Swimming Pool Application
CHECKLIST FOR SWIMMING POOL

Dear Applicant,
The following items that are checked off must be submitted to process your permit.

___✓___ Permit fee

___✓___ Construction Supervisors License

___✓___ Three Construction Drawings — Show Framing and brochure

___✓___ Building Application

___✓___ Foundation Application (If applicable)

___✓___ Building Affidavit

___✓___ Disposal Form

___✓___ Electrical Permit

___✓___ Plumbing Permit

___✓___ Location of Egresses

___✓___ Plot Plan - **Certified Only** — Have Surveyor Show Location of structure

___✓___ Workman’s Compensation form — Application Must Include Certificate

Special Instructions (By Building Inspector):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Initials: ___________________________ Date: ___ / ___ / ___
APPLICATION FOR SWIMMING POOL

SECTION 1- SITE INFORMATION

1.1 Property Address: No:________ Street:________

1.2 Zoning Information:

Zoning District:________ Property Use:________

1.3 Number of building on lot? Lot With:______ Lot Length:____

1.4 Is property located in a local Historic District? (See List)

1.6 Building Setbacks (ft)

<table>
<thead>
<tr>
<th>Required</th>
<th>Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Front Yard</td>
<td>Side Yards</td>
</tr>
</tbody>
</table>

1.7 Water Supply (M.G.L c.40 & 54)

Public □ Proved □

1.8 Flood Zone Information:

Zone □ Outside Flood Zone □

1.9 Sewage Disposal System:

Municipal □ On site disposal System □

SECTION 2- PROPERTY OWNER OR AUTHORIZED AGENT

2.1 Owner of Record:

Name (print):________ Address:________

Signature:________ Telephone:________

2.1 Authorized Agent:

Name (print):________ Address:________

Signature:________ Telephone:________

SECTION 3- BUILDING INFORMATION

3.1 Structure Size: ______ x ______ Total sq. ft:________

3.2 Structure Height: No. of Stories:________

3.3 Structure Erected on: solid Land □ Filled Land □

3.4 Roofing: Number of Layers:________

Material to be Applied:________

3.5 Type of roof: Flat □ Pitched □ Mansard □ Gambrel □

3.6 Siding: Present Siding: Wood □ Vinyl □ Asbestos □

3.7 Siding: Material to be applied:________

Number of (SF):________

3.8 Type of fence:________

3.9 Height of fence:________

3.10 Location of Egresses:________

3.11 Garage: Attached □ Detached □ Under □

3.12 Insulation Type: R- Value: Wall________

R- Value: Attic________

3.13 Window: Number of windows:________

3.14 Existing windows material:________

3.15 New windows material: wood □ vinyl □ aluminum □

3.16 Window U-Value:________

3.17 Other specify:________

3.18 Pools: In-ground □ Above-ground □ Gunite □

Vinyl □ Cement □

3.19 Pool Area (SF):________

SECTION 4- CONSTRUCTION SERVICES

4.1 Licensed Construction Supervisor Phone #:_____/_____/____/

Name:________ License #:________

Address:________

4.2 Licensed Home Improvement Phone #:_____/_____/____/

Name:________ License #:________

Address:________

4.3 Workmen’s Compensation No:________

SECTION 5- FEE AND PERMIT APPLICANT SIGNATURE

5.1 Signature of Owner or Authorized Agent:________

5.1 Estimate Cost:________

Application will be subject to (Chapter 34) 780 CMR for processing Permit Application. Applicable □ Not Applicable □

Note: In existing building all repair, alteration, addition, and changes of use shall conform to the requirements of 780 CMR 34.

REMARKS
APPLICATION FOR SWIMMING POOL

CITY ORDINANCE SECTION 25-10 COMPLIANCE SIGN OFF LIST (All payments required before issuance of permits or licenses)

PROPERTY AND OWNER INFORMATION

Property Location: 

Local Historical District – Applicable ☐ Not applicable ☐ 

Owner’s Name: 

Building more than 75 year old – Applicable ☐ Not applicable ☐ 

Owner’s Street Address: 

Historical Commissioner Signature: 

City, State & Zip: 

Date: 

Telephone Number: 

Approved: Yes ☐ No ☐

DEPARTMENTS SIGN OFF’S

Tax Collector /(Taxes) 

Water Dept. /(Water/Sewer) 

Inspectional Services/ (Trash Tickets)

Stamp

Stamp

Stamp

Signature

Signature

Signature

Date

Date

Date

Note: All sign off’s must include Department Stamp, Signatures and date. No photocopies will be accepted. This sign off list must be attached to all permits or license application.

NOTES AND DESCRIPTION OF WORK


PERMIT GRANTED

Application No: ________________ Approved ☐ Denied ☐

DATE: __________/________/______

Official’s Name: ____________________

Official’s Signature: ____________________

Date of Approval/Denial: __________/________/______

Revised 02/07/2005 (LW), WORKING DRAFT Page: 30A