The Building Permit MUST be obtained PRIOR to Installation.**
6. The location where the appliance is being installed has a satisfactory supply of fresh air.
7. The location where the appliance is being installed is **NOT** near flammable vapors, gasoline, explosives or other combustible liquids, fibers or dust.
8. The location where appliance installed provides for the required clearances from combustible construction or other objects such as furniture, drapes, carpets, etc.
9. The location where the appliance is being installed has proper floor protection/hearth extension under or in front of the appliance.
10. The appliance has proper venting to the outside of the building.
11. If the appliance vents through a chimney , the connector pipe from the appliance to the chimney is the correct type and size and is installed with the required clearances to combustibles.
12. If the appliance vents through combustible walls , roof or ceiling, the vent system uses listed thimbles or specialized piping or free clearances where the vent system passes through combustable construction.
13. **The appliance does not share a flue or vent with other appliances.**
14. The Building Inspector has inspected the appliance after installation but before use.

Carbon Monoxide Dectectors and Smoke Dectectors are required

If you have any questions about properly installing a solid fuel-burning appliance, you should contact the Building Department @ 508-278-8600 X 5.

September 3, 2014

ALL ITEMS HIGHLIGHTED MUST BE COMPLETED!

	The Commonwealth of Massachusetts Board of Building Regulations and Standards Massachusetts State Building Code, 780 CMR	FOR MUNICIPALITY USE <i>Revised Mar 2011</i>
Building Permit Application To Construct, Repair, Renovate Or Demolish a <i>One- or Two-Family Dwelling</i>		

This Section For Official Use Only

Building Permit Number: _____	Date Applied: _____
Building Official (Print Name) _____	Signature _____
	Date _____

SECTION 1: SITE INFORMATION

1.1 Property Address: _____	1.2 Assessors Map & Parcel Numbers Map Number _____ Parcel Number _____
1.1a Is this an accepted street? yes _____ no _____	
1.3 Zoning Information: Zoning District _____ Proposed Use _____	1.4 Property Dimensions: Lot Area (sq ft) _____ Frontage (ft) _____
1.5 Building Setbacks (ft)	
Front Yard	Side Yards
Rear Yard	
Required	Provided
Required	Provided
Required	Provided
1.6 Water Supply: (M.G.L.c. 40, §54) Public <input type="checkbox"/> Private <input type="checkbox"/>	1.7 Flood Zone Information: Zone: _____ Outside Flood Zone? Check if yes <input type="checkbox"/>
1.8 Sewage Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>	

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) _____ City, State, ZIP _____

No. and Street _____ Telephone: _____ Email Address _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Owner-Occupied <input type="checkbox"/>	Repairs(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Demolition <input type="checkbox"/>	Accessory Bldg. <input type="checkbox"/>	Number of Units _____	Other <input type="checkbox"/> Specify: _____		

Brief Description of Proposed Work²:

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs ³ (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 ³ (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)	\$ _____	
6. Total Project Cost:	\$ _____	

ALL ITEMS HIGHLIGHTED MUST BE COMPLETED!

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

Name of CSL Holder _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

Email address _____

License Number _____

Expiration Date _____

List CSL Type (see below) _____

Type	Description
U	Unrestricted (Buildings up to 35,000 cu. ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry
RC	Roofing Covering
WS	Window and Siding
SF	Solid Fuel Burning Appliances
I	Insulation
D	Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

HIC Registration Number _____

Expiration Date _____

Email address _____

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.

Print Owner's Name (Electronic Signature) _____

Date _____

SECTION 7b: OWNER OR AUTHORIZED AGENT DECLARATION

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.

Print Owner's or Authorized Agent's Name (Electronic Signature) _____

Date _____

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 can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

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

Total floor 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"



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 #: _____

<p>Are you an employer? Check the appropriate box:</p> <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 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>	<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>
--	---

*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."

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.

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.

The Department's address, telephone and fax number:

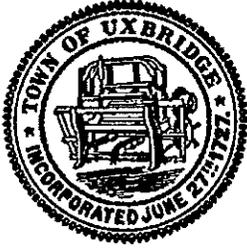
The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017

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

Fax # 617-727-7749

www.mass.gov/dia

Homeowner License Exemption



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

Please Print

DATE: _____

JOB LOCATION: _____

HOMEOWNER: _____

Phone # _____ E-mail address: _____

PRESENT MAILING ADDRESS: _____

Any homeowner performing work for which a building permit is required shall be exempt from the licensing provisions of 780 CMR 5108.3.5 provided that if a Homeowner engages a person (s) for hire to do such work, that such Homeowner shall act as a supervisor.

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 or two 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.

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 Uxbridge Building Department** minimum inspection procedures and requirements and that he/she will comply with said procedures and requirements.

HOMEOWNERS SIGNATURE _____

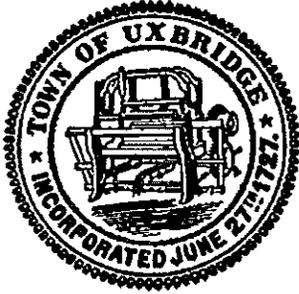
APPROVAL OF BUILDING OFFICIAL _____ DATE _____

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

"Persons contracting with unregistered contractors do not have access to the guaranty fund (as set forth in MGL c.142A)."

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

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 8th Edition

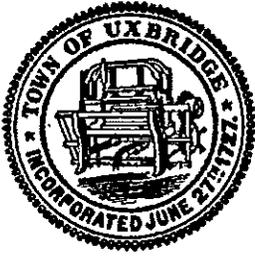
Debris: As a condition of issuing a permit for the demolition, renovation, rehabilitation or other alteration of a detached one or two-family dwelling, M.G.L. c. 40, § 54 requires that the debris resulting there from shall be disposed of in a properly licensed solid waste disposal facility as defined 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.

Signature of Permit Applicant

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 (5) Fax # (508) 278-0709

Email: 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	Date	Remark
Treasurer/Collector - <i>Always</i>	X		
Board of Health – <i>Approved Well Plans</i>			
Board of Health – <i>Approved Septic Plans</i>			
Conservation <i>Always with any digging</i>			
Fire Dept. <i>More than 1200 s.f. a floor</i>			
DPW – Water Dept <i>If using Town Water</i>			
DPW – Sewer Dept <i>If using Town Sewer</i>			
DPW – Highway Dept <i>Driveway Cut</i>			
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**

(revised 2-10-14)