

**FRANKLIN BUILDING DEPARTMENT
INSTRUCTIONS FOR INGROUND SWIMMING POOLS
As of 3/15/2014**

The following lists items that are needed to process your pool permit application more efficiently:

Building Permit Application – submit a completed building permit application with all information filled in (including dig safe #, license numbers, zoning district, assessor #'s and description of work).

Licenses/Insurance – Submit a copy of the installing contractor's license, insurance or worker's compensation insurance affidavit.

Electrical Permit Application – submit a completed electrical permit application along with a copy of the electrician's license, insurance or a worker's compensation insurance affidavit. Please note that the Electrical inspector's are part-time 9am to 11am. Electric permit is separate fee and paid for when submitted.

Plans – provide two (2) copies of engineered drawings of the pool showing the size and a general description of the pool.

Plot Plan – be sure to provide a copy of a stamped, signed plot plan by a Registered Land Surveyor showing the property lines, the location of all primary and accessory structures and equipment. If you only have a Mortgage Survey Plot Plan, this may be used for the permit application if the Building Commissioner approves it. However, before the final inspection of the pool will be made, you must submit an "AS-BUILT" plot plan from a Registered Land Surveyor.

Inspection for in-ground pool is required as follows:

Excavation – upon completion of the excavation and an electrical trench

Steel/Walls – upon installation of rebar and/or pool walls and after the rough electrical and bonding of the pool have been signed off and prior to placing gunite, concrete or installing the pool liner. A minimal amount of water may be added to install liner.

Fence Inspection/Fill Pool – pool complete with temporary or permanent fencing; final electric (pool bonded, circulating water pump wired & bonded, circuit marked at panel) plumbing and gas inspections.

Final – pool and deck complete; permanent fence in place prior to completely filling the pool; As Built submitted.

Should you have any additional questions or concerns, please feel free to contact the Franklin Building Department at 508-520-4906.

ATTACHMENTS: Building/Wiring Permit Applications/Zoning Set Back Requirements/Sample Engineered Drawing/Sample Plot Plan/Sample License, Certificate of Insurance & Worker's Compensation Insurance Affidavit/Pool Enclosure Requirements

For further Information Regarding the Permitting Process
Please visit our Web Site at
www.franklin.ma.us/building

OUTDOOR SWIMMING POOL – Any structure intended for recreational bathing that contains water over 24 inches deep. An outdoor swimming pool including in-ground, above-ground, on-ground swimming pools, hot tubs, or spa shall comply with the following. (2009 IRC Ch 42 & Appendix G – 2009 IBC Sec. 3109)

THE BARRIER: (FENCING, POOL WALL, OR MASONRY WALL)

- 1) Top of the barrier shall be at least 48 inches above finish grade measured on the side of barrier that faces away from pool.
- 2) Maximum vertical clearance of 2 inches between finish grade and the bottom of the barrier measured on the side of barrier that faces away from pool.
- 3) The barrier may be at grade level to 48 inches above, at all points around pool (above-ground pool) such as pool structure.
- 4) 4 inch maximum space between the bottom of the barrier and the top of pool structure if barrier is mounted on top of the pool structure. (above-ground pool)
- 5) Openings in the barrier shall not allow passage of a 4-inch diameter sphere.
- 6) Solid barriers (concrete or masonry walls) shall not contain indentations or protrusions except tooled joints.(no toe holes to climb over)
- 7) Where the barrier is composed of horizontal and vertical members and the distance between the tops of the horizontal members are **less than 45 inches**, the horizontal member shall be located on the poolside of the barrier and the spacing of the vertical members shall not exceed 1 ¼ inch in width.
- 8) Where the barrier is composed of horizontal and vertical members and the distance between the tops of the horizontal members is **45 inches or more**, **spacing between vertical members shall not exceed four inches in width**.
- 9) Maximum mesh size for chain link fences shall be a 2 ¼ inch square unless the fence is provided with slats fastened at the top or bottom which reduces the openings to not more than 1 3/4 inches.
- 10) Where the barrier is composed of dimensional members, such as a lattice fence, the maximum openings formed by the dimensional members shall not be less than 1 ¼ inch.

