

Town of Plymouth
Division of Inspectional Services
26 Court Street
Plymouth, Massachusetts 02360
508-747-1620
Fax 508-830-4028

PROCEDURES TO APPLY FOR PERMITS TO ERECT A COMMERCIAL SWIMMING POOL

When filing for a permit for a swimming pool a fence affidavit and all of the applications listed below must be submitted at one time with three separate checks.

Once we receive all three applications with the appropriate checks, the zoning application will be processed. The zoning application is the first application and an inspector is sent to the property to check the lot. Once it has been processed, and approved, the wiring permit is issued followed by the building permit.

We have done this procedure to try to save time for everyone.

1. **COMMERCIAL ZONING APPLICATION:** Must be submitted along with two copies of a site plan showing the pool and anything off of the pool. It should also show the distance off of the property lines. The pool and any part of the pool must be at least 10' from the side and rear property lines and 20' from the front property lines.
\$100.00
2. **WIRING APPLICATION:** A licensed Electrician must fill out the application, that electrician must have a license registered in our office and insurance filed in our office or a waiver signed.
\$250.00
3. **BUILDING APPLICATION:** Must be made out completely. Must describe type and size of pool and a description of fence type and size. If there is a contractor involved a Certificate of Insurance for workman' compensation must be on file in our office or the waiver on the application must be filled out.
\$500.00 above ground
or in-ground

The building application must be signed by the Board of Health.



Town of Plymouth – Zoning Department
Department of Inspectional Services
 26 Court Street, Plymouth, MA 02360
 (508) 747-1620

Application # _____
 Zoning Permit # _____
 Zone District _____

PERMIT FEE: \$100.00

COMMERCIAL AND INDUSTRIAL ZONING APPLICATION
(This is not a building permit)

1. LOCATION OF PROPERTY _____ PARCEL #: _____
2. PERMIT TO: ERECT _____ ALTER _____ DEMOLISH _____ MOVE _____ OTHER _____
3. PRESENT USE _____ YEAR BUILT _____
4. NEW PROPOSED USE _____
5. NEW BUILDING/ADDITION: HEIGHT _____ SIZE _____
6. IF PROFESSIONAL USE – NUMBER OF OFFICES _____ TYPE _____
7. AREA OF LOT _____ NUMBER OF FEET: FRONT _____ REAR _____ DEPTH _____
8. SITE AND FLOOR PLANS NEEDED ALONG WITH DESCRIPTION OF WORK TO BE DONE: _____

9. IF TOTAL BUILDING EXCEEDS 35,000 CUBIC FEET REFER TO THE MASS STATE BUILDING CODE SECTION 107.6

IT IS UNDERSTOOD AND AGREED THAT THE ZONING PERMIT IS ISSUED IN RELIANCE UPON THE INFORMATION SUBMITTED BY THE PETITIONER ON AND WITH THIS APPLICATION, THEREFORE, IF ANY FALSE OR MISSLEADING INFORMATION IS FOUND TO EXIST THEREIN, THE ZONING PERMIT IS VOIDABLE BY A BUILDING OFFICIAL.

ZONING PERMITS ARE GOOD FOR ONE YEAR FROM THE DATE IT IS ISSUED

NAME (please print) _____

MAILING ADDRESS _____

SIGNATURE OF OWNER OF SUBJECT PROPERTY _____

TOWN _____ STATE _____ ZIP CODE _____

SIGNATURE OF AGENT _____

TELEPHONE NUMBER _____

E-MAIL ADDRESS _____

DO NOT WRITE BELOW THIS LINE

ZONING PERMIT APPROVED: _____

ZONING PERMIT DENIED: _____

DATE ISSUED: _____

BUILDING OFFICIAL SIGNATURE _____



TOWN OF PLYMOUTH
DEPARTMENT OF INSPECTIONAL SERVICES

BLDG APP # _____
PERMIT # _____
ZONING APP # _____
ZONING # _____
BLDG FEE _____

APPLICATION FOR A BUILDING PERMIT

LOCATION OF BUILDING _____ PARCEL I.D. _____

NAME OF OWNER _____ OWNERS TEL NO. _____

OWNERS MAILING ADDRESS _____

HOW IS BUILDING OCCUPIED _____ # OF FAMILIES _____ # STORIES _____

DETAIL OF WORK TO BE DONE: (ALL doors and windows need Manufacturer Spec Sheet Attached)

*EMAIL ADDRESS OF APPLICANT: _____

ESTIMATED COST: _____

CONTRACTOR: Complete this section if CONTRACTOR is applying **PLYMOUTH C.I.D. NUMBER:** _____

I AGREE THAT ALL OF THE PROPOSED WORK SHALL BE DONE IN STRICT COMPLIANCE WITH THE MASSACHUSETTS STATE BUILDING CODES:

CONTRACTOR _____ STATE CONTRACTOR LIC. NO. _____
(print name)

