

# 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
- ☐ (2) Copies of Stamped Building Prints. 1 set approved plans will be returned to applicant. (1 large size plans & 1 - 11" X 17" for office files). All plans **MUST** have square footage.
- ☐ (1) Plot Plan (no more than 2 years old) showing new structure. (*Current Certified with Wet Stamp*)
- ☐ Dig safe # (**Needed**). # \_\_\_\_\_
- ☐ Acceptance of Septic Design/Water (if required).
- ☐ Copy of Energy compliance (HERS rating) or **Rescheck**. (2012 IECC), [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.
- ☐ Mass Approval code for Fireplace Appliance (Installation Instruction needed)

## 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.**

**ALL ITEMS HIGHLIGHTED MUST BE COMPLETED!**

 <p>The Commonwealth of Massachusetts Board of Building Regulations and Standards Massachusetts State Building Code, 780 CMR</p> <p>Building Permit Application To Construct, Repair, Renovate Or Demolish a <i>One- or Two-Family Dwelling</i></p>		<p>FOR MUNICIPALITY USE <i>Revised Mar 2011</i></p>	
This Section For Official Use Only			
Building Permit Number: _____		Date Applied: _____	
Building Official (Print Name) _____		Signature _____ Date _____	
<b>SECTION 1: SITE INFORMATION</b>			
<b>1.1 Property Address:</b>		<b>1.2 Assessors Map &amp; Parcel Numbers</b>	
1.1a Is this an accepted street? yes _____ no _____		Map Number _____ Parcel Number _____	
<b>1.3 Zoning Information:</b>		<b>1.4 Property Dimensions:</b>	
Zoning District _____ Proposed Use _____		Lot Area (sq ft) _____ Frontage (ft) _____	
<b>1.5 Building Setbacks (ft)</b>			
Front Yard		Side Yards	
Required	Provided	Required	Provided
Rear Yard			
Required	Provided	Required	Provided
<b>1.6 Water Supply:</b> (M.G.L c. 40, § 54)		<b>1.7 Flood Zone Information:</b>	
Public <input type="checkbox"/> Private <input type="checkbox"/>		Zone: _____ Outside Flood Zone? <input type="checkbox"/> Check if yes <input type="checkbox"/>	
<b>1.8 Sewage Disposal System:</b>			
Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>			
<b>SECTION 2: PROPERTY OWNERSHIP<sup>1</sup></b>			
<b>2.1 Owner<sup>1</sup> of Record:</b>			
Name (Print) _____		City, State, ZIP _____	
No. and Street _____		Telephone _____ Email Address _____	
<b>SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)</b>			
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 Work <sup>2</sup> : _____ _____ _____			
<b>SECTION 4: ESTIMATED CONSTRUCTION COSTS</b>			
<b>Item</b>	<b>Estimated Costs: (Labor and Materials)</b>	<b>Official Use Only</b>	
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. Electrical	\$ _____	2. Other Fees: \$ _____	
3. Plumbing	\$ _____	List: _____	
4. Mechanical (HVAC)	\$ _____	Total All Fees: \$ _____	
5. Mechanical (Fire Suppression)	\$ _____	Check No. _____ Check Amount: _____ Cash Amount: _____	
6. Total Project Cost:	\$ _____	<input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____	

**ALL ITEMS HIGHLIGHTED MUST BE COMPLETED!**

**SECTION 5: CONSTRUCTION SERVICES**

**5.1 Construction Supervisor License (CSL)**

Name of CSL Holder	License Number	Expiration Date	
	List CSL Type (see below)		
No. and Street	Type	Description	
City/Town, State, ZIP	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	
Telephone	Email address	D	Demolition

**5.2 Registered Home Improvement Contractor (HIC)**

HIC Company Name or HIC Registrant Name	HIC Registration Number	Expiration Date
No. and Street	Email address	
City/Town, State, ZIP	Telephone	

**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 \_\_\_\_\_

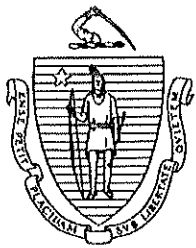
**SECTION 7b: OWNER' OR AUTHORIZED AGENT DECLARATION**

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](http://www.mass.gov/oca) Information on the Construction Supervisor License can be found at [www.mass.gov/dps](http://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 #: \_\_\_\_\_

**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:

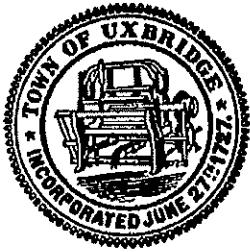
The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
1 Congress Street, Suite 100  
Boston, MA 02114-2017

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

Fax # 617-727-7749

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

# Homeowner License Exemption



## Town of Uxbridge, Inspector of Buildings

21 South Main Street, Room 203

Uxbridge, MA 01569

Phone # (508) 278-8600 X 5

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

FRIDAYS, SATURDAYS & SUNDAYS CLOSED

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

### Please Print

JOB LOCATION: \_\_\_\_\_

Homeowner: \_\_\_\_\_

Phone #s \_\_\_\_\_ E-mail address: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_

