TOWN OF LAKEVILLE
BUIILDING DEPARTMENT

PLEASE COMPLETE IN INK

APPROVAL FORM

To be filed with the Building Permit Application

SWIMMING POOL

DATE: _____

OWNER'S NAME _____

ADDRESS _____

PHONE _____ CELL _____

ADDRESS OF PROJECT: _____

MAP/BLOCK/LOT _____

TYPE OF WORK PROPOSED _____

* Take this form to all Departments listed below (that are applicable) for their review and have them sign off.
* Return to the Building Department with the required Building Application, plans and all other pertinent information.

Tax Collector: **Requires a sign off on all applications**

Board of Health: **Requires sign off on all building plans & plot plans – with some exceptions. Check with the Bldg. Dept. if you have a question.**

Conservation: **Requires sign off on applications that need a Determination of Wetlands.**

Board of Selectmen: **Requires a sign off for driveway curb cuts on a Town Road.**

SIGN –OFF:

Tax Collector _____ DATE_____

Board of Health _____ DATE_____

Conservation Commission _____ DATE_____

Board of Selectmen _____ DATE_____

Returned to the Building Department _____ DATE _____

Note: All forms must be completed in full. If not, this will delay the processing of your application.

REVISED 2014

PLEASE COMPLETE IN INK

The Commonwealth of Massachusetts

Permit # _____

Abv. Grd. Pool $ 50.00
In Grd. Pool $ 75.00

TOWN OF L.AKEVIL.L.E
346 BEDFORD STREET
LAKEVILLE, MA 02347
PHONE; 508-946-8804 FAX: 508-946-8812

APPLICATION FOR POOL PERMIT

To the Inspector of Buildings: Date: _____

1. OWNER'S NAME _____
2. OWNER'S ADDRESS _____
3. ASSESSOR'S MAP/ BLOCK/ LOT # _____
4. ADDRESS OF POOL LOCATION (if different) _____
5. COMPANY / INSTALLER _____
6. CONSTRUCTION SUPERVISOR'S LICENSE # _____
7. HOME IMPROVEMENT REGISTRATION # _____
8. SIZE OF LOT (plot plan required) _____
8. SIZE OF POOL _____ In-ground _____ Above-ground _____
9. HOW MANY FEET FROM STREET _____
10. HOW NEAR THE PROPERTY LINE (ft): right_____ left_____ rear _____
11. ESTIMATED COST OF POOL _____

_____ _____
Signature of Owner/Applicant Telephone#

_____ _____
Nathan P. Darling, Building Commissioner Date

NOTE: Wiring Permit Required # _____

Must meet all Pool and Fence Regulations and By-Laws. Insufficient information will delay issuance of the permit.

Revised 2014

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

Revised 02-23-15

TOWN OF LAKEVILLE

346 Bedford Street
Lakeville, MA 02347
Phone: (508) 946-8804 Fax: (508) 946-8812

Wetland Affidavit

I understand that it is my responsibility to file with the Lakeville Conservation Commission if designated work is within the 100 foot buffer zone of a delineated wetland. The granting of a building permit does not indicate compliance with the Wetlands Protection Act.

I certify that no work will be done within 100 feet of a bordering vegetated wetland. Subsequently, if work is found to be within a wetland or buffer zone area, a Cease & Desist Order will be issued resulting in a mandatory filing with the Lakeville Conservation Commission.

PROPERTY LOCATION _____

OWNER'S NAME _____

_____
OWNER'S SIGNATURE (or Authorized Agent)

DATE: _____ PHONE # _____

INSPECTION REQUEST PROCESS

TOWN OF LAKEVILLE

Building Department
346 Bedford Street
Lakeville, MA 02347
Phone 508-946-8804 Fax 508-946-8812

ALL Permit Holders: (Building, Electrical, and Plumbing & Gas) may request inspections via e-mail or by phone.

INSPECTION REQUEST MUST INCLUDE: Permit Number, Job Site Address, Type of Inspection, Contractor's Name & Contact Number or the Building Department will not consider your request as complete.

Building Inspections, Nathan Darling, Building Commissioner
Email: ndarling@lakevillema.org
Phone: 508-946-8804

Electrical Inspections, C. Robert Canessa, Wiring Inspector
E-mail: rcanessa2@comcast.net
Phone: 508-946-8804

Plumbing & Gas Inspections, Jay Catalano, Plumbing Inspector
E-mail: lkvlplginspector@gmail.com
Phone: 508-946-8804

Plumbing and Gas Inspections, Fred Parmenter, Assistant
E-mail: rainfre@comcast.net
Phone: 508-946-8804

Building Dept, Janice Swanson, Administrative Assistant
E-mail: jswanson@lakevillema.org
Phone: 508-946-8804

Please note: E-mail requests or questions should be sent to the appropriate Inspector and "cc" to Janice Swanson, Building Dept. Administrative Assistant.

If you are in need of further assistance, you may contact the Building Department at 508-946-8804.

5/2014

Town of Lakeville
Board of Health
346 Bedford Street
Lakeville, MA 02347

(508) 946-3473
(508) 946-8805
(508) 946-3971 fax

RESIDENTIAL SWIMMING AND WADING POOL REGULATIONS
Effective July 17, 2013

- A residential pool shall include every artificial pool of water having a maximum depth of two (2) or more feet established or maintained for swimming or wading purposes by an individual for his personal or family use or for the use of guests for his household.

