

COMMERCIAL  
TOWN OF PAXTON BUILDING PERMIT

REQUIREMENTS FOR OBTAINING A BUILDING PERMIT IN THE TOWN OF PAXTON

**A. BUILDING REGULATIONS:**

1. Application must be obtained from the Town Hall. Applications must contain the following information.
2. Application must be submitted with **THREE (4) SETS OF PLANS** (plus one 8 1/2 x 11" sized plan)
  - (a) Location, including street name and lot number;
  - (b) Plot Plan, showing the location of house with front, side and rear distances clearly marked;
  - (c) Builder's name, address, telephone number;
  - (d) Owner's name, address, telephone number;
  - (e) All other applicable information in space provided.
3. **REGISTERED PLOT PLAN:** (According to the following dimensional requirements)
  - (a) **GRA ZONE** = 20,000 square feet - 100 foot frontage
  - (b) **GRB ZONE** = 60,000 square feet - 200 foot frontage
  - (c) **WATERSHED ZONE** = 80,000 square feet - 200 foot frontage
  - (d) **BUSINESS ZONE** = 20,000 square feet - 100 foot frontage (dwellings)
  - (e) **BUSINESS ZONE** = 25,000 square feet - 125 foot frontage (all others)

**B. SEPTIC SYSTEM AND WELLS: APPROVAL FROM THE BOARD OF HEALTH.**

1. **WELL** location **MUST BE SHOWN** on plan and be accompanied by the BOH Certificate including test for arsenic.
2. **NOTE:** No building permit will be issued until the **WELL** is installed, tested and the reports and certificate are on file.
3. **Four (4) Copies of SEPTIC DESIGN** must be submitted

**C. CONSERVATION COMMISSION REGULATIONS:**

1. Include plot plan showing the house, septic system, well site and known or suspected wetlands.
2. Obtain a Determination of Applicability of the Wetland Act from the Conservation Commission and an Order of Conditions, if the Act applies to the property.
3. Prepare and file a drawing of the construction showing the distance the building is from the lot line, wetlands, roads, abutters, wells, and septic system.

**IF YOUR PROPERTY COMES UNDER THE WETLANDS PROTECTION ACT AND YOU DID NOT FILE THE PROPER FORMS, YOU COULD BE LIABLE FOR CIVIL DAMAGES, AND YOUR NEW HOME COULD BE DEMOLISHED.**

**D. DRIVEWAY ENTRANCE:**

1. Contact the DPW Superintendent for information on driveway approaches.
2. A Check in amount of \$500.00 is required as a Performance Bond for the Driveway Construction.
3. Upon satisfactory completion of the driveway approach, the bond will be returned.

**E. FLOOR PLAN:**

1. A Floor Plan showing adequate details, dimensions of rooms, corridors, windows and doors.

**F. ENERGY CONSERVATION FORM MUST BE COMPLETED FOR ALL NEW CONSTRUCTIONS AS WELL AS ADDITIONS.**

**G. STRUCTURAL ELEVATION:**

1. Show details from footing to chimney, include type of base soil, drainage, grade, foundation material, size and span of beams, floor joists, stud rafters and headers, type of floor, wall and roof sheathing and finish, insulation, roofing and siding materials, interior wall and cellar material to determine if the structure will meet the MASSACHUSETTS STATE BUILDING CODES. All must be submitted with application.

**H. A SANITARY PORTABLE TOILET FACILITY IS REQUIRED ON ALL NEW HOUSE CONSTRUCTION.**

**I. IT IS YOUR RESPONSIBILITY TO NOTIFY THE BUILDING INSPECTOR WHEN EACH PHASE OF CONSTRUCTION IS READY FOR INSPECTION. (email preferred: RMTrifera@aol.com). THE FOLLOWING INSPECTIONS ARE REQUIRED. WORK ADVANCING TO THE NEXT PHASE WITHOUT INSPECTION IS AT RISK. NOTE: Approved construction documents; plans and supporting engineering MUST BE ON SITE for inspections. (ALLOW MINIMUM OF 48 HR. ADVANCE NOTICE)**

1. Inspection of the bottom excavation at the naturally-occurring soil bearing strata before any stone, gravel or concrete is placed.
2. Foundation damp proofing and perimeter drains before backfilling.
3. Wiring, plumbing, gas, oil heaters, etc. (NOTE: separate permits avail. at town hall)
4. Rough framing: after all firestopping. (NOTE: Approved construction documents; plans and supporting engineering must be on site)
5. Insulation inspection.
6. Finish inspection for wiring, plumbing, gas, oil heaters and smoke detectors.
7. Finish when structure is ready for use.
8. **CERTIFICATE OF OCCUPANCY PERMIT PRIOR TO MOVING IN.** Certificate of Use/Completion Permit required for other projects prior to use.