- Homeowner is defined "as a person who owns a parcel of land on which they reside, or is intending to reside, in a one or two family dwelling, with attached or detached structures accessory to such use and/or farm structure." If you do not meet this definition a building permit cannot be issued to you as a homeowner.
- You will be personally responsible for all work on this project. Any dispute between you and your contractors are a civil matter.
- You are responsible to see that all work meets the Massachusetts State Building Code and the Town Zoning By-laws.
- You must supervise all work.
- You have waived all rights to the Massachusetts Guaranty Fund. See MGL c. 142A § 1 and 201 CMR 18.
- If the homeowner subcontracts the work, the responsible party from the subcontractor shall be present for inspections.
- Your subcontractors may lien your property.
- Any worker injured on your project may sue you if you or the company they work for does not carry Workmen's Compensation Insurance.
- Failure to carry Workmen's Compensation insurance may result in criminal penalties, i.e. fines and/or imprisonment. (Reference MGL c. 152 § 25)
- A Building Permit is a document admissible in a court of law.
- For all projects that require excavation the homeowner shall contact Dig Safe by calling 811 at a minimum of three weeks prior to the start of the project.

*This warning has been assembled because we have found that a majority of those citizens who sign the Homeowner's Exemption Form are not aware of the responsibilities that go along with assuming the construction responsibilities. Your signature below verifies you have read this warning and understand its requirements.*

HOMEOWNERS SIGNATURE \_\_\_\_\_

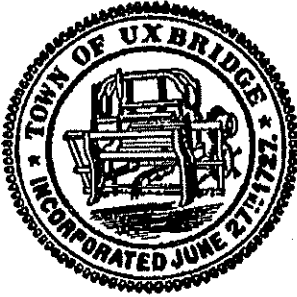
APPROVAL OF BUILDING OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

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

April 22, 2020

# 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

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

FRIDAYS CLOSED

Email: [buildingdept@uxbridge-ma.gov](mailto:buildingdept@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:

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**Name and Location of Waste Facility**

## 780 CMR 9<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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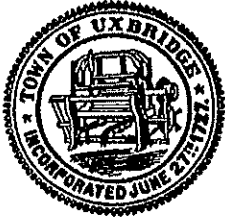
**Date of Application**

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

Should be included in this packet

WARNING: This document merely certifies that the above referenced building complies with applicable provisions of the State Building Code. No opinion is expressed or warranty given as to any potential health hazard not addressed by State Building Code including, but not limited to, the presence of radon, lead paint, asbestos, and urea formaldehyde.

# 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

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

FRIDAYS CLOSED

email: [buildingdept@uxbridge-ma.gov](mailto:buildingdept@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 \$1.25 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. Consisting of CSL & HIC
- 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.
- 10) **A Rubbish container permit** must be obtained from the Fire Department if a dumpster will be utilized in conjunction with this project.



# Building Permit/Construction Process

- 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

# NEW CODES 9TH EDITION

## SOLAR READY 1-2 FAMILY

### APPENDIX U: SOLAR-READY PROVISIONS - DETACHED ONE- AND TWO-FAMILY DWELLINGS, MULTIPLE SINGLE-FAMILY DWELLINGS (TOWNHOUSES) (Adopted as amended)

Delete APPENDIX U and replace as follows:

#### SECTION AU101 (RB101.1) SCOPE

AU101.1 (RB101.1) General. These provisions shall be applicable for new construction, except additions.

#### SECTION AU102 (RB102) GENERAL DEFINITIONS

**SOLAR-READY ZONE.** A section or sections of the roof or building overhang designated and reserved for the future installation of a solar photovoltaic or solar thermal system.

#### SECTION AU103 (RB103) SOLAR-READY ZONE

AU103.1 (RB103.1) General. New detached one- and two-family dwellings, and multiple single-family dwellings (townhouses) with not less than 600 ft<sup>2</sup> (55.74 m<sup>2</sup>) of roof area oriented between 110° and 270° of true north shall comply with sections AU103.2 through AU103.8 (RB103.2 through RB103.8).

##### EXCEPTIONS:

1. New residential buildings with a permanently installed on-site renewable energy system.
2. A building with a solar-ready zone that is shaded for more than 70% of daylight hours annually.
3. Buildings and structures as designed and shown in construction documents that do not meet the conditions for a solar-ready zone area.

AU103.2 (RB103.2) Construction Document Requirements for Solar Ready Zone. Construction documents shall indicate the solar ready zone where applicable.

AU103.3 (RB103.3) Solar-Ready Zone Area. The total solar-ready zone area shall consist of an area not less than 300 ft<sup>2</sup> (27.87 m<sup>2</sup>) exclusive of mandatory access or set back areas as required by 527 CMR. New multiple single-family dwellings (townhouses) three stories or less in height above grade plane and with a total floor area less than or equal to 2,000 ft<sup>2</sup> (185.8 m<sup>2</sup>) per dwelling shall have a solar-ready zone area of not less than 150 ft<sup>2</sup> (13.94 m<sup>2</sup>). The solar-ready zone shall be composed of areas not less than five feet (1,524 mm) in width and not less than 80 ft<sup>2</sup> (7.44 m<sup>2</sup>) exclusive of access or set back areas as required by 527 CMR.

