

# Application to Construct or Repair a Pool

INSTRUCTIONS: Please complete all sections using ink. Please print legibly. Incomplete applications could result in delays or denial of application

## SECTION 1 - Site Information:

1.1 Property Address:

1.2 Assessors Map, Block, Number:

1.3 Zoning District:

1.4 Property Dimensions:

Area:

Frontage:

Front:

Rear:

Right:

Left:

% Lot Coverage:

1.5 Building Setbacks:

1.6 Water Supply:

Public  Private

1.7 Sewage Disposal System:

Municipal  On Site Disposal System

1.8 Flood Zone:

Flood Zone Map:

## SECTION 2 - Property Ownership/Authorized Agent:

2.1 Owner of Record:

Name (print)

Address Line 1

Address Line 2

City, State, ZIP

Telephone

Fax

Signature

Date

2.2 Authorized Agent:

Name (print)

Address Line 1

Address Line 2

City, State, ZIP

Telephone

Fax

Signature

Date

## SECTION 3 - Construction Services:

3.1 Licensed Construction Supervisor:

License Number

Expiration Date

Name (print)

Address Line 1

Address Line 2

City, State, ZIP

Telephone

Fax

Signature

Date

Not Applicable

3.2 Registered Home Improvement Contractor:

License Number

Expiration Date

Name (print)

Address Line 1

Address Line 2

City, State, ZIP

Telephone

Fax

Signature

Date

Not Applicable

**SECTION 4 - Workers' Compensation Insurance Affidavit (M.G.L. c. 152 s.25 C(6)):**

Workers' Compensation Insurance Affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Signed Affidavit Attached?  Yes  No

**SECTION 5 - Description of Proposed Work (check all applicable):**

- New Construction     Addition     Other (specify) \_\_\_\_\_
- Existing Building     Accessory Building     Demolition
- Alteration(s)     Repair(s)

Remarks:

Proposed Use:

\_\_\_\_\_

\_\_\_\_\_

**SECTION 6 - Pool Detail:**

Pool Type:	Pool Width:	Pool Length:	Pool Diam:	Pool Depth:	Electrician Name:	Insurer:
_____	_____	_____	_____	_____	_____	_____
Fence Type:	Fence Material:	Fence Hgt:	Electrician License:			
_____	_____	_____	_____			

**SECTION 7 - Estimated Construction Costs:**

Building:	Electrical:	Plumbing:	Mechanical:	Fire Protect:	Total Cost:		Permit Fee:
_____	_____	_____	_____	_____	_____		_____
							For Official Use Only:

**SECTION 8 - Owner Authorization. To Be Completed When Owners Agent or Contractor Applies For Building Permit:**

I, \_\_\_\_\_, as Owner of the above subject property hereby authorize \_\_\_\_\_ to act on my behalf, in all matters relative to work authorized by this building permit.

\_\_\_\_\_

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

**SECTION 9 - Owner/Authorized Agent Declaration:**

I, \_\_\_\_\_, 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 and belief. Signed under the pains and penalties of perjury.

\_\_\_\_\_

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 10 - Approval Status: ( For Official Use Only. )**

Application Date:	Status Date:			Remarks:
_____	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____
Permit Number:	_____	<input type="checkbox"/> Pending	<input type="checkbox"/> Abandoned	
		<input type="checkbox"/> In Part	<input type="checkbox"/> Voided	

\_\_\_\_\_

Print Inspector Name: \_\_\_\_\_ Signature of Inspector: \_\_\_\_\_ Date: \_\_\_\_\_



# Town of Townsend

Massachusetts 01469

Name of Owner				Date	Permit #
Address of Applicant				Telephone	
Location of Property No. Street		If in a Subdivision-Name			Lot No.
Side of Street <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West		Map #	Parcel #	Size of Lot	Check One <input type="checkbox"/> Sq. Ft. <input type="checkbox"/> Acres
Purchased Property From-Date Name			Date	Are there any bodies of water, streams or swamp areas on or abutting lot <input type="checkbox"/> Yes <input type="checkbox"/> No	

A Plot Plan with Building and Driveway Located must accompany Application for a Permit for a New Building.

Builders Name				Telephone
Builders Address				License #
Purpose of New Building or Alteration				If a dwelling Sq. Feet of Living Area:

Overall Dimensions of Building		No. of Stories	No. of Rooms	No. of Family Units	Is Sewerage System to be: <input type="checkbox"/> Constructed <input type="checkbox"/> Repaired <input type="checkbox"/> Altered	
No. of Bedrooms	No. of Bathrooms	No. of Lavatories	No. of Garbage Disposal Units	Water Supply <input type="checkbox"/> Town Water <input type="checkbox"/> New Well <input type="checkbox"/> Existing Well		
Type of Construction		Foundation Material		Type of Heating System		No. of Fireplaces
Garage <input type="checkbox"/> Separate <input type="checkbox"/> Attached <input type="checkbox"/> In Basement		Number of Vehicles	Permit Fee	Estimate or Contract Cost		
Approved by Board of Health			Date	Received Payment		
Approved by Planning Board			Date	Applicant Agrees to abide by the Rules and Regulations of the Building, Wiring, Gas and Plumbing Inspectors, Board of Health, Zoning Board, Board of Appeals, Highway and Water Departments, Board of Selectmen, Fire Chief and all applicable town By-Laws. No changes or alterations permitted unless revised plans are submitted and approved.		
Approved by Conservation Comm			Date			
Approved by Fire Chief			Date			
Approved by Highway Department			Date			
Approved for Zoning			Date			
Approved by Building Inspector			Date	Signature of Applicant		

Restrictions	Use Group:
Are plumbing, heating, electrical associated with this construction? <input type="checkbox"/> P <input type="checkbox"/> H <input type="checkbox"/> E <input type="checkbox"/> None	Fire Grading:

Richard D. Hanks  
Building Commissioner  
Zoning Enforcement  
Officer



272 Main Street  
1-978-597-1709  
Fax: 1-978-597-8135

For Office Use Only  
Permit No. \_\_\_\_\_  
Date \_\_\_\_\_

## Town of Townsend Building Department

### 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
- Building not owner-occupied
- Owner pulling own permit
- Other (specify) \_\_\_\_\_

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. 142A.**

Signed under penalties of perjury:

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

\_\_\_\_\_  
Date Contractor Name Registration No.

OR:

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

\_\_\_\_\_  
Date Owner Name

Town of Townsend  
BUILDING DEPARTMENT



Richard D. Hanks  
Building Commissioner  
Zoning Enforcement Officer

978-597-1709  
Fax: 978-597-8135  
March 9, 1999

HOMEOWNER LICENSE EXEMPTION

PLEASE PRINT

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

JOB LOCATION: \_\_\_\_\_  
NUMBER STREET ADDRESS SECTION OF TOWN

"HOMEOWNER": \_\_\_\_\_  
NAME HOME PHONE WORK PHONE

PRESENT MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
CITY/TOWN STATE ZIP CODE

The current exemption for "homeowners" was extended to include owner-occupied dwellings of two (2) units or less and to allow such homeowners to engage an individual for hire who does not possess a license, provided that the owner acts as supervisor. (State Building Code Section 108.3.5.1)

**DEFINITION OF HOMEOWNER:**

Person(s) who own(s) a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one (1) or two (2) family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner. Such "homeowners" shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit. (Section 108.3.5.1.)

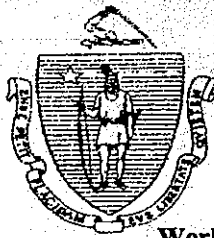
The undersigned "homeowner" assumes responsibility for compliance with the State Building Code and other applicable codes, by-laws, rules and regulations.

The undersigned "homeowner" certifies that he/she understands the Town of Townsend Building Department minimum inspection procedures and requirements and that he/she will comply with said procedures and requirements.

HOMEOWNER'S SIGNATURE: \_\_\_\_\_

APPROVAL OF BUILDING OFFICIAL : \_\_\_\_\_

NOTE: Three family dwellings 35,000 cubic feet, or larger, will be required to comply with State Building Code Section 116.1 Construction Control.



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit: Building/Plumbing/Electrical Contractors

Applicant Information: Please PRINT legibly

name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ state: \_\_\_\_\_ zip: \_\_\_\_\_ phone #: \_\_\_\_\_

work site location (full address): \_\_\_\_\_

- I am a homeowner performing all work myself. Project Type:  New Construction  Remodel  
 I am a sole proprietor and have no one working in any capacity.  Building Addition  
 I am an employer providing workers' compensation for my employees working on this job.

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

I am a sole proprietor, general contractor, or homeowner (*circle one*) and have hired the contractors listed below who have the following workers' compensation policies:

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one year's imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Phone # \_\_\_\_\_

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_  Building Department  
 Licensing Board  
 Selectmen's Office  
 Health Department  
 Other \_\_\_\_\_

check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_  
(revised Sept. 2003)

## Information and Instructions

Massachusetts General Laws chapter 152 section 25 requires all employers to provide workers' compensation for their employees. As quoted from the "law", 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 section 25 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, 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 in the workers' compensation affidavit completely, by checking the box that applies to your situation. Please supply company name, address and phone numbers along with a certificate of insurance as all affidavits 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.

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### City or Towns

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. The affidavits may be returned to the Department by mail or FAX unless other arrangements have been made.

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.

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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  
fax #: (617) 727-7749  
phone #: (617) 727-4900 ext. 406