

RESIDENTIAL
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: RMTrifero@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

697 Pleasant Street, Paxton, Massachusetts 01612

Tel: 508-753-2806 X 11 E-mail: SLombardi@townofpaxton.net Fax: 508-797-0966



*Board of Building Regulations and Standards Massachusetts State Building Code,
780 CMR, 9th Edition Building Permit Application To Construct, Repair, Renovate Or Demolish
A One- or Two-Family Dwelling*

This Section For Official Use Only

Building Permit Number: _____

Date Applied: _____

Signature: _____
Building Commissioner/ Inspector of Buildings Date

SECTION 1: SITE INFORMATION

1.1 Property Address:

1.1a Is this an accepted street? yes _____ no _____

1.2 Assessors Map & Parcel Numbers

Map Number _____ Parcel Number _____

1.3 Zoning Information: See Town of Paxton Zoning Bylaw

1.4 Property Dimensions:

Zoning District: GRA, GRB or B _____

Proposed Use _____

Lot Area (sq ft) _____

Frontage (ft) _____

1.5 Building Setbacks (ft). See Town of Paxton Zoning Bylaw: Section 4; Dimensional Requirements

Front Yard		Side Yards		Rear Yard	
Minimum Required Per Zoning	Provided	Minimum Required Per Zoning	Provided	Minimum Required Per Zoning	Provided
1.6 Water Supply: (M.G.L c. 40, § 54)		1.7 Flood Zone Information:		1.8 Sewage Disposal System:	
Public <input type="checkbox"/> Private <input type="checkbox"/>		Zone: _____ Outside Flood Zone? Check if yes <input type="checkbox"/>		Municipal <input type="checkbox"/> On site disposal system <input checked="" type="checkbox"/>	

SECTION 2: PROPERTY OWNERSHIP¹

2.1 OWNER¹ of Record:

Name (Print) _____

Address for Service: _____

Signature _____

Telephone/Mobile _____

E - Mail Address _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	OWNER-Occupied <input type="checkbox"/>	Repairs(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Demolition <input type="checkbox"/>	Accessory Bldg. <input type="checkbox"/>	Number of Units _____	Other <input type="checkbox"/> Specify: _____		

Brief Description of Proposed Work²: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

SECTION 5: CONSTRUCTION SERVICES**5.1 Licensed Construction Supervisor (CSL) (*) required information**

Name of CSL; Holder

Address

Signature

Telephone

* Mobile

* E – Mail Address

License Number

Expiration Date

See Contractor's Specialty License below:

List CSL Type:

Type	Description
U	Unrestricted (up to 35,000 Cu. Ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry Only
RC	Residential Roofing Covering
WS	Residential Window and Siding
SF	Residential Solid Fuel Burning Appliance Installation
D	Residential Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name

Address

Signature

Telephone

Registration Number

Expiration Date

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

Workers Compensation Insurance affidavit 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.

Signed Affidavit Attached? Yes ☐ No ☐**SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

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

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

I, _____, as OWNER or AUTHORIZED AGENT hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

Print Name (Indicate below by circling OWNER OR AUTHORIZED AGENT)

Signature of OWNER or Authorized Agent
(Signed under the pains and penalties of perjury)

Date

NOTES: from Section 2, 3 and 7b above

1. 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 can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps.

2. When substantial work is planned, provide the information below:

Total floors area (Sq. Ft.) _____	(including garage, finished basement/attics, decks or porch)	Habitable room count _____
Gross living area (Sq. Ft.) _____		Number of bedrooms _____
Number of fireplaces _____		Number of half/baths _____
Number of bathrooms _____		Number of decks/porches _____
Type of heating system _____		Enclosed _____ Open _____
Type of cooling 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
BUILDING DEPARTMENT**

697 Pleasant Street, Paxton, Massachusetts 01612
Tel: 508-753-2806 X 11 E-mail: SLombardi@townofpaxton.net Fax: 508-797-0966



**HOMEOWNERS' EXEMPTION ELIGIBILITY AFFIDAVIT
780 CMR 110.R5.1.2**

I, _____ (full legal name),
_____, (month, day, year), hereby depose and state the following:

1. I am seeking a building permit pursuant to the homeowners' exemption to the building permit requirements of the Massachusetts State Building Code, codified at 780 CMR 110.R5.1.3.1, in connection with a project or work on a parcel of land to which I hold legal title.
2. I am not engaged in, and the project or work for which I am seeking the aforementioned **HOMEOWNERS'** exemption, does not involve the field erection of manufactured buildings constructed in accordance with 780 CMR 110.R3.
3. I qualify under the State Building Code's definition of "**HOMEOWNER**" as defined at 780 CMR 110.R5.1.2:

Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one-or two-family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one (1) home in a two (2) - year period shall NOT be considered a "HOMEOWNER".

