



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

INSTRUCTIONS
APPLICATION SUBMITTALS – RESIDENTIAL AND COMMERCIAL

Applications: all pages/questions must be addressed and completed.

Plot Plan: Any change in the footprint requires a plot plan, accurately drawn, showing existing structures if any, wetlands, well location, septic system location, proposed structure(s), all elevations and distances to lot lines by an engineer (if applicable).

A change in the footprint of your home/building will most likely require a Certified Plot Plan prior to issuance of Certificate of Completion/Occupancy.

Plans: two (2) sets of 17" x 11" (minimum size) plans drawn to scale and shall include the following:

All Elevations	Mechanical
Foundation Plan	Type of Heat
Floor Plans	Framing Plans
Wall Bracing Schedule	Typical Cross Section
Electrical	Sizing, Spacing, Fastening
Plumbing	Chimney Detail, Zero Clearance Fireplace Specifications
Window & Door Sizes	

Massachusetts Registered Professional Engineer Stamp REQUIRED on all floor and roof trusses, LVL's, steel "I" beams, and other engineered lumber and/or materials.

Copy of Builders License (CSL and/or HIC).

Insurance: Copy of Insurance Certificate showing Liability and Worker's Comp naming the Town of Boxborough as Certificate Holder.

Other Information that May Apply: Zoning, Planning Board Approval, Conservation Commission Filing, Flood Plain Elevations, Energy Conservation forms, and other applicable information that this office may require.

Building Fees: The fee will be determined based upon the estimated cost of construction as provided by the applicant. However, if the minimum square footage cost as determined by the take-off sheet cost estimate is not met, then the permit fee shall be based upon the minimum square foot cost.

APPLICATION CHECKLIST: Prior to delivering the application to the Building Department, bring the entire Building Permit package and secure the signatures on the APPLICATION CHECKLIST.

Once the Building Department has received a completed package, it will be acted upon in a timely manner – within 30 days of receipt. If you have any questions regarding filing for a permit, please call the Building Inspector Department at (978) 263-1116, x114.

LVL's, steel "I" beams, and other engineered lumber and/or materials.

INSPECTION PROCEDURES

Inspections will be made within 48 hours (or two working days) of the request. Do not cover, conceal or back fill until the proper (Building, Electrical, Plumbing, Water, Sewer, Board of Health, or Fire) Inspector(s) have signed the Building Permit weather card in the proper space(s). The second set of approved plans shall be kept on site with the Building Permit weather card.

REQUIRED INSPECTIONS (In Order)

1. **Excavation:** Prior to placing of concrete for footings, sonotubes, etc.
2. **Reinforced Concrete Work (if applicable):** When steel is in place, before concrete is poured.
3. **Foundation:** Complete the following, then call for Foundation Inspection:
 - a. Damp proofing.
 - b. Perimeter Drains (3/4 inch stone, covered with approved filter membrane material).
 - c. Insulation (if applicable).
 - d. Bracing or first floor deck installed (if applicable).

NOTE: At this time it is suggested that you obtain a certified plan stating "Foundation As-built" signed and stamped by a Massachusetts Registered Land Surveyor. The Building Department will require this before issuing a Certificate of Occupancy. Check with Zoning by-law for plan requirements.

4. **Rough Frame Inspection:** Complete the following, then call for Frame Inspection:
 - a. Rough Electrical Sign-off.
 - b. Rough Plumbing Sign-off.
 - c. Rough Gas Sign-off.
 - d. All rough H.V.A.C. should be installed.
 - e. All fire stopping and draft stopping complete.
5. **Chimney/Fireplace:** Construction to conform to M.S.B.C. Call for Throat Inspection.
6. **Insulation:** Prior to installing wallboard, insulate all walls, floors, and ceilings. Call for Insulation Inspection.
7. **Blue Board or Sheet Rock Inspection:** (screws or nails) This may or may not be required. Call Inspector.
8. **Final Occupancy Inspection:** Complete the following, then call for a Final Inspection (and Certificate of Occupancy).
 - a. Final Electrical Sign-off.
 - b. Final Gas Sign-off.
 - c. Final Plumbing Sign-off.
 - d. Final Fire Department Sign-Off. (Requires house number applied to structure and visible from street. On common or long driveways, numbers must be displayed at the street/driveway entrance.)
 - e. Board of Health Sign-off, if applicable.
 - f. Water Sign-off, if applicable.
 - g. Sewer Sign-off, if applicable
 - h. Driveway installed per Town Highway Department and Zoning By-Law rules and regulations.
 - i. Certified foundation "As-built"

NOTE: In addition to the above, any Orders of Conditions from either the Conservation Commission, Zoning Board, Planning Board, or Board of Selectmen, shall be adhered to before any Certificate of Occupancy is issued.



