



CITY OF FRAMINGHAM
Building and Wire Department
 150 Concord Street, Suite 203 Framingham,
 MA 01702
 p. 508-532-5500 ♦ f. 508-532-5794



APPLICATION FOR PERMIT TO INSTALL A SWIMMING POOL

Building Official Print Name	Signature	Date	Permit Number
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To the Building Commissioner:

The undersigned hereby applies for a permit to construct, reconstruct, alter, enlarge, renovate, repair, remove, demolish, or change the use or occupancy according to the following information and plans filed herewith:

LOCATION: _____ **ASSESSORS' MAP/PARCEL:** _____ **ZONING DISTRICT:** _____

OWNER'S NAME: _____ **ADDRESS:** _____

BUILDER'S NAME: _____ **ADDRESS:** _____

OWNER'S PHONE: _____ **BUILDER'S PHONE:** _____

LICENSED PERSON RESPONSIBLE FOR PROJECT: _____ **LIC. #:** _____

USE OF POOL: Residential Commercial Dig Safe # _____

IS ANY PART OF THIS PROJECT WITHIN 100' OF A WETLAND? YES NO (if unsure, check with Conservation Commission)

SIZE OF PROPOSED POOL: _____ **EST. COST OF CONSTRUCTION (excluding land)** _____

DESCRIPTION OF PROJECT: _____

I hereby certify that I am the owner of record of the property listed above or that I have been duly authorized by said owner to make this application as the owner's agent and that all the information above, and plans and specifications submitted are correct and that all work pursuant thereto shall comply with all applicable provisions of the Commonwealth of Massachusetts Statutes, Building Code, and City of Framingham Zoning By-Laws shall be complied with. The following is subscribed to and executed by me under the Pains and Penalties of Perjury.

OWNER'S SIGNATURE: _____ **DATE:** _____

LICENSE HOLDER'S SIGNATURE: _____ **DATE:** _____



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SWIMMING POOLS

A Building Permit application containing the name and license number of the licensed construction supervisor shall be signed and submitted by the owner and contractor. A completed Home Improvement Contractor's Registration Form shall also be submitted for all inground pools. The following is a list of required items and inspections.

ITEM/INSPECTION TYPE	INSPECTION BY:	INGROUND	ABOVE-GROUND
Certified Plot Plan (see #3)	Building Department	YES	YES
Excavation Inspection	Building Inspector	YES	NO
Rough Electrical/Trench (see #1)	Electrical Inspector	YES	YES
Steel or Re-Rod	Building Inspector	YES	NO
Foundation	Building Inspector	YES	NO
Final Electrical	Electrical Inspector	YES	YES
Final Occupancy (see #2, #4)	Building Inspector	YES	YES

NOTES:

1. A separate Electrical Permit is required in addition to the Building Permit.
2. Fences, gates, and alarms may be required per the Massachusetts State Building Code and Town of Framingham Pool Regulations. Obtain a copy of these regulations to determine what is needed for your project.
3. Check with the Building Inspector.
4. Swimming pools shall not be used until an Occupancy Permit has been issued by the Building Department.

I understand that I am responsible for the above items and required inspections.

OWNER: _____ DATE: _____

CONTRACTOR: _____ DATE: _____

SWIMMING POOL GUIDELINES

The following are Guidelines for Pool Installations. For actual Building Code Requirements please refer to the Massachusetts State Building Code 780 CMR, 2009 IRC Appendix G.

All applications for swimming pool permits shall include the following:

- Construction Documents
 - Completed Town of Framingham Pool Building Permit application (3 pages).
 - Certified Site Plan, illustrating swimming pool location, walks, fences, appurtenances, buildings with distances and setbacks from property lines.
 - Swimming pool elevations and grades
- Type of Barrier
 - Where building walls are to be used as part of the barrier.
 - Any opening accessing the pool shall be provided with self-closing, self-latching door or/gate where the release mechanism of the self-latching device is located 54 inches from the bottom of the gate.
 - All door(s), and/or screen door(s) or/gates shall be provided with an audible warning when door(s), and /or screen door(s) or gates are opened.
 - The top of the barrier shall be a minimum of 48 inches above finished grade on, measured from the side which faces away from the pool.
 - No openings in barrier should allow the passage of 4 inch sphere.
 - Fence
 - Residential swimming pools shall be provided with a barrier(s) prior to placement of water, and permanent barrier(s) prior to final inspection.
 - Chain link fencing shall not be erected with greater than 1 1/4 mesh.
 - Pedestrian access gates shall open out wards and shall be provided with self-closing latching mechanism.

This document has been prepared to assist those in understanding the intent of the building code for the installation and construction of swimming pools. The Town of Framingham building department has prepared this document to prevent injury or the loss of life to unauthorized and/or unsupervised use and access to swimming pools.



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 #: _____

Are you an employer? Check the appropriate box:

- 1. I am an 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 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.
- 5. 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. ‡
- 6. 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):

- 7. New construction
- 8. Remodeling
- 9. Demolition
- 10. Building addition
- 11. Electrical repairs or additions
- 12. Plumbing repairs or additions
- 13. Roof repairs
- 14. 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 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 #: _____

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 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



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AFFIDAVIT
HOME IMPROVEMENT CONTRACTOR LAW
Supplement to Permit Application

MGL c. 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units . . . or to structures which are adjacent to such residence or building" be done by registered contractors, with certain exceptions, along with other requirements.

Type of Work: _____ Est. Cost: _____

Address of Work: _____

Owner Name: _____

Date of Permit Application: _____

I hereby certify that:

Registration is not required for the following reason(s):

- Work excluded by law
- Job under \$1,000.00
- Building not owner-occupied
- Owner pulling own permit
- Other (specify)

Signed under penalties of perjury:

I hereby apply for a permit as the agent of the owner:

Date _____ Contractor / Signature _____ Registration # _____

OR:

Notice is hereby given that:

OWNERS PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL c. 142 A.

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property.

Date _____ Owner / Signature _____