TOWN OF LAKEVILLE
BUIILDING DEPARTMENT

PLEASE COMPLETE IN INK

APPROVAL FORM
To be filed with the Building Permit Application

SHED 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 form in Ink.

PERMIT

FEE:

TOWN OF LAKEVILLE

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

SHED APPLICATION

TO THE INSPECTOR OF BUILDINGS:

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

LOCATION (*ADDRESS*) **OF PROPOSED STUCTURE:** _____

ASSESSOR'S MAP # _____

BUILDER'S NAME: _____

BUILDER'S ADDRESS: _____

BUILDER'S PHONE #: _____

SIZE OF SHED: _____ X _____

SIZE OF LOT: _____**SQ FT / ACRES**
PLEASE NOTE: *A PLOT PLAN IS REQUIRED FOR YOU TO LOCATE THE STRUCTURE ON THE PROPERTY.*
TYPE OF FOUNDATION: _____
PLEASE NOTE: *A FOUNDATION MAY BE REQUIRED ON STRUCTURES LARGER THAN 400 SQ FT.*

SETBACKS: *(Zoning By Law: 20 ft sides and rear) & (Zoning By Law 40 ft front)*

RIGHT SIDE: _____FT **LEFT SIDE:** _____FT **REAR:** _____FT

FRONT SETBACK (*How near the street is the structure?*): _____FT

ESTIMATE OF COST: _____

_____ _____
Signature of Applicant ***Date***

_____ _____
Print Name (Applicant) ***Telephone #***

_____ _____
Approved by: Nathan Darling, Building Commissioner ***Date***

Revised 1/2014

Print Form

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
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
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

Revised 7-2010

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 # _____