TOWN OF BOXBOROUGH

Building Department
Town Hall
29 Middle Road
Boxborough, MA 01719

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FAX: (978)264-3127

APPLICATION FOR PERMIT TO BUILD, REPAIR OR ALTER

To the Building Inspector/Code Enforcement Officer

The undersigned hereby applies for a permit to build, alter, demolish, remodel, replace, renovate, repair, or make addition to, according to the information and plans filed here with the following information.

Location: _____

Owner's Name: _____ Owner's Phone: _____

Owner's Address: _____

Builder's Name: _____ Builder's Phone: _____

Builder's Address: _____

Licensed Person Responsible for Project: _____ Lic. # _____

ARE ANY BEDROOMS BEING ADDED? YES ___ NO ___ IF YES, NUMBER OF TOTAL BEDROOMS (old plus new) _____

IS ANY PART OF THIS PROJECT WITHIN 100' of a wetland? YES _____ NO _____
(if unsure, check with Conservation Commission.)

SIZE OF PROPOSED BUILDING: _____

EST. COST OF CONSTRUCTION (excluding land) _____

DESCRIPTION OF PROJECT: _____

I hereby certify that I am the owner of record of the property listed above or that I have been duly authorized by said owner to make this application as the owner's agent and that all the information above, and plans and specifications submitted are correct and that all applicable provisions of the Commonwealth of Massachusetts States, Building Code, and Town of Boxborough Zoning By-laws shall be complied with. The following is subscribed to and executed by me under the Pains and Penalties of Perjury.

OWNER'S SIGNATURE: _____ **DATE:** _____

LICENSE HOLDER'S SIGNATURE: _____ **DATE:** _____



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**THIS AFFIDAVIT DOES NOT APPLY TO NEW HOME OR
COMMERCIAL CONSTRUCTION**

**AFFIDAVIT
Home Improvement Contractor Law
Supplement to Permit Application**

MGL c. 142A requires that the “reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units... or to structures which are adjacent to such residence or building” be done by registered contractors, with certain exceptions, along with other requirements.

Type of Work: _____ Est. Cost: _____

Address of Work: _____

Owner’s Name: _____

Date of Permit Application: _____

I hereby certify that Registration is not required for the following reason(s):

- Work excluded by law
- Job under \$1,000
- Building not owner-occupied
- Owner pulling own permit
- Other (specify) _____

Notice is hereby given that:

**OWNERS PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS
FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE
ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL c. 142A.**

Signed under penalties of perjury:

I hereby apply for a permit as the agent of the owner:

Date Contractor Name Registration No.

OR:

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property:

Date Owner’s Signature



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WASTE DISPOSAL AFFIDAVIT

In accordance with the provisions of MGL c. 40, S 54, 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 c. 111, S 150A.

The debris will be disposed of at the following location:

(Name and Location of Facility)

Signature of Permit Applicant

Date



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 #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an 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 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.</p> <p>5. <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>6. <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>	<p>Type of project (required):</p> <p>7. <input type="checkbox"/> New construction</p> <p>8. <input type="checkbox"/> Remodeling</p> <p>9. <input type="checkbox"/> Demolition</p> <p>10. <input type="checkbox"/> Building addition</p> <p>11. <input type="checkbox"/> Electrical repairs or additions</p> <p>12. <input type="checkbox"/> Plumbing repairs or additions</p> <p>13. <input type="checkbox"/> Roof repairs</p> <p>14. <input type="checkbox"/> Other _____</p>
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*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 #: _____

<p><i>Official use only. Do not write in this area, to be completed by city or town official.</i></p>	
City or Town: _____	Permit/License # _____
<p>Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector 6. Other _____</p>	
Contact Person: _____	Phone #: _____