

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 buildings.

1. Electric – for service termination
2. Plumbing – for septic or sewer termination
3. Board of Health – see attached
4. Fire Safety – for disposal of existing fuels and tanks
5. Gas – removal of tanks and discontinue of service

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

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 _____



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

The Board of Health does not need to sign off on a demolition permit, however, if the property has any public or private wells or an onsite septic system that need(s) to be abandoned; it would be the applicant's responsibility to apply for the appropriate permits to decommission the well(s) and/or septic components through the Health Department.

Any hazardous materials/waste that require removal per State regulations (i.e. asbestos, fuel oil, fuel oil tanks, etc.) need also to be properly dealt with and permits applied for through the appropriate department (fire, building, and/or the Department of Environmental Protection) and all work performed by certified or licensed professionals in that field.

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 through the Health Department. If there is to be on-site 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. If the septic system does not pass an inspection and/or a new system is to be designed for a reconstructed building, the old system can be properly abandoned under the permit for the new system to be reconstructed after the demolition, provided there are no public health and/or safety issues. It is the owner's and site contractor's responsibility to maintain site safety during all operations and in order to insure that, it may be necessary to obtain an abandonment permit prior to demolition.

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 on-site 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 for decommissioning, and any documentation forwarded to this office for our records. If a private well is to be properly abandoned, it must be done so through the Health department with the appropriate permit, by a licensed well driller per State guidelines.

Effective 9/27/06 {Revised 10/11/06}

PLEASE COMPLETE IN INK

TOWN OF LAKEVILLE

BUILDING DEPARTMENT

ROBERT IAFRATE
BUILDING COMMISSIONER



346 Bedford Street
Lakeville, MA 02347
OFFICE : (508) 946-8804
FAX : (508) 946-8812

APPLICATION FOR A PERMIT FOR BUILDING OR ALTERATIONS

TO THE BUILDING COMMISSIONER:

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

LOCATION : _____ MAP/BLOCK/LOT : _____

OWNER : _____ PHONE: _____

CONTRACTOR: _____ PHONE: _____

C.S. LIC. # _____ EXP.DATE: _____ H.I.C. LIC. # _____ EXP.DATE: _____

**(signed affidavit must be completed if contractor is not register or if registration is not applicable to project)*

DESCRIPTION OF PROPOSED WORK: _____

SIZE OF STRUCTURE: _____ FOUNDTION TYPE: _____

SIZE OF LOT: _____ FRONTAGE: _____ SIDES: / REAR: _____

SETBACK (distance from lot lines): FRONT _____ SIDES / REAR: _____

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: _____

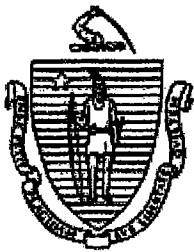
PERMIT FEE: _____

Signature of Owner (or Authorized Agent)

Date: _____

Application Approved By

Date: _____



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



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)