

Town of Lakeville

PLEASE COMPLETE IN INK



APPROVAL FORM

To be filed with the Building Permit Application

Date: _____

OWNER'S NAME _____

ADDRESS _____

MAP/BLOCK/LOT _____

ADDRESS OF PROJECT: _____

TYPE OF WORK PROPOSED: _____

- * Take this form to all Departments listed below (that are applicable) for their review and have them sign off.
- * Return it to the Building Department with the required Application and Plans plus any other pertinent information.

1. Tax Collector – All Applications
2. Board of Health – All Applications (submit building plans & plot plan)
(exception: shed less than 120 sq ft. & roofing/siding)
3. Conservation Commission – For determination if near wetlands
4. Board of Selectmen – For a driveway curb cut on a Town Road

SIGN-OFF:

Tax Collector _____ DATE _____

Board of Health _____ DATE _____

Conservation Commission _____ DATE _____

Board of Selectmen _____ DATE _____

Returned to the Building Department Date: _____

Note: All Forms must be completed in full. If not, this will delay the processing of your application.

Please Complete in Ink



Permit # _____

Date Issued _____

The Commonwealth of Massachusetts

Town of Lakeville

APPLICATION FOR PERMIT TO ERECT A SIGN

To the Inspector of Buildings:

Date: _____

1. **Owner's Name:** _____
2. **Owner's Address:** _____
3. **Map #** _____
4. **Location of Sign:** _____
5. **Sign Company / Applicant** _____

6. **Size of Sign** _____ X _____ **(SKETCH REQUIRED)**
7. **Size of Lot: (plot plan required)** _____ **Sq Ft**
8. **How near Property Line?** _____ **Right** _____ **Left** _____ **Rear**
9. **How near the Front Property Line?** _____
10. **Estimated Cost:** \$ _____
11. **Will the sign conform to the Sign Regulations?** () **YES** () **NO**

(Signature of Applicant)

(Telephone #)

Approved By

Date

6.6 SIGN REGULATIONS

6.6.1 Purpose

To provide information to the public and for the identification of permitted activities from public ways, the erection and maintenance of signs shall be subject to regulation in order to preserve and enhance the visual appearance and character of the Town, to provide for the safety and general welfare of the public, and to prevent injurious and detrimental effects from the distracting demands for attention resulting from uncontrolled shapes, sizes, colors, motions, lighting, and inappropriate locations.

6.6.2 General Sign Prohibitions

6.6.2.1 Signs, any part of which moves, flashes, or incorporates traveling or animated lights and all beacons and flashing devices whether a part of, attached to, or apart from a sign are prohibited.

6.6.2.2 No illumination shall be permitted which casts glare onto any residential premises, or onto any portion of a way so as to create a traffic hazard.

6.6.2.3 Any sign which is considered by the Building Commissioner, police department or fire department to be obstructive, hazardous, or dangerous because of age, damage, poor construction, or a potential danger in a severe storm must be removed immediately, but in no case later than seven (7) days following receipt of written notice from the Building Commissioner.

6.6.2.4 No sign shall be attached to or obstruct any fire escape, fire or emergency exit; no sign shall be located as to obstruct free passage of light and air to any door, window, skylight, or other similar opening.

6.6.3 General Sign Regulations

6.6.3.1 No sign shall be located closer than ten (10) feet from the street right-of-way, and no closer than thirty (30) feet from the side or rear property lines.

6.6.3.2 Signs shall be limited to a maximum height of twenty (20) feet as measured from the crown of the road directly perpendicular to the sign.

6.6.3.3 Signs shall be limited in number to two (2) signs for each business or industrial establishment or company. Business or industrial sites containing more than one establishment (mill outlets, shopping centers, industrial parks, etc.) shall be limited to two (2) signs per establishment, one of which shall be attached to the structure to designate the establishment within the structure, and the other attached to or part of a central common directory sign. Business and Industrial subdivisions may have one (1) entrance sign, not being a directory sign, in addition to the above. Signs for this common directory sign and for the business and industrial subdivision entrance sign may be double-sided and a maximum of sixty-four (64) square feet in area.

6.6.3.4 Unless permitted elsewhere in this By-Law, no sign may exceed thirty-two (32) square feet in area.

6.6.3.5 Signs erected upon or attached to a building shall not project:

6.6.3.5.1 horizontally more than two (2) feet;

6.6.3.5.2 into or over any way;

6.6.3.5.3 above the highest part of the building, not exceeding

twenty (20) feet from ground level.

6.6.3.6 No free-standing sign shall project more than two (2) feet horizontally from its means of support.

6.6.3.7 The colors red, green or yellow shall not be used in a manner that might confuse the meaning or stop signs, stop lights or other traffic signs.

6.6.4 Exemptions

6.6.4.1 Flags or insignia of the United States or any political subdivision thereof or any other nation or country when not used for commercial promotion or display.

6.6.4.2 Temporary posters, placards, or signs associated with a political campaign or current political issue. Any such sign must be removed within 48 hours after its relevance has expired.

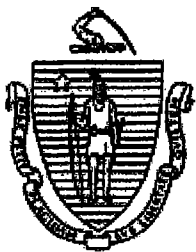
6.6.4.3 Signs located on residential structures or driveways, so

long as they do not exceed two (2) square feet and are for the primary purpose of indicating the name or names of the resident.

- 6.6.4.4 For sale, lease, or rent signs on real property or the signs of real estate agents or brokers, so long as they do not exceed six (6) square feet in area.
- 6.6.4.5 Signs less than two (2) square feet designating entry and egress from parking areas, and other directional traffic control and safety-related signs.
- 6.6.4.6 Normal highway control signs, hazard signs, and other state-approved highway safety signs.

6.6.5 Temporary Signs

- 6.6.5.1 Temporary exterior signs or mobile sign displays are permitted to advertise the opening of a business at a new location or to advertise a special event at its intended location.
- 6.6.5.2 Such signs shall not exceed thirty-two (32) square feet in area.
- 6.6.5.3 No two or more of such signs shall be closer than five hundred (500) feet apart.
- 6.6.5.4 The combined total number of days that one or more temporary signs may be displayed on the premises shall not exceed sixty (60) days in each twelve (12) month period per establishment.
- 6.6.5.5 Temporary signs shall be displayed in conformance with setback requirements for all signs.
- 6.6.5.6 At the end of the sixty (60) day period, the sign shall be removed by the initiative of the company, organization, or individual or their agents as indicated by the display of information.
- 6.6.5.7 All such temporary signs as herein described must meet the approval of the Building Commissioner regarding safety of construction, placement, mounting, and lighting. By written notice specifying the corrections needed, the Building Commissioner shall order the immediate action



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 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 a 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 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 Section 25A of MGL c. 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 up to \$250.00 a day against the violator. Be advised that 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 #: _____

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* is 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, §25C(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, §25C(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 out the workers' compensation affidavit completely, by checking the boxes that apply 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 Town 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 home owner 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

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia

TOWN OF LAKEVILLE

346 Bedford Street

Lakeville, MA 02347

Phone: (508) 946-8804

Fax: (508) 946-8812

Wetland Affidavit

I understand that it is my responsibility to file with the Lakeville Conservation Commission if designated work is within the 100 foot buffer zone of a delineated wetland. The granting of a building permit does not indicate compliance with the Wetlands Protection Act.

I certify that no work will be done within 100 feet of a bordering vegetated wetland. Subsequently, if work is found to be within a wetland or buffer zone area, a Cease & Desist Order will be issued resulting in a mandatory filing with the Lakeville Conservation Commission.

PROPERTY LOCATION _____

OWNER'S NAME _____

OWNER'S SIGNATURE (or Authorized Agent)

DATE: _____ PHONE # _____