4. I do not hold a valid Massachusetts Construction Supervision License (CSL) and, except to the extent that I represent herein the I qualify as a **HOMEOWNER**, I shall abide by the Massachusetts State Building Code's requirements for the **DIRECT** supervision of the project or work on my parcel, AND I am not engaged in construction supervision in connection with any other project or work involving any; construction, reconstruction, alteration, repair, removal or demolition activity that is regulated by any provision of the Massachusetts State Building Code.
5. If I engage any other person or persons for hire in connection with the aforementioned project or work on my parcel, I acknowledge that I am required to and shall act as the Construction Supervisor for said project or work.

Signed under the pains and penalties of perjury on this _____ day of _____, 20__.

(Owner's Signature)

10/21/16

**Owner's
AFFIDAVIT AND ACKNOWLEDGMENT
of the
HOME IMPROVEMENT CONTRACTOR PROGRAM**

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 or Subcontractors**, along with certain requirements and exceptions pursuant to 780CMR R6 of the Massachusetts State Building Code.

Type of Work: _____ Estimated Cost: _____

Address of Work: _____

Owner's Name: _____

Date of Permit Application: _____

I hereby certify that:

Pursuant to (see CMR R6.1.6) Registration as a Home Improvement Contractor is not required for the following reason(s):

___ Work excluded by law

___ Job under \$1,000.00

___ Building not owner-occupied

___ Owner pulling own permit

Other (specify) _____

Notice is hereby given that:

**OWNERS WILLFUL ELECTION TO PULL THEIR OWN PERMIT OR DEAL WITH
UNREGISTERED CONTRACTORS FOR WORK QUALIFYING UNDER THE
"HOME IMPROVEMENT CONTRACTOR PROGRAM" 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 an Authorized Agent of the owner:

Date

Contractor's Name

Licensed Home Improvement Contractor's Registration #

Registration # Expiration Date

OR:

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

Date

Owner's Name / Signature

C:\BUILDING COMMISSIONER\RMT FORMS\home improvement contractors affidavit.doc



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 perm 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 maybe forwarded to the Office of Investigations of the DIA for coverage verification.

I do herby 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."

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.

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.

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



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.



TOWN of PAXTON

Building Department

697 Pleasant Street, Paxton, Massachusetts 01612

Telephone (508) 753-2803 x 11

E-mail: SLombardi@townofpaxton.net

Facsimile (508) 797-0966

Richard M. Trifero, Building Commissioner

Zoning Enforcement Officer

New Energy Regulations

On July 1, 2014 the Commonwealth of Massachusetts - Board of Building Regulations and Standards (BBRS) required New Energy Regulations applying to buildings covered by both volumes of the Eighth Edition of the Massachusetts State Building Code with Massachusetts State Amendments as referenced below:

- 2009 International Residential Code (IRC) with Massachusetts State Amendments - (Residential; 1 & 2 Family Dwellings)
- 2009 International Building Code (IBC) with Massachusetts State Amendments - (Commercial)

At this time, the Massachusetts Building Codes as referenced above, require full compliance with the International Energy Conservation Code 2012 (2012 IECC) with Massachusetts Amendments as the new baseline energy code, applicable to residential and commercial buildings.

Please reference the applicable building code for the minimum energy code requirements and appropriate submittals for inclusion with all building permit applications as may be required.

*** Please see page -2 below for the BBRS web link for code Amendments updates since August 2010***

If you have any other administrative questions regarding the permit process, please contact the Sheryl Lombardi, Town Service Coordinator @ the Paxton Building Department at 508-753-2803, ext. 11, Monday through Thursday 9:00 A.M. to 3:00 P.M.

Thank you for your cooperation.





8th Edition Residential Code


The 8th Edition Residential Code is comprised of the International Residential Code 2009 (IRC) and a separate package of Massachusetts amendments to the IRC. The IRC is sold by the International Code Council www.iccsafe.org and the Massachusetts amendments package is sold by the [State Bookstore](#) (617-727-2834).

An electronic version of the Massachusetts amendments package is provided below for convenience but it is not official. Please contact the State Bookstore for the official version.

8th Residential Code (February 2011)

[51. Massachusetts Amendments to the IRC](#) 

[52 to 109. Reserved](#) 

[110. Special Regulations](#) 

8th Edition Base Code

The 8th edition of the Base Code is comprised of the International Building Code 2009 (IBC), several companion I-codes and a separate package with Massachusetts amendments to the I-codes. The IBC and its companion codes are sold by the International Code Council www.iccsafe.org and the Massachusetts amendments package is sold by the [State House Bookstore](#) (617-727-2834).

Key references needed to properly use all chapters of the Base Code are listed in the table below.

2009 International Codes (I-Codes)	Massachusetts Regulations
IBC - International Building Code	780 CMR - MA Amendments to the IBC
IEBC - International Existing Building Code	527 CMR - MA fire prevention and electrical regulations
IECC - International Energy Conservation Code	521 CMR - MA accessibility regulations
IMC - International Mechanical Code	248 CMR - MA plumbing regulations
IFC - International Fire Code	524 CMR - MA elevator regulations

An electronic version of the Massachusetts amendments package is provided below for convenience but it is not official.