THE GATE:

Must comply with all criteria above as well as:

- 1) Must be self closing
- 2) Must have a self latching devise.
- 3) Shall open outwards away from the pool
- 4) Self-latching mechanism shall be 54 inches above bottom of the gate.
- 5) No opening (or space) greater than ½ inch within 18 inches in any direction from the release mechanism.

THE HOUSE AS PART OF THE BARRIER:

All doors including bulk heads, sliding glass doors, storm doors, or any access doors that lead directly to pool area without obstruction of another **“Barrier”** shall be equipped with an alarm which produces an audible warning when the door opens which can be heard throughout the house during normal house-hold activities.

The Alarm and Alarm system shall:

1. Sound continuously for a minimum of 30 seconds immediately after door is opened.
2. Automatic reset under all conditions.
3. Be equipped with a manual means (touch pad or switch) to temporarily deactivate the alarm for not more than 15 seconds to provide for a single opening of the doors. Such deactivation devices shall be located 54 inches above the top of the doors threshold.
4. 85 decibels at 10 feet.

Ladder and or steps for ABOVE-GROUND SWIMMING POOLS, must comply with one or more of the following:

1. When pool structure (the wall itself) or when the barrier is mounted on top of the pool structure (fence mounted on top of coping ex.) then:
 - a) The ladder or steps shall be capable of being secured, locked or removed to prevent access, or
 - b) The ladder or steps shall be surrounded by an enclosure that meets the requirements for **“BARRIER”**.
 - c) When the ladder or steps are secure, locked, or removed, any opening created shall not allow the passage of a 4-inch-diameter sphere.
2. A retractable, lockable ladder, that cannot be removed (without tools or special knowledge available to a small child), which retracts, by hinge or sliding mechanism, to 48 inches or more above the finished grade level and has provisions for securing in the retracted mode with a locking device, shall be considered an acceptable alternative.
3. The retractable ladder locking/release device must be located at least 54 inches above the finished grade level in immediate vicinity of the retractable ladder or such locking/release mechanism shall be located on the pool side of the ladder (forcing a “reach around”) and located at least 3 inches below the top of the ladder, and the ladder shall not have an opening greater than ½ inch within 18 inches of the locking/release mechanism.

HOMEOWNER SHALL PROVIDE A COPY OF THEIR HOMEOWNER INSURANCE POLICY TO THE BUILDING DEPARTMENT TO OBTAIN THE BUILDING PERMIT. THIS IS FOR YOUR PROTECTION AS WELL AS THE CONTRACTOR AND THIS OFFICE.

THE ELECTRICAL NOTICE: A SEPARATE ELECTRICAL PERMIT IS REQUIRED FOR THE INSTALLATION OF ANY POOL!!!

NFPA 70 EQUIPOTENTIAL BONDING.

SECTION 680.26 Perimeter Surface-the perimeter surface shall extend for 1m (3 feet) horizontally beyond the inside walls of the pool and shall include unpaved surfaces as well as poured concrete and other types of paving. Bonding to perimeter surfaces shall be provided as specified in 680.26(B) (2)(a) or (2)(b) and shall be attached to the pool reinforcing steel or copper conductor grid at a minimum of four (4) points uniformly spaced around the perimeter of the pool. For nonconductive pool shells, bonding at four points shall not be required.

- (a) **Structural Reinforcing Steel.** Structural reinforcing Steel shall be bonded in accordance 680.26(B)(1)(a).
- (b) **Alternative Means.** Where structural reinforcing steel is not available or is encapsulated in nonconductive compound, a copper conductor(s) shall be utilized where the following requirements are met:
- 1) At least one minimum 8 AWG bare solid copper conductor shall be provided.
 - 2) The conductors shall follow the contour of the perimeter surface.
 - 3) Only listed splices shall be permitted.
 - 4) The required conductor shall be 450 to 600 mm (18 to 20 inches) from the inside walls of the pool.
 - 5) The required conductor shall be secured within or under the perimeter surface 100 mm to 150 mm (4 in. to 6 in.) below sub grade.

