



**Town of Oxford Land Management**  
**325 Main Street**  
**Oxford, MA 01540**  
**Phone: 508-987-6038 ext. 4**  
**Email: [building@oxfordma.us](mailto: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 _____	<b>BUILDING PERMIT FEE</b> (a) x (b) * \$ _____
5. Fire Protection _____	*\$100.00 minimum – Residential/Commercial
6. <b>TOTAL</b> \$ _____	**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: \_\_\_\_\_