BOARD OF HEALTH

TOWN OF FOXBOROUGH

MASSACHUSETTS

SWIMMING POOL

(Public and Semi-Public)

40 SOUTH STREET
Tel (508) 543-1207
Fax (508) 543-6278

PLAN REVIEW APPLICATION

MUST BE SUBMITTED WITH FEE 30 DAYS BEFORE CONSTRUCTION

BHP -_____

DATE :_____

ABSOLUTELY NO REFUNDS OR TRANSFER OF FUNDS

FEE: $200.00 *Please make checks payable to the Town of Foxborough.* ___**NEW**___**REMODEL**

NAME OF PROPOSED FACILITY:_____

Type of Pool: **Swimming Pool**__ **SPA**__ **Wading Pool**__ **Other**__

ADDRESS: _____

NAME OF ESTABLISHMENT:_____**PHONE:**_____

NAME OF OWNER: _____**PHONE:**_____
MAILING ADDRESS: _____

APPLICANT'S NAME: _____
MAILING ADDRESS: _____PHONE: _____

BUILDER OF PROP. FACILITY:_____PHONE:_____
MAILING ADDRESS: _____

MASS. REG. PROFESSIONAL ENGINEER OR REG. ARCHITECT:_____
MAILING ADDRESS_____

PROJECTED DATES FOR PROJECT: _____START _____FINISH

STATEMENT: *I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT, AND I FULLY UNDERSTAND THAT ANY DEVIATION FROM THE ABOVE WITHOUT PRIOR PERMISSION FROM THIS OFFICE MAY NULLIFY THIS APPROVAL.*

I UNDERSTAND THAT APPROVAL OF THE PUBLIC/SEMI-PUBLIC SWIMMING POOL PLAN IS CONTINGENT UPON COMPLIANCE WITH THE REQUIREMENTS OF **105 CMR 435.000, MINIMUM STANDARDS FOR SWIMMING POOLS (STATE SANITARY CODE: CHAPTER V),** ALONG WITH STATE AND LOCAL BUILDING, ELECTRICAL, PLUMBING AND FUEL GAS CODES.

_____ _____
Owner (s) or responsible representative(s) *Date*

Approval of these plans by this Health Department does not indicate compliance with any other code, law or regulations that may be required (federal, state, or local).
A PREOPENING INSPECTION WILL BE NECESSARY TO DETERMINE IF IT COMPLIES WITH THE LOCAL AND STATE LAWS GOVERNING PUBLIC/SEMI-PUBLIC SWIMMING POOLS. CALL THIS OFFICE FOR AN APPOINTMENT, (508) 543-1207.

PLEASE INCLUDE THE FOLLOWING DOCUMENTS:

- A plan review fee of $200 per pool shall be submitted with this application.
- Workers Compensation Affidavit, completed and signed by the applicant.
- One set of plans..

  Plans shall include the following: (plans shall be drawn to an acceptable architectural scale.)

  __ Site Plan, including pool, deck and other appurtenant buildings.

  __ Plans and layouts for the bathhouse, the equipment room and the chemical storage room.

  __ Specifications of all treatment equipment used and their layout in the equipment room.

  __ One piping schematic showing piping, pipe size, inlets, main drains, skimmers, gutter outlets, vacuum fitting and all other appurtenances connected to the pool piping system.

  __ Specifications for the water supply and wastewater disposal systems. This would include aspects such as well location, sewage disposal system location, and backwash water disposal where applicable.

  __ Fencing detail, drawn to scale.

  __ A lighting schedule if pool is open for night swimming.

WEBSITE FOR: **105CMR 435.000 MINIMUM STANDARDS FOR SWIMMING POOLS** (SANITARY CODE: CHAPTER V) - www.mass.gov/dph/dcs then, scroll down to POOLS.
A copy of the regulation must be on site at all times.

(New 2007)

BOARD OF HEALTH
TOWN OF FOXBOROUGH
MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET
Tel. (508) 543-1207
Fax (508) 543-6278

POOL/SPA APPLICATION

(Fee: $100.00 each, please make checks payable to the TOWN OF FOXBOROUGH)
ABSOLUTELY NO REFUNDS

BHP-_____ PLANNED OPENING DATE:_____
DATE REC'D_____
CHECK #_____

Owner Of Pool:_____Tel.#:_____

Address:_____

Contact:_____Tel.#:_____

EMAIL:_____

Location:_____Name of Pool:_____

Hours pool is opened for:_____

Type of Pool:_____Type of finish:_____

Sketch:(A stamped-engineered approved plan must be filed with original application.)_____
Note: Approval from this office must be requested prior to any modifications from the original plan.

LENGTH:_____ WIDTH:_____ VOLUME:_____gallons

Bather Load:_____

Swimming area:_____ Non-Swimming area:_____ Diving area:_____

Source of water:_____ Disposal of sewage and waste water:_____

DECK: (type and width)_____ Number of skimmers:_____

TREATMENT SYSTEM:

Type of filter:_____ Size:_____ HP:_____ Cartridges:_____

DISINFECTION METHOD:

Chlorine:____ Bromine:_____ Other:_____ Auto. Chlorinator:___

Is Cyanaric Acid used:_____

TYPE OF CHEMICAL FEEDERS:

- Peristaltic Pump
- Diaphragm and Piston Pumps
- Erosion Feeders – needs flow meter
- Gas Feeders – needs a chlorine leak kit

COMMENTS:_____

_____

_____

_____

_____

SIGNED:_____ **DATE:**_____

This pool/spa/other is to be operated according to the Minimum Standards for Swimming Pools, State Sanitary Code, Chapter V 105 CMR 435.000.

CHECK LIST OF ITEMS REQUIRED

1. Certified Pool Operator Certificate (must accompany application)
2. Water Analysis (must be mailed to this office before pool can be opened)
3. Check for $100 per pool (check made out to the Town of Foxborough)
4. Worker's Compensation Form (Certificate of Liability)
5. Contact this office at least two weeks prior to your opening date to schedule an appointment, NO EXCEPTIONS).

The Virginia Graeme Baker Pool & Spa Safety Act – P&SS Act

- All pool drain covers manufactured, distributed or entered into commerce on or after Dec. 19, 2008, must meet the ASME/ANSI A112.198-2007 standard.
- All public pools and spas must be equipped with new ASME/ANSI A 112.19.8-2007 compliant drain covers.

NOTE: One important cautionary note: the ASME/ANSI standard referenced by the P&SS Act has a very specific definition of "suction fitting." This definition includes "as all components, including the sump and/or body cover/grate and hardware." Swapping covers will not assure compliance with the P&SS Act.

Does your pool have: (check if applicable)

- ☐ Safety vacuum release system (SVRS)
- ☐ Suction-limiting vent system
- ☐ Gravity drainage system
- ☐ Automatic pump shut-off system
- ☐ Drain disablement
- ☐ Other system: _____

A DVD OF THE VIRGINIA GRAEME BAKER POOL & SPA SAFETY ACT IS AVAILABLE FOR YOUR REVIEW AT THE BOARD OF HEALTH OFFICE.

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information **Please Print Legibly**

Business/Organization Name: _____

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. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of 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. Be advised that 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. Licensing Board 5. Selectmen's Office
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 Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

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