Pool Final Inspection Will Not Be Granted until this and all previous codes are satisfied!

NOTICE: A final as built plot plan (a certified wet stamp land surveyor or engineered plan), shall be submitted prior to final inspection. Failure to do so will result in an absence of a "certificate of occupancy" which will result in the inability to legally open and or occupy the pool.

--most above ground pools will be exempt from this notice unless otherwise attached to a permanent structure (such as a deck) or is encroaching on lot line set backs or other structures (10 feet minimum required in most cases).

Address of pool installation _____>

I, _____, as the homeowner have read and agree to comply with the above requirements in this packet as they may pertain to my pool installation.

Sign _____ date _____

I, _____, as the installer have read and agree to comply with the above requirements in this packet as they may pertain to my pool installation.

Sign _____ date _____

I, _____, as the electrician have read and agree to comply with the above requirements in this packet as they may pertain to my pool installation.

Sign _____ date _____

ZONING SET BACKS FOR POOLS

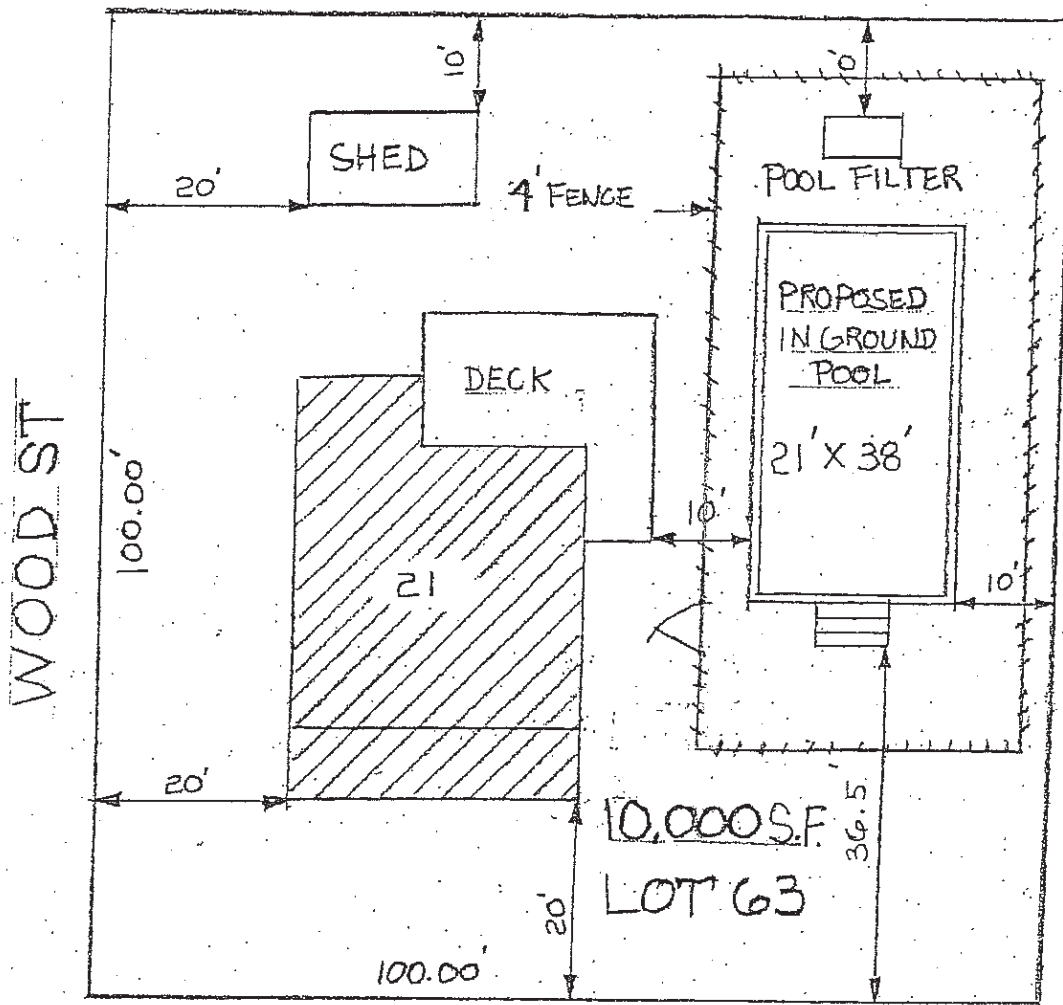
§185-19. Accessory building and structures. [Amended 10-18-1995 by Bylaw Amendment 95-302]