- No person shall construct, install or maintain a residential pool unless a permit has been granted by the Building Inspector. Only a person who complies with the following policy shall be entitled to receive and to retain such a permit.

- No pool shall be so maintained that its condition shall be considered a health hazard.

- Pools shall not be located in a front yard without written approval from the Board of Health.

- A pool shall be located no closer than twenty (20) feet from a dwelling, and twenty (20) feet from any septic component.

- Applicant shall submit a current existing conditions plan that shows proposed pool and all proposed distances to foundations and septic components.

SECTION AG105 BARRIER REQUIREMENTS

AG105.1 Application. The provisions of this chapter shall control the design of barriers for residential swimming pools, spas and hot tubs. These design controls are intended to provide protection against potential drownings and near-drownings by restricting access to swimming pools, spas and hot tubs.

AG105.2 Outdoor swimming pool. An outdoor swimming pool, including an in-ground, above-ground or on-ground pool, hot tub or spa shall be surrounded by a barrier which shall comply with the following:

1. The top of the barrier shall be at least 48 inches (1219 mm) above *grade* measured on the side of the barrier which faces away from the swimming pool. The maximum vertical clearance between grade and the bottom of the barrier shall be 2 inches (51 mm) measured on the side of the barrier which faces away from the swimming pool. Where the top of the pool structure is above grade, such as an above-ground pool, the barrier may be at ground level, such as the pool structure, or mounted on top of the pool structure. Where the barrier is mounted on top of the pool structure, the maximum vertical clearance between the top of the pool structure and the bottom of the barrier shall be 4 inches (102 mm).
2. Openings in the barrier shall not allow passage of a 4-inch-diameter (102 mm) sphere.
3. Solid barriers which do not have openings, such as a masonry or stone wall, shall not contain indentations or protrusions except for normal construction tolerances and tooled masonry joints.
4. Where the barrier is composed of horizontal and vertical members and the distance between the tops of the horizontal members is less than 45 inches (1143 mm), the horizontal members shall be located on the swimming pool side of the fence. Spacing between vertical members shall not exceed $1^3/_4$ inches (44 mm) in width. Where there are decorative cutouts within vertical members, spacing within the cutouts shall not exceed $1^3/_4$ inches (44 mm) in width.
5. Where the barrier is composed of horizontal and vertical members and the distance between the tops of the horizontal members is 45 inches (1143 mm) or more, spacing between vertical members shall not exceed 4 inches (102 mm). Where there are decorative cutouts within vertical members, spacing within the cutouts shall not exceed $1^3/_4$ inches (44 mm) in width.
6. Maximum mesh size for chain link fences shall be a $2^1/_4$-inch (57 mm) square unless the fence has slats fastened at the top or the bottom which reduce the openings to not more than $1^3/_4$ inches (44 mm).
7. Where the barrier is composed of diagonal members, such as a lattice fence, the maximum opening formed by the diagonal members shall not be more than $1^3/_4$ inches (44 mm).
8. Access gates shall comply with the requirements of Section AG105.2, Items 1 through 7, and shall be equipped to accommodate a locking device. Pedestrian access gates shall open outward away from the pool and shall be self-closing and have a self-latching device. Gates other than pedestrian access gates shall have a self-latching device. Where the release mechanism of the self-latching device is located less than 54 inches (1372

mm) from the bottom of the gate, the release mechanism and openings shall comply with the following:

8.1. The release mechanism shall be located on the pool side of the gate at least 3 inches (76 mm) below the top of the gate; and

8.2. The gate and barrier shall have no opening larger than $^1/_2$ inch (12.7 mm) within 18 inches (457 mm) of the release mechanism.

9. Where a wall of a *dwelling* serves as part of the barrier, one of the following conditions shall be met:

9.1. The pool shall be equipped with a powered safety cover in compliance with ASTM F 1346; or

9.2. Doors with direct access to the pool through that wall shall be equipped with an alarm which produces an audible warning when the door and/or its screen, if present, are opened. The alarm shall be listed and *labeled* in accordance with UL 2017. The deactivation switch(es) shall be located at least 54 inches (1372 mm) above the threshold of the door; or

9.3. Other means of protection, such as self-closing doors with self-latching devices, which are *approved* by the governing body, shall be acceptable as long as the degree of protection afforded is not less than the protection afforded by Item 9.1 or 9.2 described above.

10. Where an above-ground pool structure is used as a barrier or where the barrier is mounted on top of the pool structure, and the means of access is a ladder or steps:

10.1. The ladder or steps shall be capable of being secured, locked or removed to prevent access; or

10.2. The ladder or steps shall be surrounded by a barrier which meets the requirements of Section AG105.2, Items 1 through 9. When the ladder or steps are secured, locked or removed, any opening created shall not allow the passage of a 4-inch-diameter (102 mm) sphere.

AG105.3 Indoor swimming pool. Walls surrounding an indoor swimming pool shall comply with Section AG105.2, Item 9.

AG105.4 Prohibited locations. Barriers shall be located to prohibit permanent structures, *equipment* or similar objects from being used to climb them.

AG105.5 Barrier exceptions. Spas or hot tubs with a safety cover which complies with ASTM F 1346, as listed in Section AG107, shall be exempt from the provisions of this appendix.