Town of Lakeville

To Apply for a Demolition Permit

Please Submit the Following Information:

- **Building Application**: Complete Entire Form (*all questions must be addressed*)
- **File ALL Paper work with the Building Dept.** At that time, the required Sign Off's from other departments will be a requirement. *(The Applicant will be responsible for obtaining these approvals).*
- **Permit Fee**
- **Copy of Builder's License and/ or Registration:** (*verification may be required*)
- **Worker's Comp Affidavit** *(required)*
- **Registered Professional Architect or Engineer's Affidavit:** (*if applicable*)
- **Plot Plan:** Accurately Drawn showing existing structures if any wetlands, well location Septic system location and proposed structure(s)

Other information that may need to be addressed: (if applicable)

Zoning
Flood Plain Elevations
Board of Appeals Conditions
Demolition Disposal Form

Completed applications will be reviewed and acted on in a timely manner, usually within (30) days of filing. Insufficient information will delay review.

An Application is not considered complete until ALL pertinent information has been received by the Building Department.

Filing an application and paying the required fee does not constitute approval and **NO WORK Shall Commence until a Permit Has Been Obtained and properly posted.*

****Any work started without a permit is subject to a Double Fee** as provided under General By-Laws, Building Inspector Section 22.*

**At least 24 hours of start work under a building permit shall be given to the Building Department.*

Permits and Sign-offs required for any Demolition - other than sheds or small accessory buiidings.

1. Plumbing – for septic or sewer termination (water & gas)
2. Gas – removal of tanks and discontinue of service (utility listed on tank or meter)
3. Electric – for service termination (Middleboro Gas & Electric, TMLP, NSTAR)
4. Fire Safety – for disposal of existing fuels and tanks (508-947-2121)
5. Board of Health – see attached

If you have any questions regarding filing for a permit, please call the Building Department at (508) 946-8804.

9/19/2006

Town of Lakeville
Board of Health
346 Bedford Street
Lakeville, Mass. 02347

BOARD OF HEALTH
(508) 946-3473
(508) 946-8805
FAX: (508) 946-3971

Demolition Policy

Before an agent of the Board of Health can sign off on a demolition permit, the following four issues need to be properly addressed:

1) An **Asbestos** survey should be performed by a certified individual and all documentation forwarded to the Health Department for review.

2) If the site is served by a **Subsurface Sewage Disposal System**, the system components need to be properly abandoned per 310 CMR 15.354 and with the proper permit from a licensed installer. If there is to be onsite reconstruction in the near future and the septic components need to be re-utilized for another structure, a Title V Inspection would be required to determine adequacy for the expansion/change in use or to determine if an upgrade or expansion of the system would be required. If the septic system passes an inspection and will be re-utilized after demolition, the proper marking of all components with suitable flagging for protection, must be completed prior to issuance of the demolition permit.

3) If the property is serviced by existing **Public** or **Private Well(s)**, the well(s) would need to be properly abandoned and sealed as necessary to prevent a public health danger per State Private Well Guidelines and any Local Board of Health Regulations or Policies. If there is to be onsite reconstruction in the near future and the well(s) need to be re-utilized for another structure, a well analysis (for private wells per local specified parameters) would be required to be submitted to determine adequacy for the expansion/change in use. If the well passes the analytical requirements and will be re-utilized after demolition, the proper marking of any wells with suitable flagging for protection, must be completed prior to issuance of the demolition permit. If the property has a public well, the DEP and the certified water operator would need to be contacted for the appropriate conditions or decommissioning, and any documentation forwarded to this office for review.

4) If the property has any **Underground** or **Above Ground Storage Tanks** for hazardous materials or waste, the applicant needs to provide documents to confirm they have been or will be removed according to all state and local regulations including permits and any required inspections by the fire department if necessary.

Effective 9/27/06

TOWN OF LAKEVILLE

DEMOLITION APPROVAL FORM

Date: _____

OWNER'S NAME _____

ADDRESS _____

ADDRESS OF PROJECT: _____

MAP/BLOCK/LOT_____

Take this form to the Departments checked below for their Approval.

Return to the Building Department after all sign offs are received.

☐ **Tax Collector** – All Applications

☐ **Board of Health** – All Applications (submit building plans & plot plan)
(Exception: shed less than 120 sq ft. & roofing/siding)

☐ **Conservation Commission** – For determination if near wetlands

☐ **Fire Safety** - disposal of fuels & tanks

☐ **Historical Commission** - as required by General by-laws

OFFICIAL USE (Departments Sign-off Below)

Tax Collector _____ **DATE**_____

Board of Health _____ **DATE**_____

Conservation Commission _____ **DATE**_____

Fire Department _____ **DATE**_____

Historical Commission _____ **DATE**_____

The Commonwealth of Massachusetts
State Board of Building Regulations and Standards
Massachusetts State Building Code
780 CMR

TOWN OF LAKEVILLE

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, CHANGE THE USE OR OCCUPANCY OF, OR DEMOLISH ANY BUILDING OTHER THAN A ONE OR TWO FAMILY DWELLING