No accessory building or structure shall be located within a required front yard. No accessory building or structure shall be located in any side yard area nearer to the side lot line than 10 feet in General Residential V, Single-Family Residential IV or Commercial I Districts or nearer than 15 feet in other districts. No accessory building or structure shall be located in a rear yard nearer to the rear lot line than 10 feet or nearer to another principal or accessory building or structure than 10 feet.

The set backs should meet those of the accessory structure including pool equipment, ie; pumps, heaters, etc., in the section noted above. In the case of a corner lot the pool and the equipment must meet the front yard set back for that zone. Swimming pools are accessory structures whether in-ground, above the ground or on the ground. To get an accurate measurement, above the ground pools should be measured from the out side of the pool including any decking, in-ground pools should be measured from the out side edge of the pool or coping including equipment for both.

**SEE SAMPLE PLOT PLAN,
AS-BUILT ON REVERSE SIDE**

GR V ZONE SAMPLE PLOT PLAN



HAMMER ST

GR V ZONE

10,000 SF

FRONTAGE 100'

FRONT 20'

SIDE 15'

REAR 20'

PROPOSED INGROUND POOL

21 HAMMER ST

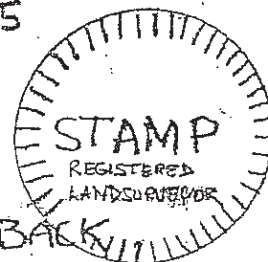
FRANKLIN MASS

SCALE 1"=20' MARCH 15 2005

ACCESSORY BUILDINGS OR STRUCTURES

SIDE 10' REAR 10' MUST MEET FRONT SETBACK

