

**PLEASE READ THE
IMPORTANT INFORMATION FIRST!**

Happy & Safe Swimming !!

SWIMMING POOLS INFO

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 and the Builder's full information including licenses and insurance liabilities. Type of pool (*above or in-ground*), dimensions of the pool (*NOT the square footage*), estimated value of work, signature by both owner & builder or a copy of the signed contract.

Information required with the application:

Manufacturer's/Contractor's specifications on the pool construction and filter information.

Specifications or plans for fence or enclosure required by *Mass. State Building Code, Section 120.M*

Plot plan indicating the location of the pool, showing the distances from the lot line. (15' side setback, 20' rear setback and depending on the zone it's located in either 25' or 30' from the front lot line.)

The application must be approved by:

1. Assessor's Office: *to obtain the Map and Parcel numbers*
2. Treasurer's Office
3. Board of Health: *they will require information on the distance from the pool to the septic system.*
4. Conservation Commission: *if the pool will be located within 100 ft. from ANY wetland (this includes lakes, ponds, rivers, streams, seasonal wet areas, etc.) If there are any doubts, the owner should give the name of the Con Comm representative in that area to assure compliance.*
5. Building/Zoning: *approval of plans and plot plan.*

When your building permit is approved, processed and printed. You will be called to pick it up and it must be displayed visibly on the property while construction is being done.

Please make sure that you have a licensed electrician do the wiring of the pool. The electrician must apply for the Wiring Permit separately. Once that is completed, please call the Wiring Inspector for an inspection. Harry Parviainen 774-764-1006

Once the pool walls are erected; when the water is in the pool and the filter and pump are working and the fence is installed. Please call the Building Commissioner for the final inspection. 978-874-7407. 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 and inspection is completed.

Building Permit:	Wiring Permit:
In-Ground.....\$100.00	In-Ground.....\$75.00
Above-Ground.....\$50.00	Above-Ground.....\$50.00



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				
LAND AREA DISTURBANCE <input type="checkbox"/> 10,000 SF TO 1 ACRE (43,560 SF) LID REGULATIONS = CONSERVATION AGENT OVER 1 ACRE (43,560 SF) STORM WATER MANAGEMENT = PLANNING BOARD							
BUILDER'S NAME				TELEPHONE			
BUILDER'S ADDRESS				LICENSE #		HIC #	
EMAIL ADDRESS:							
PURPOSE OF NEW BUILDING OR ALTERATION						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		GARAGE SQ. FT.	NO. OF VEHICLES	ESTIMATE OR CONTRACT COST			
APPROVED BY ZONING		DATE		PERMIT FEE			
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		SIGNATURE OF APPLICANT			
APPROVED BY BUILDING INSPECTOR		DATE		X			
APPROVED BY TREASURER/COLLECTOR		DATE		SIGNATURE OF BUILDER			



TOWN OF WESTMINSTER

Building Department

11 South Street
Westminster, MA 01473

Eric Chartrand, CBO
Building Commissioner

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

In accordance with the provisions of MGL c 40, S 54, a condition of the Building Permit 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 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:

1.1a Is this an accepted street? yes _____ no _____

1.2 Assessors Map & Parcel Numbers

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: Standard City/Town Application Fee Total Project Cost ³ (Item 6) x multiplier _____ x 2. Other Fees: \$ _____ List: _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: Paid in Full _____ Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

Name of CSL Holder _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

Email address _____

License Number _____

Expiration Date _____

List CSL Type (see below) _____

Type

Description

U

Unrestricted (Buildings up to 35,000 cu. ft.)

R

Restricted 1&2 Family Dwelling

M

Masonry

RC

Roofing Covering

WS

Window and Siding

SF

Solid Fuel Burning Appliances

I

Insulation

D

Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

HIC Registration Number _____

Expiration Date _____

Email address _____

SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152. § 25C(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 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

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

Print Owner's Name (Electronic Signature) _____

Date _____

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Print Owner's or Authorized Agent's Name (Electronic Signature) _____

Date _____

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will ***not*** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.) _____ (including garage, finished basement/attics, decks or porch)

Gross living area (sq. ft.) _____ Habitable room count _____

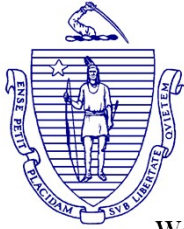
Number of fireplaces _____ Number of bedrooms _____

Number of bathrooms _____ Number of half/baths _____

Type of heating system _____ Number of decks/ porches _____

Type of cooling system _____ Enclosed _____ Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"



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 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 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

NOTIFICATION OF ASBESTOS, DEMOLITION AND RENOVATION

OPERATOR PROJECT #	POSTMARK		DATE RECEIVED		NOTIFICATION #		
I. TYPE OF NOTIFICATION	O=ORIGINAL	R=REVISED	C=CANCELLED		WPR NOTICE?		
II. FACILITY INFORMATION (IDENTIFY OWNER / REMOVAL CONTRACTOR / AND OTHER OPERATOR)							
OWNER NAME:							
ADDRESS:							
CITY:			STATE:		ZIP:		
CONTACT:				PHONE:			
REMOVAL CONTRACTOR:							
ADDRESS:							
CITY:			STATE:		ZIP:		
CONTACT:				PHONE:			
OTHER OPERATOR:							
ADDRESS:							
CITY:			STATE:		ZIP:		
CONTACT:				PHONE:			
III. TYPE OF OPERATION:	D=DEMO	O=ORDERED DEMO	R=RENOVATION		E=EMER RENOVATION		
VI. IS ASBESTOS PRESENT? (YES or NO)							
V. FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room number)							
BLDG NAME:							
ADDRESS:							
CITY:			STATE:		ZIP:		
SITE LOCATION:							
BLDG SIZE:		# OF FLOORS		AGE IN YEARS:			
PRESENT USE:			PRIOR USE:				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be removed 2. Category I ACH not removed 3. Category II ACM not removed		RACM TO BE REMOVED		NONFRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED		INDICATE UNIT OF MEASUREMENT BELOW:	
PIPES						LnFt:	Ln m:
SURFACE AREA						SqFt:	Sq m:
VOL RACM OFF FACILITY COMPONENT						CuFt:	Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) START:						COMPLETE:	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) START:						COMPLETE:	

NOTIFICATION OF ASBESTOS, DEMOLITION AND RENOVATION *(continued)*

X: DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK AND MTHOD(S) TO BE USED:			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO VBE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:			
XII. WASTE TRANSPORTER #1			
Name:			
Address:			
City:	State:	Zip:	
Contact Person:		Phone:	
WASTE TRANSPORTER #2			
Name:			
Address:			
City:	State:	Zip:	
Contact Person:		Phone:	
XIII. WASTE DISPOSAL SITE			
Name:			
Location:			
City:	State:	Zip:	
Phone:			
XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW:			
Name:		Title:	
Authority:			
Date of Order (MM/DD/YY)		Date Ordered to Begin (MM/DD/YY)	
XV. FOR EMERGENCY RENOVATIONS			
Date and Hour of Emergency (MM/DD/YY)			
Description of the Sudden, Unexpected Event:			
Explanation of how the event caused unsafe conditions or would case equipment damage or unreasonable financial burden:			
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, PR REDUCED TO POWDER:			
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)			
Signature of Owner/Operator		Date	
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.			
Signature of Owner/Operator		Date	