**J. REQUIREMENTS FOR OBTAINING A CERTIFICATE OF OCCUPANCY**

1. **OBTAIN ALL PERMITS AND INSPECTIONS FROM ALL RELATED DEPARTMENTS, PLUMBING, WIRING, FIRE, SANITARY.** (NOTE: INSPECTORS MUST HAVE 48 HOURS NOTICE)

**K. REQUIREMENTS TO OBTAIN A BUILDING PERMIT FOR ADDITIONS, GARAGES, BARNs, SWIMMING POOLS, FIRE DAMAGE, RENOVATIONS REQUIRING STRUCTURAL CHANGES:**

1. Floor plan and structural elevation as stated above (V.A.B.C.) including relationship to existing structure.
2. In the case of an addition consisting of bedrooms, a septic plan must be available for the Board of Health, if none is available, as is the case in some of the older homes, a perc test must be done to determine the conditions of the existing system.



# TOWN of PAXTON

## Building Department

697 Pleasant Street, Paxton, Massachusetts 01612

Telephone (508) 753-2803

slombardi@townofpaxton.com

Facsimile (508) 797-0966

*Richard M. Trifero, Building Commissioner*

*Zoning Enforcement Officer*

**Treasurer and Assessor signatures required  
before a building permit will be issued.\*\***

Property address: \_\_\_\_\_

Owner(s) name: \_\_\_\_\_

Please visit each office prior to filing a building permit for each signature.

Treasurer's office: \_\_\_\_\_ Date: \_\_\_\_\_

Assessor's office: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* Per Special Town Meeting vote on October 27, 2014 for "Denial, Revocation or Suspension of Local Licenses and Permits for Failure to Pay Taxes or Charges".

**Town of Paxton****697 Pleasant Street, Paxton, Massachusetts 01612****Tel: 508-753-2806 X 11 E-mail: [SLombardi@townofpaxton.net](mailto:SLombardi@townofpaxton.net) Fax: 508-797-0966**  
**Board of Building Regulations and Standards Massachusetts State Building Code, 780 CMR, 9<sup>th</sup>**  
**Edition Building Permit Application for any Building Other Than a One- or Two-Family Dwellings**

(This Section For Official Use Only)

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_ Building Official: \_\_\_\_\_

**SECTION 1: LOCATION**

No. and Street \_\_\_\_\_ City /Town \_\_\_\_\_ Zip Code \_\_\_\_\_ Name of Building (if applicable) \_\_\_\_\_

Assessors Map # \_\_\_\_\_ Block # and/or Lot # \_\_\_\_\_

**SECTION 2: PROPOSED WORK**Edition of MA State Code used \_\_\_\_\_ If New Construction check here ☐ or check all that apply in the two rows belowExisting Building ☐ Repair ☐ Alteration ☐ Addition ☐ Demolition ☐ (Please fill out and submit Appendix 2)Change of Use ☐ Change of Occupancy ☐ Other ☐ Specify: \_\_\_\_\_Are building plans and/or construction documents being supplied as part of this permit application? Yes ☐ No ☐Is an Independent Structural Engineering Peer Review required? Yes ☐ No ☐

Brief Description of Proposed Work: \_\_\_\_\_

**SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY**Check here if an Existing Building Investigation and Evaluation is enclosed (See 780 CMR 34) ☐

Existing Use Group(s): \_\_\_\_\_ Proposed Use Group(s): \_\_\_\_\_

**SECTION 4: BUILDING HEIGHT AND AREA**

	Existing	Proposed
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)		
Total Area (sq. ft.) and Total Height (ft.)		

**SECTION 5: USE GROUP (Check as applicable)**A: Assembly A-1 ☐ A-2 ☐ Nightclub ☐ A-3 ☐ A-4 ☐ A-5 ☐ B: Business ☐ E: Educational ☐F: Factory F-1 ☐ F2 ☐ H: High Hazard H-1 ☐ H-2 ☐ H-3 ☐ H-4 ☐ H-5 ☐I: Institutional I-1 ☐ I-2 ☐ I-3 ☐ I-4 ☐ M: Mercantile ☐ R: Residential R-1 ☐ R-2 ☐ R-3 ☐ R-4 ☐S: Storage S-1 ☐ S-2 ☐ U: Utility ☐ Special Use ☐ and please describe below:

Special Use Description: \_\_\_\_\_

**SECTION 6: CONSTRUCTION TYPE (Check as applicable)**IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IV ☐ VA ☐ VB ☐**SECTION 7: SITE INFORMATION (refer to 780 CMR 105.3 for details on each item)**