* BBRs web link for code Amendments updates since August 2010*

<http://www.mass.gov/eopss/consumer-prot-and-bus-lic/license-type/csl/building-codebbbs.html>



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 _____



TOWN of PAXTON

Building Department

697 Pleasant Street,

Paxton, Massachusetts 01612

Telephone (508) 753-2803

slombardi@townofpaxton.net

Facsimile (508) 797-0966

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 USE 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 or E-mail SLombardi@townofpaxton.net.

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.

Received of _____

Address _____

Regarding Property at _____

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

Date Payment Received _____

<p align="center">Construction Checklist Single- & Two Family Dwellings</p>		
<p>If required by the building official, this form shall be submitted at the completion of the work, prior to the issuance of a certificate of occupancy or completion, by the licensed construction supervisor, registered professional or homeowner (responsible party), as applicable, the municipal and/or state building official in verification that, to the best of his/her knowledge, the work has been executed in accordance with the provisions of the applicable state building code (code) and reference standards. The date shall indicate the date on which the responsible party viewed the building activity to ensure compliance with the code and/or reference standards. This date may or may not correspond to the date on which the activity was inspected for compliance by the municipal and/or state building official.</p>		
Activity	Date	Note any deficiencies that were discovered (if any) and corrective action taken to ensure compliance with the code and/or reference standards
Foundation		
a. Location/excavation ¹		
b. Preparation of bearing soil		
c. Placement of forms/reinforcing		
d. Placement of Concrete		
e. Setting weather protection methods		
f. Installation of water/dampproofing		
g. Placement of backfill		
Structural Frame²		
a. Floor		
b. Walls		
c. Roof/ceilings		
d. Masonry or other structural system		
Energy Conservation		
a. Insulation/vapor and air infiltration barriers		
b. NFRC rated window		
c. HVAC equipment with proper efficiencies		
Fire Protection		
a. Smoke		
b. Heat		
c. Carbon Monoxide		
d. Other		
Special Construction		
a. Chimneys		
b. Retaining Walls		
c. Other ¹		
Decks and Landings use next page		
<p>1. If encountered in excavating for foundation placement, the responsible party shall report the presence of groundwater to the building official and shall submit a report detailing methods of remediation.</p> <p>2. Frame shall include the installation of all joists, trusses and other structural members and sheathing materials to verify size, species and grad, spacing and attachment methods. The responsible party shall ensure that any cutting or notching of structural members is performed in accordance with the requirements of this code.</p> <p>3. The building official may require the responsible party to be present on site at other points during the construction, reconstruction, alteration, removal or demolition work as he/she deems appropriate.</p>		

**780 CMR: STATE BOARD OF BUILDING REGULATIONS AND STANDARDS
THE MASSACHUSETTS STATE BUILDING CODE**

NOTES Use additional Sheet as necessary

Please fill out attached check list based on "current phase" of work being completed and have available and completed (prior to all inspections) as the phases of work progress and at close-out as a prerequisite for final inspection and Certificate of Completion. Please email for request for inspections. Please initiate final inspection request when "final inspections of the trades" are complete and the checklist (attached) has been completed and signed by the Building permit applicant and/or CLS or Owner.

All WORK shall be constructed in strict accordance with the minimum applicable requirements of the Massachusetts State Building Code- Eighth Edition (2009 IRC) including Mass. State Amendments.

In signing this form, the licensed construction supervisor, registered professional or homeowner (responsible party), as applicable attests to the fact that, to the best of his/her knowledge, the work as described on the referenced permit number and associated plans and specifications has been executed in accordance with the provisions of the applicable state building code (code) and reference standards.							
Name of Responsible Party				Signature of Responsible Party			
Construction Supervisor License		Home Improvement Contractor Registration		Registered Professional Engineer		Registered Architect	
Number	Expiration Date	Number	Expiration Date	Number	Expiration Date	Number	Expiration Date
This form is submitted for the following project							
Permit Number	Property Address						

All WORK including decks shall be constructed in strict accordance with the minimum applicable requirements of the Massachusetts State Building Code- Eighth Edition (2009 IRC) including Mass State Amendments; AND the DCA-6 2009 IRC reference standard (prescriptive residential wood deck construction guide as most recently amended).

Bottom of footing shall bear on an undisturbed-naturally-occurring (virgin) strata with a minimum presumptive bearing capacity of sufficient capacity for intended structure loads. Alternatively, provide engineering on controlled structural fill compacted to the specified bearing capacity.

Actual Minimum concrete footing width or pier diameter shall be based upon verifying presumptive bearing capacity of existing soils being of sufficient capacity for intended structure loads.