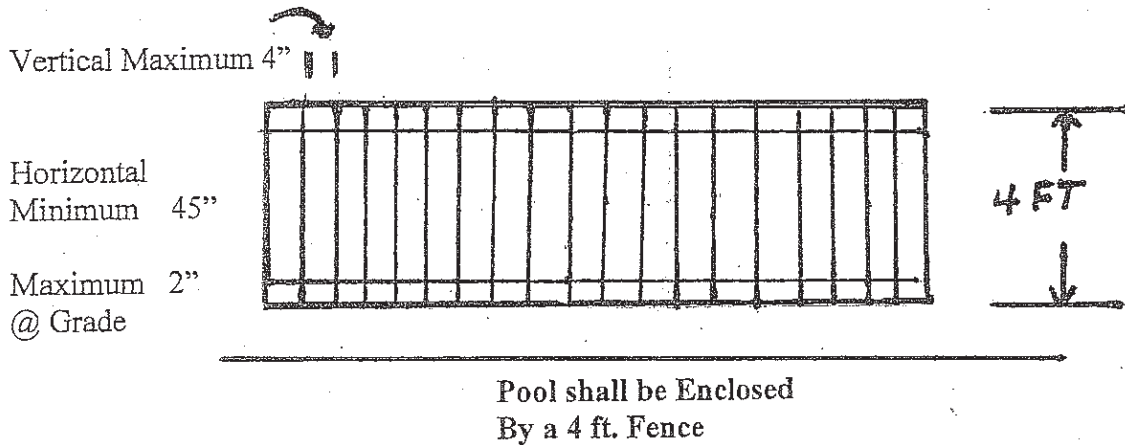
ASSESSORS PLAN 58 PARCEL 63



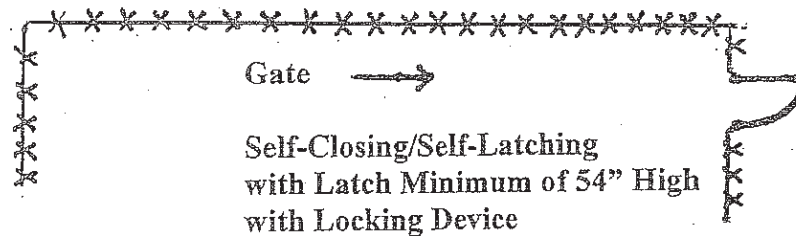
SAMPLE POOL ENCLOSURES FOR IN-GROUND, ON-GROUND AND ABOVE-GROUND SWIMMING POOLS

Fence Detail For In-ground Pools

Where barrier is composed of vertical and horizontal members



Note: Horizontal Members to be Pool Side



Pedestrian access gates shall open outwards away from the pool and shall be self-closing and have a self-latching device. Access gates shall also be equipped to accommodate a locking device. Gates other than pedestrian access gates shall have a self-latching device.

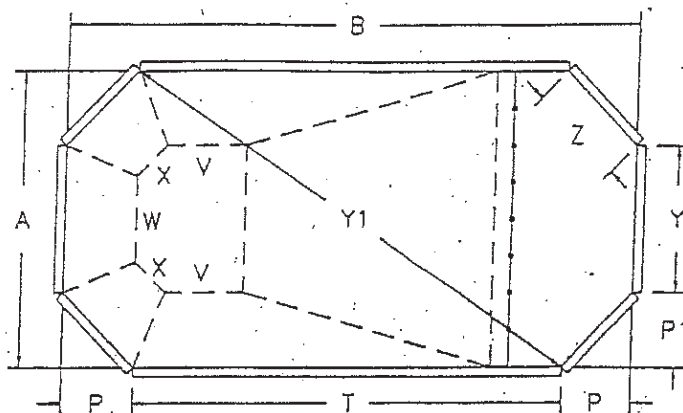
Note: Where the release mechanism of the self-latching device is located less than 54 inches from the bottom of the gate:

- (a) the release mechanism shall be located on the pool side of the gate at least three inches below the top of the gate; and
- (b) the gate and barrier shall not have an opening greater than $\frac{1}{2}$ inch within 18 inches of the release mechanism

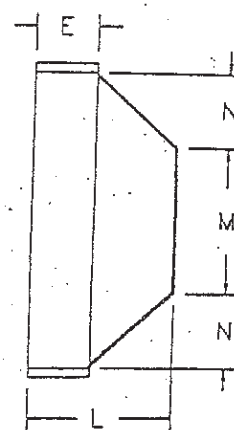
DIMENSIONS

| | |
|----|------------|
| A | 17'10 7/8" |
| B | 36'10 7/8" |
| C | 3'-4" |
| D | 3'-4" |
| E | 3'-4" |
| G | 4'-0" |
| H | 6'-0" |
| J | 14'-0" |
| K | 12'10 7/8" |
| L | 8'-0" |
| M | 9'10 7/8" |
| N | 4'-0" |
| P | 4'11 7/16" |
| P1 | 4'11 7/16" |
| T | 27'-0" |
| V | 3'4 11/16" |
| W | 4'8 1/4" |
| X | 3'8 1/4" |
| Y | 8'-0" |
| Z | 7'-0" |
| Y1 | 32'4 3/4" |