<b>Water Supply:</b> Public <input type="checkbox"/> Private <input type="checkbox"/>	<b>Flood Zone Information:</b> Check if outside Flood Zone <input type="checkbox"/> or identify Zone: _____	<b>Sewage Disposal:</b> Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	<b>Trench Permit:</b> A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	<b>Debris Removal:</b> Licensed Disposal Site <input type="checkbox"/> or specify: _____
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Railroad right-of-way:  
Not Applicable ☐  
or Consent to Build enclosed ☐Hazards to Air Navigation:  
Is Structure within airport approach area?  
Yes ☐ or No ☐MA Historic Commission Review Process:  
Is their review completed?  
Yes ☐ No ☐**SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY**

Edition of Code: \_\_\_\_\_ Use Group(s): \_\_\_\_\_ Type of Construction: \_\_\_\_\_

Does the building contain a Sprinkler System?: \_\_\_\_\_ Special Stipulations: \_\_\_\_\_

Design Occupant Load per Floor and Assembly space: \_\_\_\_\_

## SECTION 9: PROPERTY OWNER AUTHORIZATION

Name and Address of Property Owner

Name (Print) \_\_\_\_\_ No. and Street \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_

Property Owner Contact Information:

Title \_\_\_\_\_ Telephone No. (business) \_\_\_\_\_ Telephone No. (cell) \_\_\_\_\_ e-mail address \_\_\_\_\_

If applicable, the property owner hereby authorizes:

Name \_\_\_\_\_ Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
to apply for and act on the property owner's behalf, in all matters relative to work authorized by this building permit application.

## SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 1)

If a building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here ☐ .

Otherwise provide construction control forms (see section 107 in the code) as required.

### 10.1 Registered Professional Responsible for Construction Control (the professional coordinating document submittals)

Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date

### 10.2 General Contractor

Company Name \_\_\_\_\_

Name of Person Responsible for Construction \_\_\_\_\_ License No. and Type if Applicable \_\_\_\_\_

Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State Zip \_\_\_\_\_

Telephone No. (business) \_\_\_\_\_ Telephone No. (cell) \_\_\_\_\_ e-mail address \_\_\_\_\_

## SECTION 11: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))

A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit. Is a signed Affidavit submitted with this application? Yes ☐ No ☐

## SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE

Item	Estimated Costs: (Labor and Materials)	Total Construction Cost (from Item 6) = \$ _____
1. Building	\$ _____	Building Permit Fee = Total Construction Cost x _____ (Insert here appropriate municipal factor) = \$ _____.  Note: Minimum fee = \$ _____ (contact municipality)
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Other)	\$ _____	
6. Total Cost	\$ _____	Enclose check payable to _____ (contact municipality) and write check number here _____

## SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Please print and sign name \_\_\_\_\_ Title \_\_\_\_\_ Telephone No. \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Municipal Inspector to fill out this section upon application approval: \_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_

## Appendix 1

Construction Documents are required for structures that must comply with 780 CMR 107. The checklist below is a compilation of the documents that may be required. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

### Checklist for Construction Documents\*

No.	Item	Mark "x" where applicable		
		Submitted	Incomplete	Not Required
1	Architectural			
2	Foundation			
3	Structural			
4	Fire Suppression			
5	Fire Alarm (may require repeaters)			
6	HVAC			
7	Electrical			
8	Plumbing (include local connections)			
9	Gas (Natural, Propane, Medical or other)			
10	Surveyed Site Plan (Utilities, Wetland, etc.)			
11	Specifications			
12	Structural Peer Review			
13	Structural Tests & Inspections Program			
14	Fire Protection Narrative Report			
15	Existing Building Survey/Investigation			
16	Energy Conservation Report			
17	Architectural Access Review (521 CMR)			
18	Workers Compensation Insurance			
19	Hazardous Material Mitigation Documentation			
20	Other (Specify)			
21	Other (Specify)			
22	Other (Specify)			

\*Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction.

### Registered Professional Contact Information

Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State    Zip	Discipline    Expiration Date
Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State    Zip	Discipline    Expiration Date
Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State    Zip	Discipline    Expiration Date

Please follow this link for [construction control forms](#) to be used by Registered Design Professionals.



The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, Mass. 02111  
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers  
Applicant Information Please Print Legibly

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_

Are you an employer? Check the appropriate box:

- |   |  |
|---|--|
| <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 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>5. <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> |
|---|--|

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ 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 attach 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 Section 25a of MGL 152 can lead to the imposition of criminal penalties of 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 \$250.00 a day against violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

*I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ 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 #: \_\_\_\_\_

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees, However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer".

