

Town of Lancaster

Inspectional Services

701 Main St Lancaster MA 01523
Phone: 978-365-3326 ext. 1310 Fax: 978-368-4009

This section for official use only	
Permit #	
Date:	
Fee:	
<input type="checkbox"/> Check	<input type="checkbox"/> Cash

Zoning Fence Permit Application

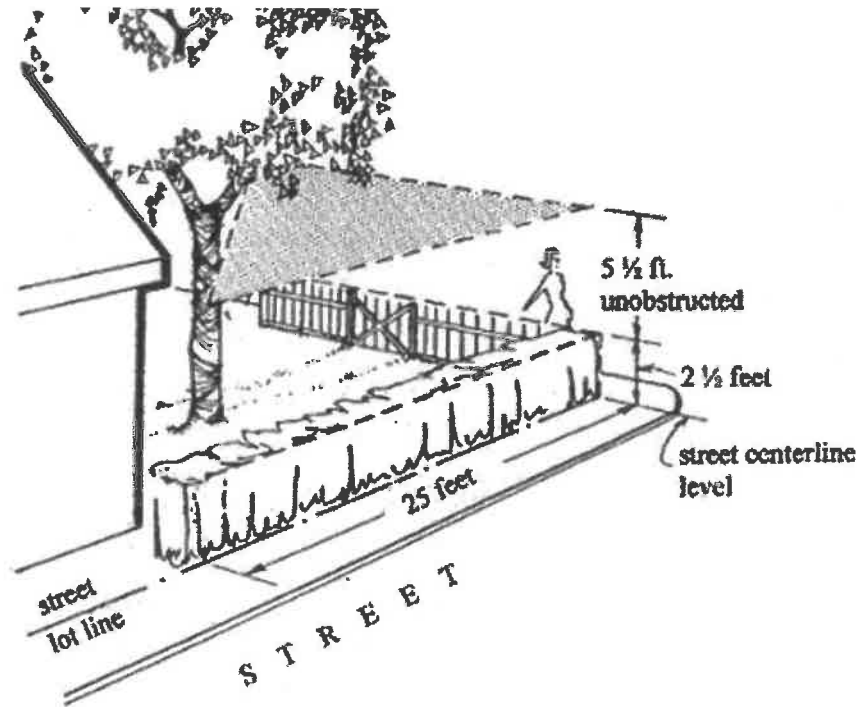
PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK. Location, ownership, and detail must be correct, complete, and legible. A separate application is required for each parcel. **All applicable signatures are required.** A certified plot plan prepared by a registered land surveyor showing the height and location of all proposed fences and walls, and locations of all wells and private waste disposal systems, must be submitted.

Do not leave any blank spaces on this application, if a section does not apply fill in area with "N/A".

This Section For Official Use Only.			
Signature		Date	
Building Commissioner/Building Inspector			
Section 1 - Site Information			
Property Address		Assessor Map	Parcel
Zoning District			
Was a Special Permit Granted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was a Variance Granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the proposed work in or near a wetland? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has a Determination of Applicability been issued by the Conservation Commission or MassDEP? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has an Order of Conditions been Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No DEP file Number: _____			
Have all pre construction requirements of the Order of Conditions been satisfied <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Section 2 - Property Owner			
Name		Phone	Email Address
Address		City	State Zip
Section 3 - Authorized Agent (If other than owner applying, also complete section 5)			
Name		Phone	Email Address
Address		City	State Zip
Section 4- Owner's Authorization – To be completed when owner's agent or contractor applies for building permit.			
I, _____ name of owner as per Section 2 _____ as owner of the subject property, hereby authorize _____ name of agent as per Section 3 _____ to act on my behalf, in all matters relative to work authorized by this permit application.			
Signature of Property Owner		Date	
Section 5 - Owner / Authorized Agent Declaration			
I, _____ name of agent as per Section 3 or owner per Section 2 if no agent _____, 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 or belief. Signed under the pains and penalties of perjury. False statements will result in the revocation of permit. The undersigned assumes all responsibility for compliance with the State Building Code and other applicable codes, ordinances, bylaws, rules, and regulations of the Town of Lancaster. Permits shall be void after six months of issue unless construction has commenced.			
Signature of Owner/Agent		Date	
Section 6- Debris Disposal (M.G.L. c40, s54)			
In accordance with M.G.L. c40 s54, a condition of the permit is that debris resulting from this permit be disposed of in a properly licensed solid waste facility as defined by M.G.L c111, s150A.			
The debris will be disposed in: _____ name and location of facility _____.			
Section 7 -Town Agency Approvals			
<input type="checkbox"/> Highway Department		<input type="checkbox"/> Planning Department	
<input type="checkbox"/> Fire Department		<input type="checkbox"/> Treasurer/collector	
<input type="checkbox"/> Board of Health		<input type="checkbox"/> Conservation Commission	

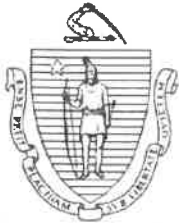
A. Fences and walls.

- (1) Fences and walls may be erected along or within 12 inches of a property line only upon issuance of a building or fence permit by the Building Inspector indicating that as proposed the fence is in compliance with the following. Application for such permit must be accompanied by a certified plot plan or a surveyor's parcel plan, noting the proposed location of the fence or wall.
- (2) Within the required front yard setback on the lot, fences and walls that obstruct vision must be in compliance with § 220-13B, Corner clearance.
- (3) Elsewhere on the lot, if the fence or wall exceeds six feet above grade it must be set back from the property line by a distance equal to its height.



B. Corner clearance. On corner lots, no fence, wall, sign, structure or plantings shall be erected, placed, planted or allowed to grow or parking spaces be located so as to materially impede the vision of motor vehicle operators. No obstruction to such vision other than the land at its natural grade shall be allowed between the heights of 2 1/2 and eight feet above the center-line grades of the intersecting streets and within a triangular area bounded by the two street lot lines and a straight line connecting those two lines at a point 25 feet from their intersection.

C. Modification. The requirements of § 220-13A and B may be modified by the Zoning Board of Appeals through the issuance of a special permit based upon its finding that such modification is warranted by concerns such as animal control or high levels of ambient noise or light that cannot otherwise be abated or other public interest considerations, and its finding that the modification would not be detrimental to the neighborhood nor would it jeopardize vehicular or pedestrian safety or convenience.



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
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 (check one):

1. ☐ Board of Health 2. ☐ Building Department 3. ☐ City/Town Clerk 4. ☐ Electrical Inspector 5. ☐ Plumbing Inspector 6. ☐ Other _____

Contact Person: _____ Phone #: _____