

## TOWN OF LAKEVILLE

346 Bedford Street  
Lakeville, MA 02347

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



### 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 our website [www.lakevillema.org](http://www.lakevillema.org) or posted outside the building department for your convenience.
- **Workman's Compensation Form:** Required for all application.
- **Wetland Affidavit:** Please read and sign if applicable.
- **Copy of Builder'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 locations, 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 call the Building Department at 508-946-8804.

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

TOWN OF LAKEVILLE  
BUILDING DEPARTMENT

PLEASE COMPLETE IN INK

**APPROVAL FORM**

*To be filed with the Building Permit Application*

**BUILDING APPLICATION**



DATE: \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

ADDRESS OF PROJECT: \_\_\_\_\_

MAP/BLOCK/LOT \_\_\_\_\_

TYPE OF WORK PROPOSED \_\_\_\_\_

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

**Tax Collector:** Requires a sign off on all applications

**Board of Health:** Requires sign off on all building plans & plot plans – with some exceptions. Check with the Bldg. Dept. if you have a question.

**Conservation:** Requires sign off on applications that need a Determination of Wetlands.

**Board of Selectmen:** Requires a sign off for driveway curb cuts 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

# TOWN OF LAKEVILLE

## BUILDING DEPARTMENT

346 Bedford Street  
Lakeville, MA 02347  
Phone: 508-946-8804 Fax: 508-946-8812



Permit # \_\_\_\_\_

Date: \_\_\_\_\_

**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: \_\_\_\_\_

*\* (A 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: \_\_\_\_\_ FOUNDATION TYPE: \_\_\_\_\_

SIZE OF LOT: \_\_\_\_\_ FRONTAGE: \_\_\_\_\_ SIDES (L/R) \_\_\_\_\_ / \_\_\_\_\_ REAR: \_\_\_\_\_

**REQUIRED RESIDENTIAL SETBACKS: (distance from lot lines)**

Front: 40 FT      Sides (L/R): 20FT / 20FT      Rear: 20 FT

**SETBACKS** (for Project): Front: \_\_\_\_\_ Sides (L/R): \_\_\_\_\_ / \_\_\_\_\_ 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 Property Owner

\_\_\_\_\_  
Print Name (Owner)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name (Applicant)

\_\_\_\_\_  
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 #: \_\_\_\_\_

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an 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 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.</p> <p>5. <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>6. <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>	<p>Type of project (required):</p> <p>7. <input type="checkbox"/> New construction</p> <p>8. <input type="checkbox"/> Remodeling</p> <p>9. <input type="checkbox"/> Demolition</p> <p>10. <input type="checkbox"/> Building addition</p> <p>11. <input type="checkbox"/> Electrical repairs or additions</p> <p>12. <input type="checkbox"/> Plumbing repairs or additions</p> <p>13. <input type="checkbox"/> Roof repairs</p> <p>14. <input type="checkbox"/> Other _____</p>
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\*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 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 #: \_\_\_\_\_

<p><i>Official use only. Do not write in this area, to be completed by city or town official.</i></p>	
City or Town: _____	Permit/License # _____
<p>Issuing Authority (circle one):</p> <p>1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector</p> <p>6. Other _____</p>	
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."

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## 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.

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## 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.

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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](http://www.mass.gov/dia)

Revised 02-23-15

# INSPECTION REQUEST PROCESS

## TOWN OF LAKEVILLE

Building Department  
346 Bedford Street  
Lakeville, MA 02347  
Phone 508-946-8804 Fax 508-946-8812

**TO BE EFFECTIVE AS OF NOVEMBER 1, 2013**

**ALL Permit Holders (including Building, Electrical, and Plumbing & Gas) may request inspections via e-mail or by phone.**

**INSPECTION REQUEST MUST INCLUDE:** Permit Number, Job Site Address, Type of Inspection, Contractor's Name & Contact Number or the Building Department will not consider your request as complete.

**Building Inspections, Nathan Darling, Building Commissioner**

Email: [ndarling@lakevillema.org](mailto:ndarling@lakevillema.org)  
Phone: 508-946-8804

**Electrical Inspections, C. Robert Canessa, Wiring Inspector**

E-mail: [rcanessa2@comcast.net](mailto:rcanessa2@comcast.net)  
Phone: 508-946-8804

**Plumbing & Gas Inspections, Jay Catalano, Plumbing Inspector**

E-mail: [lkvlplginspector@gmail.com](mailto:lkvlplginspector@gmail.com)  
Phone: 508-946-8804

**Plumbing and Gas Inspections, Fred Parmenter, Assistant**

E-mail: [rainfre@comcast.net](mailto:rainfre@comcast.net)  
Phone: 508-946-8804

**Building Dept, Janice Swanson, Administrative Assistant**

E-mail: [jswanson@lakevillema.org](mailto:jswanson@lakevillema.org)  
Phone: 508-946-8804

**Please note:** E-mail requests or questions should be sent to the appropriate Inspector and "cc" to Janice Swanson, Building Dept. Administrative Assistant.

**If you are in need of further assistance, you may contact the Building Department at 508-946-8804.**