This Section For Official Use Only

Building Permit Number: _____ Date Issued: _____

Signature: _____ Building Commissioner/Inspector of Buildings _____ Date

SECTION 1 - SITE INFORMATION

1.1 Property Address:

_____

_____

1.2 Assessors Map & Parcel Number:

Map Number _____ Parcel Number _____

1.3 Zoning Information:

Zoning District _____ Proposed Use _____

1.4 Property Dimensions:

Lot Area (sf) _____ Frontage (ft) _____

1.6 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
		/	/		

1.7 Water Supply (MGL c 40 § 54)

Municipal ☐ Private Well ☐

1.5 Flood Zone Information:

Zone: _____ Outside Flood Zone ☐

1.8 Sewage Disposal System:

Municipal ☐ On site disposal system ☐

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:

Name (Print) _____ Address: _____

Signature _____ Telephone _____

2.2 Authorized Agent:

Name (Print) _____ Address: _____

Signature _____ Telephone _____

SECTION 3 - CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE

3.1 Licensed Construction Supervisor:

Not Applicable ☐

Licensed Construction Supervisor: _____

Address _____

Signature _____ Telephone _____

License Number _____

Expiration Date _____

3.2 Registered Home Improvement Contractor:

Not Applicable ☐

Company Name _____

Address _____

Signature _____ Telephone _____

Registration Number _____

Expiration Date _____

SECTION 4 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (MGL C 152 § 52)

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 5- PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES - FOR BUILDINGS AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE)

5.1 Registered Architect:

Name (Registrant):

Address

Signature Telephone

Not Applicable ☐

Registration Number

Expiration Date

5.2 Registered Professional Engineer(s):

Name

Address

Signature Telephone

Area of Responsibility

Registration Number

Expiration Date

Name

Address

Signature Telephone

Area of Responsibility

Registration Number

Expiration Date

Name

Address

Signature Telephone

Area of Responsibility

Registration Number

Expiration Date

Name

Address

Signature Telephone

Area of Responsibility

Registration Number

Expiration Date

5.3 General Contractor

Company Name:

Responsible In Charge of Construction

Address

Signature Telephone

Not Applicable ☐

Registration Number

Expiration Date

SECTION 6 - DESCRIPTION OF PROPOSED WORK (check all applicable)

New Construction ☐	Existing Building ☐	Repair(s) ☐	Alteration(s) ☐	Addition ☐
Accessory Bldg. ☐	Demolition ☐	Other ☐ Specify:		

Brief Description of Proposed Work:

_____

_____

_____

_____

SECTION 7 - USE GROUP AND CONSTRUCTION TYPE

USE GROUP (Check as applicable)								CONSTRUCTION TYPE	
A Assembly	☐	A-1	☐	A-2	☐	A-3	☐	1A	☐
		A-4	☐	A-5	☐			1B	☐
B Business	☐							2A	☐
E Educational	☐							2B	☐
F Factory	☐	F-1	☐	F-2	☐			2C	☐
H High Hazard	☐							3A	☐
I Institutional	☐	I-1	☐	I-2	☐	I-3	☐	3B	☐
M Mercantile	☐							4	☐
R Residential	☐	R-1	☐	R-2	☐	R-3	☐	5A	☐
S Storage	☐	S-1	☐	S-2	☐			5B	☐
U Utility	☐	Specify: _____							
M Mixed Use	☐	Specify: _____							
S Special Use	☐	Specify: _____							

COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/OR CHANGE IN USE

Existing Use Group: _____	Proposed Use Group: _____
Existing Hazard Index (Chapter 34): _____	Proposed Hazard Index (Chapter 34): _____

SECTION 8 BUILDING HEIGHT AND AREA

BUILDING AREA	Existing (if applicable)	Proposed
Number of Floors or stories include basement levels		
Floor Area per Floor (sf)		
Total Area (sf)		
Total Height (ft)		

SECTION 9- STRUCTURAL PEER REVIEW (780 CMR SECTION 110.11)

Independent Structural Engineering Structural Peer Review Required Yes.....☐ No.....☐

SECTION 10a - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS 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 10b - OWNER/AUTHORIZED AGENT DECLARATION

I, _____, as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.

Signed under the pains and penalties of perjury.

Print Name _____

Signature of Owner/Agent _____ Date _____

SECTION 11 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building		(a) Building Permit Fee Multiplier	
2. Electrical		(b) Estimated Total Cost of Construction from (6)	
3. Plumbing		**Building Permit Fee (a) x (b)**	
4. Mechanical (HVAC)			
5. Fire Protection			
6. Total = (1 + 2 + 3 + 4+ 5)		Check Number	

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:

1. ☐ I am a 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 general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡
5. ☐ 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):

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

Revised 5-26-05

OFFICE OF
BUILDING COMMISSIONER

Town of Lakeville

Bedford Street
Lakeville, Mass. 02347

In accordance with the provisions of M.G.L. Chapter 40, Sec. 54, a condition of 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 M.G.L. Chapter 111, Sec. 150A.

The debris will be disposed of in:

_____
(Location of Facility)

_____
(Signature of Permit Applicant)

_____
(Date)