



TOWN OF LAKEVILLE

BUILDING DEPARTMENT

346 Bedford Street

Lakeville, MA 02347

Phone: (508) 946-8804 Fax: (508) 946-8812

Website: www.lakevillema.org

A GENERAL GUIDE TO APPLY FOR A RESIDENTIAL BUILDING PERMIT

- **Approval Form:** Treasurer must sign-off on all applications. Building Department will determine if other department sign-offs are needed
- **Building Application:** All questions must be answered. Application must be complete before it will be reviewed and issued.
- **Building Permit Fee:** Fee schedules available on our website www.lakevillema.org or posted outside the building department for your convenience.
- **Workman's Compensation Form:** Required for all applications.
- **Wetland Affidavit:** Please read and sign if applicable.
- **Contractor's Licenses:** Required and may need to be verified.
- **Registered Professional Architect or Engineer's Affidavit:** (if applicable)
- **Engineered Plot Plan:** Accurately drawn plan showing existing structures, septic and well location, wetland, elevations & proposed structures.
- **Working Plan:** One set drawn to scale.

**** PLEASE NOTE:**

- **Completed Applications:** Will be reviewed and acted on in a timely manner. Applications are not considered complete until all pertinent information has been received by the Building Department.
- **Filing an Application and Payment:** Does not constitute approval and **NO WORK** shall commence until a Building Permit has been obtained and properly posted.
- **Work started without a Permit:** Is subject to a double fee as provided under *General By-law, Building Inspector Section 22*. This is strictly enforced by the Building Department.

If you have any questions, please don't hesitate to contact the Building Department at (508) 946-8804.

Nathan P. Darling, Building Commissioner
Janice Swanson, Administrative Assistant

Revised 11/2017



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Permit #

Approval Form

(To be filed with the Building Permit Application)

Please Print:

Owner's Name:	Phone number:	
Project Address:		Map/Block/ Lot

Take this form to all departments listed below (that are applicable).
If you question what is needed, check with the building department.

- **Tax Collector:** Requires sign off on all application.
- **Board of Health:** Requires sign off on plot plans for septic & water
- **Conservation:** Requires sign off on applications that need a Determination of Wetlands only.
- **Highway Dept:** Requires a sign off for driveway curb cuts on a town road

Official Use:

Tax Collector: _____	Date: _____
Board of Health: _____	Date: _____
Conservation: _____	Date: _____
Highway Dept.: _____	Date: _____

Returned to the Building Department _____ DATE: _____

Revised November 2017



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Website: www.lakevillema.org

Official use:

Fee: _____

Cash/Ck#: _____

Date: _____

Permit #

APPLICATION FOR BUILDING OR ALTERATIONS

To the Building Commissioner: The undersigned hereby applies for a permit to build according to the following specifications:

Please print:

Owner's Name:	Owner's Address:	Owner's Phone:
Project Address:		Map/Block/Lot:

Contractor's Name:	Contractor's Address:
Contractor's Email:	Contractor's Phone:
Construction Supervisor's License # (and expiration date)	Home Improvement Registration # (and expiration date)

Workers' Compensation Insurance Affidavit (M.G.L., c 152. & 25C (6) is signed and submitted with application: ☐ Yes ☐ No

***A PLOT PLAN IS REQUIRED FOR YOU TO LOCATE THE STRUCTURE ON THE PROPERTY.**

Description of proposed work: _____

*size of structure	*size of lot	*foundation type
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SETBACK REQUIREMENTS: ZONING BY-LAW: 20FT SIDES & REAR AND 40FT FRONT

PLEASE PROVIDE YOUR SETBACKS:

L/Side	R/Side:	Rear	Front
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Permit must be obtained before beginning excavation or work of any kind. Inspections are required for footings, foundation, sheathing, framing, mechanicals, insulation and occupancy. No structure is to be occupied before a valid Occupancy Permit is issued.

Estimated cost: _____

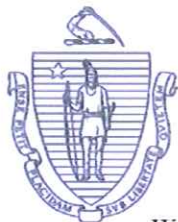
Signature of Property Owner: _____ Date: _____

Signature of Contractor: _____ Date: _____

Official use:

Approved by: **Nathan P. Darling, Building Commissioner**

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 #: _____

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 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 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 #: _____

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 Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia