

PLEASE READ

VERY IMPORTANT INFORMATION

Please make sure that you have a licensed electrician do the wiring of the pool. Once that is completed, please call the Wiring Inspector, for an inspection.

After the Wiring Inspector has completed his inspection, please call the Building Department for a final inspection to be done by the Building Commissioner. Happy swimming!



SWIMMING POOL INFO

In-Ground\$100.00
Above-Ground.....\$50.00

Pools need a Building Permit and a Wiring Permit. (The Wiring Permit is so that the pool will be wired to a ground-fault outlet.)

The permit must be filled out with the Owners information as well as the Builder, builders address, phone construction supervisor's license number, H.I.C. license number, purpose (above-ground pool or in-ground pool), dimensions of the pool (NOT square footage), estimate of value, and signatures of both owner and builder.

Information required with the application is as follows:

1. Manufacture's specifications on the pool construction and filter information.
2. Specifications or plans for fence or enclosure required by Mass. State Building Code, Section 120.M.
3. Plot plan indicating the location of the pool, showing the distances from the lot line. (15' side setback, 20' rear setback, & depending on the zone it's located in either 25' or 30' from the front lot line.)
4. The application must be approved by:
 - a. Board of Health~they will require information on the distant from the pool to the septic system.
 - b. Conservation Commission~ if the pool will be located within 100' from ANY wetland (this includes lakes, ponds, rivers, streams, seasonal wet areas, etc.) If there is any doubt, the owner should give the name of the ConComm representative in that area to assure compliance.
 - c. Zoning & Building~approval of plans and plot plan

Please call the Building Department for the following inspections:

1. Once the pool walls are erected.

2. When the water is in the pool **and** the filter and pump are working **and** the fence is installed. ***A temporary fence is required until there is water in the pool. Occupancy or use of the pool is not allowed until the permanent fence is erected.***

In addition, your electrician must apply for an electrical permit (you can now obtain one on-line) prior to doing the wiring. The fee for the wiring permit is \$50.00 for an above-ground pool and \$75.00 for an in-ground pool. The wiring inspector, Gene Barrett (978-230-1083) must be called to inspect the wiring. He will sign his approval on your building permit card.



TOWN OF WESTMINSTER

NAME OF OWNER					DATE	PERMIT #
ADDRESS OF OWNER					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 <input type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	ZONING	
PURCHASED PROPERTY FROM		DATE	ARE THERE ANY BODIES OF WATER, STREAMS OR SWAMP AREAS ON OR BUTTING LOT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
BUILDER'S NAME					TELEPHONE	
BUILDER'S ADDRESS					LICENSE #	HIC #
PURPOSE OF NEW BUILDING OR ALTERATION					FLOOR	SQ. FT. AREA
IS THERE PLUMBING, HEATING, ELECTRICAL OR SHEET METAL ASSOCIATED WITH THIS CONSTRUCTION?		<input type="checkbox"/> PLUMBING <input type="checkbox"/> HEATING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> SHEET METAL <input type="checkbox"/> NONE				
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		NO. OF VEHICLES	PERMIT FEE	ESTIMATE OR CONTRACT COST		
APPROVED BY ZONING		DATE	RECEIVED PAYMENT			
APPROVED BY BOARD OF HEALTH		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 PLANNING BOARD		DATE				
APPROVED BY CONSERVATION COMM		DATE				
APPROVED BY FIRE CHIEF		DATE				
APPROVED BY HIGHWAY DEPARTMENT		DATE				
APPROVED BY BUILDING INSPECTOR		DATE	SIGNATURE OF APPLICANT			
APPROVED BY TREASURER/COLLECTOR		DATE	SIGNATURE OF BUILDER			
RESTRICTIONS					USE GROUP:	
					FIRE GRADING:	



Town of Westminster Building Department

11 South Street
Westminster, MA 01473

Paul R. Blanchard, CBC
Building Commissioner

Phone: 978-874-7407
Fax: 978-874-7462
Email: pblanchard@westminster-ma.gov

In accordance with the provisions of MGL c 40, S 54, a condition of Building Permit Number _____ is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111, S 150A.

The debris will be disposed of in:

(Location of Facility)

Signature of Permit Applicant

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:

- | | |
|---|--|
| 1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).* | 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 workers' comp. insurance. |
| 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.] | 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.] |
| 3. <input type="checkbox"/> I am a homeowner doing all work myself. [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 their workers' comp. policy information.

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 #: _____



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR

Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling

FOR
MUNICIPALITY
USE
Revised Mar 2011

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Building Official (Print Name) _____ Signature _____ Date _____

SECTION 1: SITE INFORMATION

1.1 Property Address: _____
1.2 Assessors Map & Parcel Numbers
1.1a Is this an accepted street? yes _____ no _____
Map Number _____ Parcel Number _____

1.3 Zoning Information: _____
Zoning District _____ Proposed Use _____
1.4 Property Dimensions:
Lot Area (sq ft) _____ Frontage (ft) _____

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.6 Water Supply: (M.G.L c. 40, § 54)
Public Private
1.7 Flood Zone Information:
Zone: _____ Outside Flood Zone?
Check if yes
1.8 Sewage Disposal System:
Municipal On site disposal system

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:
Name (Print) _____ City, State, ZIP _____
No. and Street _____ Telephone _____ Email Address _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction Existing Building Owner-Occupied Repairs(s) Alteration(s) Addition
Demolition Accessory Bldg. Number of Units _____ Other Specify: _____

Brief Description of Proposed Work²: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

