

Town of Ludlow
ZONING BY-LAWS – Swimming Pools
3-2 3.0.5

All Pools:

- Needs to fall into the zoning requirements for that zone.
- Can not be located nearer than ten (10) feet to any side or rear lot line.
- Needs to be ten (10) feet from any and all structures- **ONLY EXEMPTION-** Pool deck.
- Permit Fees Required:
Inground Pools- \$175.00
Above Ground Pools- \$100.00

Above Ground Pool:

- Ladder needs to comply with the Massachusetts Building Code
 - The ladder or steps shall be capable of being **secured, locked or removed** to prevent access, or
 - The ladder or steps shall be surrounded by a barrier which meets the requirements of Section 120.M105.2, Items 1-9. When the ladder or steps are secured, locked or removed, any opening created shall not allow the pass 120.Me of a 4-inch-diameter (102 mm) sphere.

Inground Pool:

- Needs to be enclosed by a fence at least four (4) feet in height and not the type readily climbed by children.

CHECKLIST

- ☐ Application (Residential One- & Two-Family Building Permit) filled out completely.
- ☐ Plot Plan with measurements from lot lines and any additional structures on property
- ☐ Certificate of Liability Insurance/ Workers Comp Insurance- **Contractor**
- ☐ Contract from contractor
- ☐ Homeowner Exempt Form-filled out by homeowner if not being done by a contractor/company.
- ☐ Worker's Comp Affidavit
- ☐ Copy of Home Improvement Contractor Registration (HIC)- In ground Only



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR, 9th edition



SWIMMING POOL PERMIT APPLICATION

Appendix 120.M governs private swimming pools (above and below ground), hot tubs and spas

**Town of
Ludlow**

Official Use Only:

DATE SUBMITTED: _____ **FEE:** \$ _____ **Indicate how fee is determined**

☐ Standard Town Application Fee

Other Fees \$ _____ **List:** _____

SIGNED: _____ **DATE ISSUED** _____
Building Commissioner/ Inspector of Buildings

Site Address: _____ **Assessors Map #** _____ **Parcel #** _____

Owner of Record: _____ **Mailing Address:** _____
(Print)

Owner's Telephone # (Home) _____ **(Work)** _____ **(Cell)** _____

Contractor: _____ **Contractor Address:** _____

Contractor Telephone # _____ **City/State:** _____

Construction Supervisor _____ **CSL Address:** _____

CSL License # _____ **(accessory structures)** **Expiration Date:** _____

H.I.C. Reg. # _____ **(inground pools & accessory structures)** **Expiration Date:** _____

WORKERS' COMPENSATION INSURANCE AFFIDAVIT required per 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** ☐

CHECK THOSE WHICH APPLY TO YOUR PROJECT:

Estimated Cost: \$ _____

____ Residential

____ Commercial

____ Barrier around ladder/steps

____ Inground pool Size _____ x _____

____ Hot Tub

____ Gate

____ Above ground pool Dia. _____ Wall Hgt. _____

____ Locking ladder

Shape: ____ Round ____ Oval ____ Rectangular

____ Alarm system

____ Fence: Type _____ Height _____

____ Power Safety Cover

____ Attached Aluminum Deck Size _____ x _____

(separate permit required for wooden decks)

OWNER AUTHORIZATION

I, _____ as Owner of the aforementioned property hereby authorize (Print Name of Owner) _____ to act on my behalf during the work authorized pursuant to this application. (Print Name of Agent) Owners pulling their own permit or dealing with unregistered contractors do not have access to the Arbitration Program or Guaranty Fund (as set forth in MGL c. 142A) Signature of Owner: _____ Date: _____
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OWNER/AUTHORIZED AGENT DECLARATION

I, _____, as Owner/Authorized Agent hereby declare that the information contained in this application is a true and accurate description of the proposed work and costs associated therewith. I agree that the proposed work shall be completed subject to the provisions of the of the Massachusetts State Building Code and other applicable laws and ordinances. Signature of Owner/Agent: _____ Date: _____

For in-ground pools, a certified plot plan is required. For above ground pools, provide an informal plot plan in the square below, locating the existing/new structures & their distances from all other structures and property lines.

Project will be how near: Front Lot Line _____ Left Property Line _____ Right Property Line _____ Rear Property Line _____ Property Dimensions _____ Lot Area (sq ft) _____ Water Supply: (M.G.L.c.40,§54) Public <input type="checkbox"/> Private <input type="checkbox"/> Sewage Disposal System: Municipal <input type="checkbox"/> Onsite disposal system <input type="checkbox"/> Flood Zone Information: Zone: <input type="checkbox"/> Outside Flood Zone <input type="checkbox"/> Zoning District _____	<div style="text-align: center;"><div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">HOUSE</div> Front (Street/Road)</div>
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Any excavation to soil necessitates location of existing septic system. I confirm that I have located the septic system and no excavation will compromise it. _____ (owner's initials required)

An AS-BUILT plot plan will be required for all inground pools prior to final inspection. Plan must include location of pool and setbacks from property lines, house and any accessory structures.

NOTES: 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 <i>not</i> have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively, and is totally responsible for the proper execution of the work under this permit.



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 attach 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