MAILING ADDRESS _____ HOME IMPROVEMENT REG. NO _____

SIGNATURE _____ TELEPHONE NUMBER _____

ASSOCIATION/LAND OWNER SIGNATURE (if applicable) _____

OWNER: (Complete Section 1 ONLY, if CONTRACTOR is applying for permit; Section 2 ONLY, if OWNER is applying)

***SECTION 1 (to be completed by OWNER ONLY, if CONTRACTOR is applying for permit)**

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

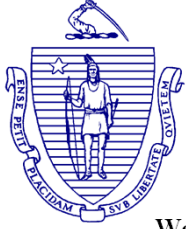
Printed Name _____ Signature _____ Date _____

***SECTION 2 (to be completed by OWNER ONLY, if OWNER is applying for permit)**

I, _____, as Owner 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.

Printed Name _____ Signature _____ Date _____

SIGNAGE: \$75 PER SIGN. RESIDENTIAL FEES: ROOFING-SIDING-WINDOWS/DOORS: \$75. COMBINATION OF 2: \$140.00.
COMBINATION OF 3: \$200.00. ABOVE GROUND SWIMMING POOL: \$100. INGROUND SWIMMING POOL: \$200. INSULATION \$75.
COMMERCIAL FEES: ASK FOR ASSISTANCE.



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 an 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.

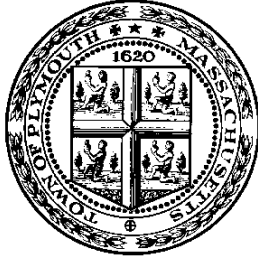
The Department's address, telephone and fax number:

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



Town of Plymouth
Division of Inspectional Services

26 Court Street
Plymouth, Massachusetts 02360
508-747-1620
Fax 508-830-4028

In accordance with Section 421.10 of the Mass State Building Code as the applicant for the installation of a private swimming pool it is your responsibility that all required fence enclosures are in place during construction, at the time of the inspection by the Building Department and before the pool is used.

Name: _____

Address _____

Telephone: _____

I, _____, as the **applicant** and permit holder for the installation of the swimming pool on Parcel # _____ have read the information attached to the building application as well as the information above and agree that I am responsible for complying with those requirements and getting all the required inspections.

Applicant

As the **owner** of the property, I have read the above statement and the information attached to the building application concerning fencing and agree that the applicant is responsible for adhering to those requirements as well as getting all required inspections. I also agree, as the homeowner, it is my responsibility to make sure the applicant complies with those requirements.

Owner of Property



Commonwealth of Massachusetts
Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only
Permit No. _____
Occupancy and Fee Checked _____
[Rev. 1/07] (leave blank)

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date: _____

City or Town of: _____ To the Inspector of Wires:

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) _____

Owner or Tenant _____ Telephone No. _____

Owner's Address _____

Is this permit in conjunction with a building permit? Yes No (Check Appropriate Box)

Purpose of Building _____ Utility Authorization No. _____

Existing Service _____ Amps _____ / _____ Volts Overhead Undgrd No. of Meters _____

New Service _____ Amps _____ / _____ Volts Overhead Undgrd No. of Meters _____

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work: _____

Completion of the following table may be waived by the Inspector of Wires.

No. of Recessed Luminaires	No. of Ceil.-Susp. (Paddle) Fans	No. of Transformers	Total KVA
No. of Luminaire Outlets	No. of Hot Tubs	Generators	KVA
No. of Luminaires	Swimming Pool Above grnd. <input type="checkbox"/> In-grnd. <input type="checkbox"/>	No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches	No. of Gas Burners	No. of Detection and Initiating Devices	
No. of Ranges	No. of Air Cond. Total Tons	No. of Alerting Devices	
No. of Waste Disposers	Heat Pump Totals: Number Tons KW	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers	Space/Area Heating KW	Local <input type="checkbox"/> Municipal Connection <input type="checkbox"/> Other	
No. of Dryers	Heating Appliances KW	Security Systems:* No. of Devices or Equivalent	
No. of Water Heaters KW	No. of Signs No. of Ballasts	Data Wiring: No. of Devices or Equivalent	
No. Hydromassage Bathtubs	No. of Motors Total HP	Telecommunications Wiring: No. of Devices or Equivalent	
OTHER:			

Estimated Value of Electrical Work: _____ (When required by municipal policy.)

Work to Start: _____ Inspections to be requested in accordance with MEC Rule 10, and upon completion.

INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE: INSURANCE BOND OTHER (Specify:)

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME: _____ LIC. NO.: _____

Licensee: _____ Signature _____ LIC. NO.: _____

(If applicable, enter "exempt" in the license number line.) Bus. Tel. No.: _____

Address: _____ Alt. Tel. No.: _____

*Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License: Lic. No. _____

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) owner owner's agent.

Owner/Agent Signature _____ Telephone No. _____

PERMIT FEE: \$