



# TOWN OF OXFORD

## Building Department

325 Main Street, Oxford, MA 01540  
Phone (508) 987-6045 ext. 4  
Fax (508) 987-3934  
[building@oxford.ma.us](mailto:building@oxford.ma.us)

## DISPOSAL AFFIDAVIT

### Applicant's supplemental information to be submitted with Permit Application

In accordance with MGL c.40 s.54 and Section 105.3.1(4) of 780 CMR, Massachusetts State Building Code, I hereby certify that all debris resulting from work associated at:

\_\_\_\_\_  
Job location \_\_\_\_\_ will be properly disposed of at:

\_\_\_\_\_  
Name of Disposal Company \_\_\_\_\_, Address \_\_\_\_\_,

which is a licensed solid waste disposal facility as defined by MGL c.111 s150A.

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 name and location of the disposal facility being used.

Signed under the pains & penalties of perjury.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Print name of Applicant \_\_\_\_\_ Signature of Permit Applicant \_\_\_\_\_

\_\_\_\_\_  
Firm Name (if any)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Town/City,

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

9<sup>th</sup> edition 780 CMR

### Mission Statement

To promote the safe and compatible development of the community through the fair and consistent enforcement of the building codes and zoning ordinances