

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.



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: _____ Date _____
 Building Commissioner/Inspector of Buildings

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 (sq) _____ 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 <input type="checkbox"/> Private Well <input type="checkbox"/>		1.5 Flood Zone Information: Zone: _____ Outside Flood Zone <input type="checkbox"/>		1.8 Sewage Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>	

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 <input type="checkbox"/>
Licensed Construction Supervisor: _____		License Number _____
Address _____		Expiration Date _____
Signature _____	Telephone _____	
3.2 Registered Home Improvement Contractor:		Not Applicable <input type="checkbox"/>
Company Name _____		Registration Number _____
Address _____		Expiration Date _____
Signature _____	Telephone _____	

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): _____		Not Applicable <input type="checkbox"/>
Address _____		Registration Number _____
Signature _____	Telephone _____	Expiration Date _____

5.2 Registered Professional Engineer(s):

Name _____		Area of Responsibility _____
Address _____		Registration Number _____
Signature _____	Telephone _____	Expiration Date _____

Name _____		Area of Responsibility _____
Address _____		Registration Number _____
Signature _____	Telephone _____	Expiration Date _____

Name _____		Area of Responsibility _____
Address _____		Registration Number _____
Signature _____	Telephone _____	Expiration Date _____

Name _____		Area of Responsibility _____
Address _____		Registration Number _____
Signature _____	Telephone _____	Expiration Date _____

5.3 General Contractor

Company Name: _____		Not Applicable <input type="checkbox"/>
Responsible In Charge of Construction _____		Registration Number _____
Address _____		Expiration Date _____
Signature _____	Telephone _____	

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

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repair(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Accessory Bldg. <input type="checkbox"/>	Demolition <input type="checkbox"/>	Other <input type="checkbox"/> Specify: _____		
Brief Description of Proposed Work: _____ _____ _____				

SECTION 7 - USE GROUP AND CONSTRUCTION TYPE

USE GROUP (Check as applicable)					CONSTRUCTION TYPE		
A Assembly	<input type="checkbox"/>	A-1 <input type="checkbox"/>	A-2 <input type="checkbox"/>	A-3 <input type="checkbox"/>	1A	<input type="checkbox"/>	
		A-4 <input type="checkbox"/>	A-5 <input type="checkbox"/>		1B	<input type="checkbox"/>	
B Business	<input type="checkbox"/>					2A	<input type="checkbox"/>
E Educational	<input type="checkbox"/>					2B	<input type="checkbox"/>
F Factory	<input type="checkbox"/>	F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>			2C	<input type="checkbox"/>
H High Hazard	<input type="checkbox"/>					3A	<input type="checkbox"/>
I Institutional	<input type="checkbox"/>	I-1 <input type="checkbox"/>	I-2 <input type="checkbox"/>	I-3 <input type="checkbox"/>	3B	<input type="checkbox"/>	
M Mercantile	<input type="checkbox"/>					4	<input type="checkbox"/>
R Residential	<input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>	5A	<input type="checkbox"/>	
S Storage	<input type="checkbox"/>	S-1 <input type="checkbox"/>	S-2 <input type="checkbox"/>			5B	<input type="checkbox"/>
U Utility	<input type="checkbox"/>	Specify: _____					
M Mixed Use	<input type="checkbox"/>	Specify: _____					
S Special Use	<input type="checkbox"/>	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..... <input type="checkbox"/>	No..... <input type="checkbox"/>
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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	
		(a) Building Permit Fee Multiplier	(b) Estimated Total Cost of Construction from (6) Building Permit Fee (a) x (b)
1. Building			
2. Electrical			
3. Plumbing			
4. Mechanical (HVAC)			
5. Fire Protection			
6. Total = (1 + 2 + 3 + 4 + 5)		Check Number	

THE COMMONWEALTH OF MASSACHUSETTS
STATE BUILDING CODE
AFFIDAVIT IN ACCORDANCE WITH SECTION 110.12

On this _____ day of _____ A.D., 19____, before me, _____

_____, a Notary Public, duly commissioned and qualified for the

Commonwealth of Massachusetts, personally appeared _____

_____, who, being duly sworn, deposed and says that he/she is registered to practice

_____ in the Commonwealth of Massachusetts and that

he/she has supervised the preparation of all the design plans and construction documents of _____

_____ and that such plans conform to the applicable provisions of the Massachusetts State Building Code and National Fire Protection Association that the materials specified for use in the construction conform with the Controlled Construction Procedure therein defined in Section 116.0, and that a professionally qualified representative of his/her firm will administer the Construction Contract, and that he/she will, with the assistance of his/her professional consultants, review the shop drawings for construction as required, and that he/she will inform the Owner and the Building Commissioner of any observed deviations from the applicable codes.

The registered professional shall perform the necessary professional services and be present on the construction site on a regular and periodic basis to determine that, generally, the work is proceeding in accordance with the documents approved for the building permit.

Reporting, per Section 116.2.2 shall be in the form of progress reports together with pertinent comments. Code compliance reporting shall be done, also, at the foundation, framing, insulation and final construction stages. At the completion of the construction a report as to the satisfactory completion and the readiness of the project for occupancy shall be submitted. (Disclaimers not acceptable.)

(Signature) _____

(Registration No.) _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ A.D., 19____

(Notary Public)

My Commission Expires _____

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 # _____

Town of Lakeville

By – Law

**Adopted June 28,1993
Approved by the Attorney General
August 20,1993**

Fire Alarm and Fire Protection Systems Secured Key Access

Any building other than a residential building of less than six (6) units which has a fire alarm system or other fire protection system shall provide a secure key box installed in a location accessible to the Fire Department in case of emergency.

This key box shall contain keys to fire alarm control panels and other keys necessary to operate or service fire protection systems.

The key box shall be a type approved by the Chief of the Lakeville Fire Department and shall be located and installed as approved by the Chief.