



The Commonwealth of Massachusetts  
Board of Building Regulations and Standards  
Massachusetts State Building Code, 780 CMR, 9<sup>th</sup> 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:** \$ \_\_\_\_\_

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> Residential   | <input type="checkbox"/> Commercial | <input type="checkbox"/> Barrier around ladder/steps |
| <input type="checkbox"/> Inground pool Size _____ x _____  | <input type="checkbox"/> Hot Tub    | <input type="checkbox"/> Gate                        |
| <input type="checkbox"/> Above ground pool Dia. _____ Wall Hgt. _____                                    |                                     | <input type="checkbox"/> Locking ladder              |
| Shape: <input type="checkbox"/> Round <input type="checkbox"/> Oval <input type="checkbox"/> Rectangular |                                     | <input type="checkbox"/> Alarm system                |
| <input type="checkbox"/> Fence: Type _____ Height _____  |                                     | <input type="checkbox"/> Power Safety Cover          |
| <input type="checkbox"/> 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: \_\_\_\_\_

**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.**

<p><b>Project will be how near:</b></p> <p>Front Lot Line _____</p> <p>Left Property Line _____</p> <p>Right Property Line _____</p> <p>Rear Property Line _____</p> <p>Property Dimensions _____                  Lot Area (sq ft) _____</p> <p><b>Water Supply:</b> (M.G.L.c.40,§54)                  Public <input type="checkbox"/> Private <input type="checkbox"/></p> <p><b>Sewage Disposal System:</b>                  Municipal <input type="checkbox"/>                  Onsite disposal system <input type="checkbox"/></p> <p><b>Flood Zone Information:</b>                  Zone: <input type="checkbox"/> Outside Flood Zone <input type="checkbox"/></p> <p>Zoning District _____</p>	
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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 **not** 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.