



OFFICE OF
BUILDING COMMISSIONER

Town of Lakeville

346 Bedford Street
Lakeville, Massachusetts 02347
508-946-8804

SOLID FUEL STOVE CHECKLIST

Before calling for a Solid Fuel Stove Inspection:

1. Joints of smoke pipe to be secured with two sheet metal screws.
2. Smoke pipe to be secured with three sheet metal screws.
3. No combustible material to be closer than 36" from the top or sides of stove. (*Note: 36" may be reduced to "18" or less with approved protective material*).
4. Floor under stove and on three sides to be protected with approved protective material out a distance of 12" from edge of stove.
5. Floor on loading, or ash removal side, to be protected with approved protective material out a distance of 18".
6. Barometric damper in smoke pipe of coal burning stove.
7. Flue pipe must be reduced from appliance to chimney.
8. All chimneys must have an accessible clean out.
9. Installation must comply with all manufacturers' specifications.

THE COMMONWEALTH OF MASSACHUSETTS



Permit # _____

Date: _____

TOWN OF LAKEVILLE

346 BEDFORD STREET
LAKEVILLE, MA 02347

Phone: 508-946-8804

Fax: 508-946-8812

Fee: \$50.00

Paid _____

APPLICATION FOR PERMIT TO INSTALL SOLID FUEL APPLICANCES

***TAX COLLECTOR'S SIGN OFF** _____ **DATE:** _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

ADDRESS OF INSTALLATION: _____

ASSESSOR'S MAP/BLOCK & LOT #: _____

INSTALLER'S NAME: _____

INSTALLER'S ADDRESS: _____

Installer's Solid Fuel- Burning Appliance CSL License # & (copy) _____

Installer's HIC License # & (copy) _____

Information required with application:

- Complete Workman's Compensation Form
- Submit Liability (*Insurance*) with Application

MAKE OF APPLIANCE: _____

MODEL # _____

LOCATION OF APPLIANCE: _____

TYPE OF FUEL TO BE USED: Wood () Pellet () Other _____

Will a Chimney be built in connection with this insulation? Yes () No ()

Type of Chimney _____

(SIGNATURE OF OWNER/APPLICANT)

(TELEPHONE #)

Official Use:

APPROVED BY: NATHAN DARLING, BUILDING COMMISSIONER

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 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 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

INSPECTION REQUEST PROCESS

TOWN OF LAKEVILLE

TO BE EFFECTIVE AS OF JUNE 1, 2012

All permit holders requesting inspections, *including electrical, plumbing and gas*, shall make such request via e-mail. Answers to questions may also be directed to the appropriate inspector via e-mail.

- E-mail requests must be sent to the appropriate inspector with a "cc" e-mail to the building department's administrative assistant.
- Inspection request shall include the permit number, job site address, type of inspection, contractor and contact number.
- Inspectors will respond to the request made by contractor within 48 hours via e-mail, and report inspection to the building department upon completion.

NOTE: Inspection requests that do not have all the required information or that are not also cc'd to the Building Department will not be considered complete and will not be scheduled.

Contacts:

- **Electrical Inspections, Robert Canessa**
E-mail address: rcanessa2@comcast.net
- **Plumbing and Gas Inspections, Jay Catalano**
E-mail address: lkvlplginspector@gmail.com
- **Assistant Plumbing and Gas Inspector, Fred Parmenter**
E-mail address: rainfre@comcast.net
Phone: 508-947-1070

IMPORTANT: IF YOU DO NOT HAVE AN EMAIL YOU SHOULD CONTACT THE BUILDING DEPT BY PHONE OR FAX TO REQUEST YOUR INSPECTION.

All questions can be directed to the Building Department located at the Lakeville Town Office Building, 346 Bedford Street, Lakeville, MA 02347

- **Administrative Assistant, Janice Swanson**
E-mail address: jswanson@lakevillema.org

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



TOWN OF LAKEVILLE
 346 Bedford Street, Lakeville, MA 02347
 Phone: 508-946-8804

BUILDING FEE SCHEDULE

The Board of Selectmen voted on January 28, 2013 to adopt the following fee schedule for Building.
 Effective: February 1, 2013

RESIDENTIAL FEES

New Dwelling	\$.40 sq ft
Basement	\$.40 sq ft
Walk Up Attic	\$.40 sq ft
Additions	\$.40 sq ft
Garages	\$.40 sq ft
Decks/Porches/Entry	\$.40 sq ft
Sheds/Farm Buildings	\$.25 sq ft
Chimney/Fireplace	\$ 50.00
Solid Fuel Appliance	\$ 50.00
Roofing	\$ 50.00
Siding	\$ 50.00
Windows	\$ 50.00
Interior Alterations	\$ 40.00 per room
Above ground pool	\$ 50.00
In Ground pool	\$ 75.00
Demolition	\$ 50.00 per structure
More than one unit	Standard Bldg Fee plus \$150.00 per unit
Foundation only	\$ 200.00
Solar (residential)	\$ 50.00
Minimum permit Fee	\$ 50.00

COMMERCIAL FEES

New Structures & Additions	\$ 15.00 / \$1,000.00 of estimated total cost Minimum fee \$1,000.00
Demolition	\$ 100.00 per structure
Foundation Only	\$1,000.00
Minimum Fee	\$ 100.00

RESIDENTIAL & COMMERCIAL FEES

Occupancy Permit	\$ 50.00 per unit
Temporary Occupancy Permit	\$ 50.00 per unit
Re-inspection Fee	\$ 50.00
Lost Field Card	\$ 100.00
Zoning Determination	\$ 50.00
Home Occupation	\$ 50.00
Permit Renewal	\$ 50.00
Trench	\$ 50.00
Tent/Trailer/Temp. Trailer	\$ 50.00
Antenna /Commercial	\$ 200.00
Mechanical	\$ 50.00 per system
Work started without a Permit	Double Fee

SIGN FEES

Temporary Signs	\$ 50.00
Up to 20 sq ft	\$ 50.00
Over 20 sq ft	\$ 100.00
Sign by "Special Permit"	\$ 150.00

BUILDING PERMITS ARE NOT TRANSFERABLE.

PERMIT FEES ARE NOT REFUNDABLE.

REQUEST FOR INSPECTIONS MUST BE MADE VIA E-MAIL TO THE BUILDING INSPECTOR & CC BUILDING DEPT.

Email:
Building Dept: jswanson@lakevillema.org