AU103.4 (RB103.4) Obstructions. Solar-ready zones shall consist of an area free from obstructions, including but not limited to vents, chimneys, and roof-mounted equipment.

NOTE: Nothing in AU103.4 (RB103.4) shall require any construction documents to be redesigned or reconfigured so as to create a solar-ready zone area.

AU103.5 (RB103.5) Roof Load Documentation. The structural design loads for roof dead load and roof live load shall be clearly indicated on the construction documents.

AU103.6 (RB103.6) Interconnection Pathway. Construction documents shall indicate pathways for routing of conduit or plumbing from the solar-ready zone to the electrical service panel or service hot water system.

AU103.7 (RB103.7) Electrical Service Reserved Space. The main electrical service panel shall have a reserved space to allow installation of a dual pole circuit breaker for future solar electric installation and shall be labeled "For Future Solar Electric." The reserved space shall be positioned at the opposite (load) end from the input feeder location or main circuit location.

AU103.8 (RB103.8) Construction Documentation Certificate. A permanent certificate, indicating the solar-ready zone and other requirements of this section, shall be posted near the electrical distribution panel, water heater or other conspicuous location by the builder or registered design professional.

#### APPENDIX AA Stretch Energy Code

AA101 Purpose and Adoption. The purpose of the stretch energy code is to provide a more energy efficient code alternative for new buildings. The stretch energy code may be adopted or rescinded by any municipality in the commonwealth in the manner prescribed by law.

AA102 Applicability. Municipalities that have adopted the stretch energy code shall use the energy efficiency requirements of this appendix as provided below. These requirements replace all previous stretch energy code requirements.

##### AA103 New Buildings.

AA 103.1 R-use Buildings. In all R-use buildings, of four stories or less above grade plane with one or more dwelling units, each dwelling unit shall comply with section N1106 (R406) of 780 CMR 51.00: *Massachusetts Residential Code*.

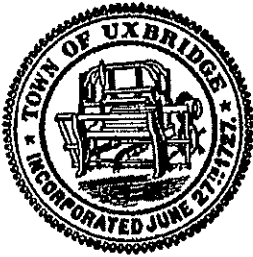
AA103.2 Large Area and High Energy Use Buildings. All buildings over 100,000 ft<sup>2</sup>, and new supermarkets, laboratories and conditioned warehouses over 40,000 ft<sup>2</sup> shall comply with 780 CMR 13.00 and shall demonstrate energy use per ft<sup>2</sup> at least 10% below the energy requirements of ANSI/ASHRAE/IESNA 90.1 APPENDIX G

Performance Rating Method on either a site or source energy basis. The additional efficiency package options selected in accordance with C406.1 shall be included in calculating the baseline building performance value.

EXCEPTION: Exclusively R-use buildings complying with AA 103.1 dwelling unit requirements.

AA103.3 Other New Buildings. New buildings not covered in AA103.1 and AA103.2 shall comply with 780 CMR 13.00 or Chapter 11 of 780 CMR 51.00: *Massachusetts Residential Code* as applicable based on the use and occupancy of the building.

AA104 Existing Buildings. For alterations, renovations, additions or repairs of existing buildings in these municipalities the energy efficiency requirements of 780 CMR 13.00 or Chapter 11 of 780 CMR 51.00: *Massachusetts Residential Code* shall be used as applicable based on the use and occupancy of the building.



# Town of Uxbridge, Inspector of Buildings

21 South Main Street, Room 203

Uxbridge, MA 01569

Phone # (508) 278-8600 x (5)

Email: [buildingdept@uxbridge-ma.gov](mailto:buildingdept@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 If required	✓	Date	SIGNATURE provides Authorization for issuance
Treasurer/Collector - <i>Always</i>	✓		
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**



# Town of Uxbridge Fire Department

Steven R. Tancrell, *Deputy Fire Chief*

Rubbish container permit. 527CMR 1. (document--Aug 2014, Sept 2015, April 2018, March 2020)

527CMR 1 ch 19 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 \_\_\_\_\_ No dwelling units \_\_\_\_\_  
 Owner of property \_\_\_\_\_ Phone \_\_\_\_\_  
 Reason ☐ roof ☐ renovation ☐ addition ☐ new construction ☐ permanent site refuse  
☐ other \_\_\_\_\_

--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.

--containers will be marked with the name and telephone number of the company to notify in case of emergency.

--tops of containers will not be within 10 feet vertically or horizontally below any window or other opening, or within 10 feet of a combustible building or combustible roof eave lines.

--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 1 at this location.

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

Phone number \_\_\_\_\_ Firm or Corporation \_\_\_\_\_

Fee paid \_\_\_\_\_ Check # \_\_\_\_\_

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

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

Restrictions \_\_\_\_\_