MGL chapter 152 section §25(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152 section §25(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill in the workers' compensation affidavit completely, by checking the box that applies to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the Members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. Also be sure to sign and date the affidavit. The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the "law" or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Towns Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in \_\_\_\_\_ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a homeowner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, MA 02111

phone #: (617) 727-4900 ext. 406 or 1-877-MASSAFE  
fax #: (617) 727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)

Revised 11-22-06



CONSERVATION COMMISSION

Property Address/Location \_\_\_\_\_

CONSERVATION COMMISSION

A state law, the Wetlands Protection Act, regulates activities in and near bodies of water and vegetated Wetlands.

This Act is administered by the Conservation Commission. It is the responsibility of the owner of land where WORK is taking place to understand and to comply with the provisions of this act.

If a property comes under the jurisdiction of the Wetlands Protection Act and WORK is conducted without the necessary approvals, the owner may be liable for the costs of remedial action and for civil damages.

\_\_\_\_\_  
I have read and clearly understand the above statement.

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Name (printed) \_\_\_\_\_

What is the proposed Construction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





Town of Paxton  
697 Pleasant Street  
Paxton, MA 01612

**SUBMITTAL OF REDUCED SET**  
**OF**  
**ARCHITECTURAL FLOOR PLANS REQUIREMENT**

ALL Building Permit Applications are required to be accompanied by one (1) set of "mini" architectural floor plans reduced to a standard paper copy size of 8 ½" x 11". A separate 8 ½" x 11" reduced architectural floor plan is required for *EACH* floor (level) including the basement floor plan.

This "reduced mini set" of floor plans is in addition to the **FOUR (4)** sets of Construction Documents currently required by this Department. This requirement shall pertain to all building permit applications.

If it is determined that the scope of the work under the building permit is of a minor nature whereby Construction Documents (acceptable to the Building Department) are already of 8 ½" x 11" size, simply provide five (5) sets rather than four (4).

Please indicate the following:

Date: \_\_\_\_\_

Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ One 8 ½" x 11" reduced mini-set enclosed with 4 original full-scale plans; or

\_\_\_\_\_ A total of five 8 ½" x 11" copies have been submitted.



## DISPOSAL OF DEBRIS AFFIDAVIT

THIS IS A REQUIREMENT AS A CONDITION OF ISSUING A BUILDING PERMIT FOR THE  
DEMOLITION, RENOVATION, REHABILITATION OR OTHER ALTERATION OF A BUILDING OR  
STRUCTURE.

In accordance with the provisions 780 CMR, Art. 1, Sec. 111.5 of current edition of the Massachusetts State Building Code and M.G.L. C40, S54:

The undersigned herein CERTIFIES that the WORK associated with the Building Permit Application at the property known as:

(Address of WORK) \_\_\_\_\_ in Paxton, MA,

that all debris resulting from WORK associated with this Application for a Building Permit at aforementioned property location, shall be disposed of in a properly licensed solid waste disposal facility as defined by M.G.L. c. 111, S 150A at:

\_\_\_\_\_, a lawfully licensed solid waste disposal facility as defined by M.G.L. c. 111, S 150A.

The debris will be disposed of in:

\_\_\_\_\_  
(Location of Facility; City/Town and State)

If the debris is not disposed of as indicated above, the holder of the permit shall notify the Building Official, in writing, within 10 days and will amend this Disposal of Debris Affidavit to reflect the actual location where the debris will be disposed. Also, refer to DEP Regulations 310 CMR 7.09(2) and 310 CMR 7.15, when applicable.

SIGNATURE OF PERMITEE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS OF PERMITEE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_



## REFUSE CONTAINER AND DUMPSTER USE PERMIT

**FEE: \$15.00**

The revision of Town of Paxton's Zoning Bylaw (March 19, 2001) calls for a Refuse Container and Dumpster Use Permit.

Please apply for this permit in the office of the Town Services Coordinator at Paxton Town Hall, 697 Pleasant Street, Paxton, MA 01612. The telephone number is 508.753.2803 X11.

**3.3.10 Refuse Container and Dumpster Use Permit:** In all districts, the use of any commercial type refuse container and/or dumpster shall require review, approval and permitting by the Building Commissioner under the provisions established by the Building Department.

Richard M. Trifero, Building Inspector  
508.756.5622

Name \_\_\_\_\_

Phone \_\_\_\_\_

Regarding Property at \_\_\_\_\_

\_\_\_\_\_

\$15 for Container/Dumpster Permit: Check # \_\_\_\_\_ Cash \_\_\_\_\_

Date Payment Received \_\_\_\_\_