



BOXBOROUGH BUILDING DEPARTMENT
 29 Middle Road, Boxborough, Massachusetts 01719
 Phone: (978) 264-1726 • Fax: (978) 264-3127

| | |
|------------------------|----------------------------------|
| _____ Date Received | _____ Signature Page Approval |
|------------------------|----------------------------------|

Building Permit Application Cover Sheet

The applicant is responsible for securing the following signatures from the appropriate departments verifying that the scope of work has been reviewed by the authority having jurisdiction. All applicable Special Permits, Variances, plans, and comments are to be attached as part of the Building Permit application record for submittal to the Building Department. An application is not considered complete until ALL pertinent information has been filed. Insufficient information will delay application review.

The required time period for review of the Building Permit application does not begin until this signature page has been properly completed.

Property Address: _____

Description of Work: _____

| | |
|---|--|
| <p><u>Conservation Commission:</u> <input type="checkbox"/> N/A</p> <p>_____ Date _____</p> <p>Authorized signature _____</p> <p>Comment: _____</p> | <p><u>Department of Public Works:</u> <input type="checkbox"/> N/A</p> <p>_____ Date _____</p> <p>Authorized signature _____</p> <p>Comment: _____</p> |
| <p><u>Planning and Zoning Boards:</u> <input type="checkbox"/> N/A</p> <p>_____ Date _____</p> <p>Authorized signature _____</p> <p>Comment: _____</p> | <p><u>Tax Collector (required signature):</u></p> <p>Does Property Owner/Applicant/Petitioner owe Taxes/Municipal Charges? _____ (Yes/No)</p> <p>_____ Date _____</p> <p>Tax Collector signature _____</p> |
| <p><u>Board of Health:</u> <input type="checkbox"/> N/A</p> <p>_____ Date _____</p> <p>Authorized signature _____</p> <p>Comment: _____</p> | <p><u>Fire Department:</u> <input type="checkbox"/> N/A</p> <p>_____ Date _____</p> <p>Authorized signature _____</p> <p>Comment: _____</p> |

CALL DIG SAFE: 1-888-344-7233



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Residential Building Permit Application Checklist For 1 & 2 Family

While this office shall make every attempt to process your application in a timely manner, by state law we have 30 days to review your full application. Planning in advance is critical. Applications are processed in the ORDER in which they are received, and are delayed, primarily for one of three reasons:

1. Missing, wrong, in-accurate, or illegible information.
2. Approvals or reviews may be required by other Town Departments, Boards, Commissions, or Permit Granting Authorities.
3. The amount of activity in this office at the time you submit your application.

Depending on the nature of your project, below is a checklist of what this office requires.

Make sure to include your email

SECTION 1: FOR INTERIOR RENOVATIONS, REMODELING, SIDING, WINDOWS, ROOFS, ROOFING EXISTING PORCHES, INSULATION, ROOF MOUNTED SOLAR PANELS, SOLID FUEL BURNING APPLIANCES, etc.

Applicants must supply the information below that is applicable to the proposed project:

- Completed Application Form
- Workers' Compensation Insurance Affidavit
- Workers' Compensation and Liability Insurance Binder(s) naming Town of Boxborough as Lien Holder
- Copy of contract signed and dated by both parties (Property Owner & Licensed Contractor)
(Required under M.G.L. Chapter 142A Home Improvement Contractor Law)
- Copy of the Contractors' License and Home Improvement Contractor Registration
- Plans: Two (2) sets of hard copies (11X17 at minimum) and a brief narrative description of the project (if necessary)
- Roof mounted solar panels require a stamped/signed structural roof report from an engineer
- Replacement windows require Energy Compliance Sticker
- Solid Fuel Burning Appliances require Manufactures' Installation Instructions
- Other applicable information as may be required

SECTION 2: FOR ADDITIONS, DECKS, SWIMMING POOLS, AND ACCESSORY BUILDINGS

In addition to **Section 1** above, the applicant must also supply the following information, as applicable to the proposed project (**NOTE: Any change in the footprint requires a Plot Plan**):

- Completed "**Res-Check**" must be attached
- Copies of any Variances or Special Permits must be attached to your application(s)
- Plot Plan that is accurately drawn, showing existing buildings/structures (if any), wetlands, well location, septic system location, proposed building(s)/structure(s), all elevations, and distances to lot lines, stamped by a registered Land Surveyor

SECTION 3: FOR NEW SINGLE-FAMILY HOMES, DECKS, SWIMMING POOLS, AND ACCESSORY BUILDINGS

In addition to **Sections 1 & 2** above, the applicant must also supply the following information:

- Completed "**Res-Check**" must be attached, see energycode.pnl.gov/rescheckweb/
- Approved, stamped septic system design
- Sign-off from the Board of Health for septic system(s)

If you have any questions regarding filing for a permit, please call the Building Department at (978) 264-1726.



