



Town of Oxford Land Management
325 Main Street
Oxford, MA 01540
Phone: 508-987-6038 ext. 4
Email: building@oxfordma.us

Date Received: _____
Permit No: _____
Fee: _____
Payment Type: _____

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, DEMOLISH A STRUCTURE

SECTION 1: PROPERTY ADDRESS: _____

SECTION 2: PROPOSED WORK **RESIDENTIAL** **COMMERCIAL**

Brief Description of Work (if alteration include sqft total): _____

Foundation Only Repair/Replace Alteration Accessory Building
 New Construction Demolition Addition Other, Specify _____

SECTION 3: APPLICANT INFORMATION:

Owner of Record: _____ Phone _____

Address: _____ Email: _____

Authorized Agent/Contractor: _____ Phone _____

Address: _____ Email: _____

Licensed Construction Supervisor: _____ Phone _____

Company Name: _____ License Number: _____

Address: _____ Expiration Date: _____

Circle CSL Type: **U**-Unrestricted (up to 35,000 Cu. Ft.); **R**-Restricted 1&2 Family Dwelling; **M**-Masonry Only;
RC-Residential Roofing Covering; **WS**-Residential Window & Siding; **SF**-Residential Solid Fuel Burning Appliance Installation;
D-Residential Demolition

Registered Home Improvement Contractor: _____ Phone _____

Company Name: _____ Registration Number: _____

Address: _____ Expiration Date: _____

SECTION 4: AUTHORIZATION/DECLARATION: An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will **not** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

OWNER AUTHORIZATION: TO BE COMPLETED WHEN OWNER'S AGENT APPLIES FOR BUILDING PERMIT.
OWNER'S AGENT MUST BE A LICENSED CONTRACTOR OR REGISTERED HOME IMPROVEMENT CONTRACTOR.

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

Signature of Owner: _____ Date: _____

OWNER/AUTHORIZED AGENT DECLARATION: TO BE COMPLETED ON ALL APPLICATIONS

I, _____, as Owner/Authorized Agent hereby declare that the statements and information
(please print)
on the foregoing application are true and accurate, to the best of my knowledge and belief.

Signed under the pains and penalties of perjury.

Signature of Owner/Agent _____ Date: _____

SECTION 5: INSURANCE COVERAGE (M.G.L.c.152, Sec. 25C(6))

I (the contractor) have a current liability insurance policy or its equivalent. (check one) Yes No
If you checked yes, please indicate the type of coverage (check one) Workers Compensation Liability Other
If you checked no, please have the following waiver signed by the owner/owner's agent:

OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by chapter 152 of Mass. General Laws, and that my signature on this permit application waives this requirement.

Signature of Owner Owner
ONLY SIGN IF WAIVING INSURANCE

SECTION 6: ESTIMATED COSTS/PERMIT FEE

| ESTIMATED CONSTRUCTION COSTS | | BUILDING PERMIT FEE CALCULATION | |
|-------------------------------------|----------|---|----------|
| 1. Building | \$ _____ | (a) Total Estimated Construction Costs | \$ _____ |
| 2. Electrical | _____ | (b) Fee Multiplier | x _____ |
| 3. Plumbing | _____ | (\$7 per \$1,000 or part thereof) | |
| 4. Mechanical | _____ | BUILDING PERMIT FEE (a) x (b) * \$ _____ | |
| 5. Fire Protection | _____ | *\$100.00 minimum – Residential/Commercial | |
| 6. TOTAL | \$ _____ | **Use only full dollars, no cents** | |

THIS SECTION FOR OFFICE USE ONLY

| | | | | |
|-------------------------|-------------------|-----------|--------------|--------------------|
| Treasurer/ Collector | Assessor's Map | Block/Lot | Area (sq ft) | Zoning District |
|-------------------------|-------------------|-----------|--------------|--------------------|

| Water Supply (M.G.L.c.40, Sec 54) | | Flood Zone Information | | | Sewage Disposal System | |
|-----------------------------------|---------|------------------------|--------------|---------|------------------------|--|
| Public | Private | Zone | Outside Zone | On Site | Municipal | |

| Front Yard Setback | | Side Yards Setback | | Rear Yard Setback | | Frontage | |
|--------------------|----------|--------------------|----------|-------------------|----------|----------|----------|
| Required | Provided | Required | Provided | Required | Provided | Required | Provided |
| | | | | | | | |

APPROVAL

Building Permit Number _____ Date Issued _____ Fee Paid _____

Approved by _____, Inspector of Buildings

DENIAL

Denied By: _____, Inspector of Buildings, Date Denied _____
Reason for Denial: _____