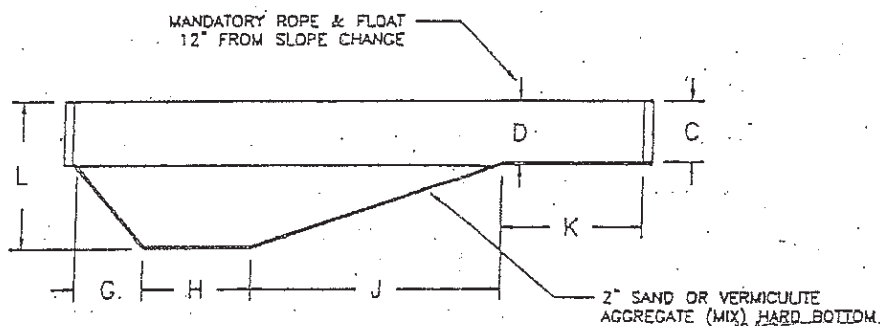
| | |
|-----------|-------------|
| VOLUME | 20,900 GAL |
| PERIMETER | 98' FT. |
| AREA | 612.0 SQ.FT |



PLAN VIEW OF POOL

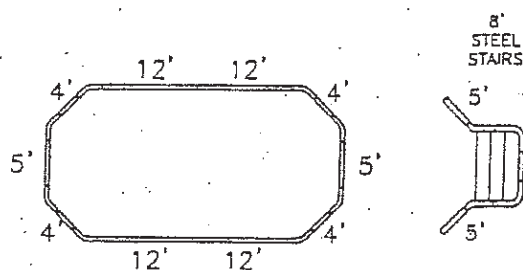


CROSS SECTION



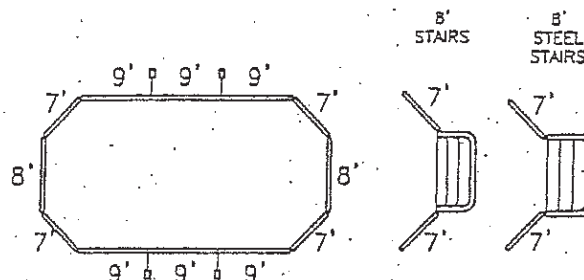
LONGITUDINAL SECTION

COPING LAYOUT



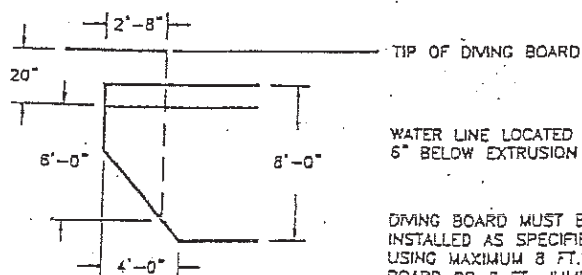
NOTE: CORNERS ARE 18" x 18"

PANEL LAYOUT



NSPI SPECIFICATIONS

THIS IS A TYPE II POOL
DIVING EQUIPMENT IS PERMITTED



WATER LINE LOCATED
6" BELOW EXTRUSION

DIVING BOARD MUST BE
INSTALLED AS SPECIFIED
USING MAXIMUM 8 FT. DIVING
BOARD OR 8 FT. JUMP BOARD

NOTES

1. All dimensions given are finished dimensions.
2. All pools are in accordance with the guidelines established by the NSPI's "Standards for Residential Pools", 1989 and 1994 BOCA CODE - SECTION 421. All pools must be constructed to meet these standards and your local building codes.
3. Information in this drawing is for reference only.

Title:
17'10 7/8" x 36'10 7/8"
GRECIAN POOL

Revised: 10/14/94 Drawing No.