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BUILDING PERMIT APPLICATION – RESIDENTIAL 1 & 2 Family Only

DO NOT FILL IN SHADED AREAS – FOR OFFICE USE ONLY.

| | |
|-------------------------------|---------------------|
| Building Permit Number: _____ | Date Applied: _____ |
|-------------------------------|---------------------|

Signature: _____
 Building Commissioner/OR His Designee Local Inspector Date

SECTION 1: SITE INFORMATION

1.1 Property Address: _____
 Name of Owner: _____
 Owner's Address if Different than Above: _____

A Planning & Conservation Review is also Required for New Homes, Additions, & Accessory Buildings

| | |
|--|---|
| 1.2 Assessor's Parcel Number(s): _____ | 1.3 Zoning Information: For Sections 2 & 3 only _____ Zoning District Proposed Use |
|--|---|

For Sections 2 & 3
 1.4 Property Dimensions: _____
Lot Area (Sq. Ft.) Frontage (Ft)

| 1.5 Building Setbacks (Ft) for Additions, Accessory Buildings, and/or New Homes Only | | | | | |
|--|----------|------------|----------|-----------|----------|
| Front Yard | | Side Yards | | Rear Yard | |
| Required | Provided | Required | Provided | Required | Provided |
| | | | | | |

For New Homes Only

| | |
|---|--|
| 1.6 Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/> | 1.7 Sewage Disposal System: Public <input type="checkbox"/> Private <input type="checkbox"/> |
| 1.7 Flood Zone Information ZONE: _____ Outside Flood Zone: YES <input type="checkbox"/> NO <input type="checkbox"/> | |

SECTION 2: DESCRIPTION OF PROPOSED WORK (Check All That Apply)

| | | |
|---|--|---|
| <input type="checkbox"/> New Single Family | <input type="checkbox"/> New Duplex / 2-Family | <input type="checkbox"/> New Multi Family (3+) |
| <input type="checkbox"/> New Addition | <input type="checkbox"/> New Condo / Townhouse | <input type="checkbox"/> New Foundation |
| <input type="checkbox"/> New Garage Attached | <input type="checkbox"/> New Garage Detached | <input type="checkbox"/> Finishing Basement or Attic |
| | | |
| <input type="checkbox"/> Remodel | <input type="checkbox"/> Alteration | <input type="checkbox"/> Renovation Due To Fire / Catastrophe |
| <input type="checkbox"/> Accessory Bldg-Over 200 sft. | <input type="checkbox"/> Deck | <input type="checkbox"/> Open Porch |
| <input type="checkbox"/> Enclosed Porch | <input type="checkbox"/> Interior Demolition | <input type="checkbox"/> Soli Fuel Burning Appliances |
| | | |
| <input type="checkbox"/> Above-Ground Pool | <input type="checkbox"/> In-Ground Pool | <input type="checkbox"/> Sunroom |
| <input type="checkbox"/> Replacement Windows | <input type="checkbox"/> Siding | <input type="checkbox"/> Strip/ Re-Roof |
| <input type="checkbox"/> Retaining Wall 4' Plus | <input type="checkbox"/> Change Of Use | <input type="checkbox"/> Installation of Solar Panels-Roof/Ground |

DEMOLITION OF BUILDINGS requires Appendix 2 to be completed as well. Interior gutting is done under the regular Building Permit and added to the scope of work. Hazardous materials must also be identified prior to Demolition & "Interior gutting".



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am an employer with _____ employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
- 3. I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
- 4. I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
- 5. 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. ‡
- 6. 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.]

Type of project (required):

- 7. New construction
- 8. Remodeling
- 9. Demolition
- 10. Building addition
- 11. Electrical repairs or additions
- 12. Plumbing repairs or additions
- 13. Roof repairs
- 14. 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 MGL c. 152, §25A is a criminal violation punishable by 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. 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 #: _____



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WASTE DISPOSAL AFFIDAVIT

In accordance with the provisions of MGL Ch.40-s54, a condition of receiving a Building Permit is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL Ch.111-s150A.

Waste Disposal or Solid Waste Facility _____
Address _____
Town/City, State, Zip _____
Signature of Permit Applicant _____
Date _____

DEPENDING ON YOUR PROJECT THIS ADDITIONAL INFORMATION MAY BE REQUIRED

SWIMMING POOL INFORMATION

1. **Circle Type of pool:** In-ground Above ground
2. **Site Plan showing location of the pool:** Plan Attached to Application: YES NO
3. **Applicant must check with Conservation to verify the locations of any wetlands, etc.**
4. **Applicant must also identify who is Responsible for installing the “Guards/Fence”. In-ground pool Building Permits will not be issued without a “Fence/Guard Permit”.**

INSTALLATION OF SOLID FUEL BURNING APPLIANCES

Circle Type of Your Appliance: INSERT FREESTANDING

Type of Fuel to be Burned _____

UL Testing Lab Number: _____

Serial Number: _____

Location of Installation: _____

A Copy Of The Manufacturers Installation Instructions Must Also Be Included AND You Must Also Reference Your Particular Installation.

NOTE: A woodstove CANNOT vent into a chimney being used to vent an oil- or gas- fired appliance!