Scale: NONE HG1837

PAGE #2 CHECK LIST MUST BE SUBMITTED WITH THIS APPLICATION



PERMIT NO. _____

PERMIT FEE _____

TOWN OF FRANKLIN
BUILDING DEPARTMENT
355 EAST CENTRAL STREET
FRANKLIN, MA 02038
APPLICATION FOR PLAN EXAMINATION
AND BUILDING PERMIT

PERMIT ISSUED BY _____

DATE PERMIT ISSUED _____

IMPORTANT-COMplete ALL ITEMS

| | | |
|------------------------------------|---------------------------------------------------|---------------|
| LOCATION OF BUILDING | AT LOCATION # _____ STREET _____ | DATE RECEIVED |
| | APPLICANT _____ PHONE # _____ | |
| | ASSESSOR'S ID # _____ ZONING _____ LOT AREA _____ | |

DESCRIBE IN DETAIL THE PROPOSED WORK: _____

| | | |
|----------------------------|-------------------|------------------------------------------------|
| BEDROOMS # _____ | BATHROOMS # _____ | COST OF PROPOSED WORK: _____ |
| TYPE OF CONSTRUCTION _____ | USE GROUP _____ | GROWTH CAP EXEMPT YES _____ NO _____ N/A _____ |

IDENTIFICATION-to be completed by all applicants PLEASE PRINT

*

| | | |
|---------------------|----------------|--------------|
| Owner/Lessee: _____ | Address: _____ | Phone: _____ |
|---------------------|----------------|--------------|

*

| | | |
|--------------------|--------------------|------------------|
| Contractor: _____ | Address: _____ | Day Phone: _____ |
| CS License # _____ | HIC License# _____ | Cell # _____ |
| Exp Date _____ | Exp Date _____ | |

CALL: DIG SAFE-1-888-344-7233

DIG SAFE # _____ TOWN WATER _____ TOWN SEWER _____ WELL _____ SEPTIC _____

*****Th

e undersigned hereby certifies that he/she/they have read and examined this Application and that the proposed work subject to the provisions of the Massachusetts State Building Code and other applicable laws and ordinances is accurately represented in the statements made in this Application and that the work shall be carried out in accordance with the foregoing statements and in compliance with the provisions of the laws and ordinances in effect on the date of this Application.

| | |
|-------------------------|------------------------------|
| Owner's Signature _____ | Contractor's Signature _____ |
| Address _____ | Address _____ |

If the Application is made by anyone other than the Owner, please complete the following: I hereby certify that the proposed work is authorized by the Owners of record and that I have been authorized to make this application as the owners authorized agent.

Signature of Agent _____

Signature of Owner(s) _____

DEPARTMENTAL APPROVALS

| | |
|-------------------------------|-----------------------------------------|
| BOARD OF HEALTH _____ | FIRE DEPT _____ |
| CONSERVATION COMMISSION _____ | WATER/SEWER _____ |
| PLANNING OFFICE _____ | STREET EXCAVATION (if applicable) _____ |
| | TREASURER _____ |

ALL PERMITS REQUIRE INSPECTIONS-PLEASE CONTACT THIS OFFICE AND HAVE THE PERMIT # AVAILABLE.

Please visit our web site @ www.franklin.ma.us

CONSTRUCTION DEBRIS DISPOSAL

In accordance with provisions of Massachusetts General Law C40, S54, debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by Massachusetts General Law C111, S150A

The location of the property from which the debris is being removed is _____

The debris will be disposed of at/in: _____

Name and Address of solid waste facility

Signature of Applicant/and or Firm Name (if any)

Address

Phone #

Date

HOMEOWNER LICENSE EXEMPTION

The current exemption for "**homeowners**" was extended to include **owner-occupied dwellings** of six units or less and to allow such homeowners to engage an individual for hire who does not possess a license, **provided that the owner acts as supervisor.** (State-Building Code Section 108.3.5.1)

DEFINITION OF HOMEOWNER:

Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one to six family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner. Such "homeowner" shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit. (Section 108.3.5.1)

The undersigned "homeowner" assumes responsibility for compliance with the State Building Code and other applicable codes, by-laws, rules and regulations.

The undersigned "homeowner" certifies that he/she understands the Town of Franklin Building Dept minimum inspection procedures and requirements and that he/she will comply with said procedures and requirements.

Please Print: **JOB LOCATION** _____

HOMEOWNER _____

Name

Home Phone

Work Phone

PRESENT MAILING ADDRESS _____

HOMEOWNER'S SIGNATURE _____

APPROVAL OF BUILDING OFFICIAL _____

Note: Three family dwellings 35,000 cubic feet, or larger, will be required to comply with State Building Code Section 127.0, Construction Control.

TEMPORARY FENCES AROUND POOLS

Fence installation is required around most pools and stair enclosures and must meet the Massachusetts State Code. In the event that a permanent fence cannot be installed when water is added to the pool, the Franklin Building Department will mandate temporary installation of temporary fences and gates. **Please note the required specifications:** The fence will need to be four feet high, wire or wood type snow fences with metal or wood posts as well as a self-closing/self-latching gate, which needs to be securely attached to the posts and/or stakes. Fence openings should be no greater than 4" within the fence as well as below the fence line. **PLASTIC SNOW FENCES WILL NOT BE ALLOWED!** Temporary fences must be removed and a permanent one installed within six months or before final occupancy is issued.

BUILDING PERMIT PLAN REVIEW CHECKLIST

ALL BOXES ON LEFT HAND SIDE MUST BE CHECKED. IF NOT APPLICABLE PLEASE INDICATE WITH N/A



- ☐ For **RESIDENTIAL** submittal, please supply two (2) sets of *scaled* plans.
- ☐ For **COMMERCIAL** submittal, please supply two (2) sets of drawings and stamp of licensed professional architect or engineer.
- ☐ **CONDOMINIUM** owners must provide permission from Condo Association.
- ☐ Provide energy code compliance certificate with window, door and ventilation requirements.
- ☐ All projects with added bedrooms or complete interior removal must have **Fire Department signature**.
- ☐ For all changes in footprint a proposed Plot Plan showing setbacks must accompany your submittal (i.e. decks, additions, etc.). This must be done by a **Licensed Surveyor**!

INTERDEPARTMENTAL SIGNATURES REQUIRED:

- ☐ Signature from Treasurer for minor/no change in footprint projects.

INTERDEPARTMENTAL SIGNATURES REQUIRED:

- ☐ Signatures from Treasurer, Water & Sewer, Conservation and Board of Health for change in footprint projects.

APPLICANT'S SIGNATURE: _____

DATE: _____

PLEASE NOTE: CHECK LIST MUST BE COMPLETED BEFORE BUILDING PERMIT APPLICATION IS SUBMITTED

If you have any questions regarding your Plan Review, please contact the **Building/Inspection Department**. (508) 520-4926 or FAX (508) 520-4906.

- Building Inquiries – Building Dept. (508-520-4926)
- Zoning Inquiries – Building Dept. (508-520-4926)
- Electrical Permit - Building Dept. (508-520-4926)
- Gas Permit – Building Dept. (508-520-4926)
- Plumbing Permit – Building Dept. (508-520-4926)
- Water & Sewer Permit – Dept of Public Works (508-520-4910)

257 Fisher Street

PLEASE NOTE: Planning Board and/or Zoning Board approval may be required **BEFORE** your permit is issued.

PLANNING & ZONING ARE LOCATED IN THE FRANKLIN MUNICIPAL BUILDING

REMARKS: _____



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: Builders/Contractors/Electricians/Plumbers
Applicant Information Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet ‡ These sub-contractors have workers' comp. insurance.</p> <p>5. <input type="checkbox"/> 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.]</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ 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 their workers' comp. policy information.

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 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. 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 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

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/25/2004

PRODUCER (800)333-7234 FAX (508)655-8853
EASTERN INSURANCE GROUP LLC
233 WEST CENTRAL STREET
NATICK, MA 01760

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Licensed Contractor
Any Street
Any Town, MA. 12345

| INSURERS AFFORDING COVERAGE | NAIC # |
|-------------------------------------------|--------|
| INSURER A: Clarendon America Insurance Gr | |
| INSURER B: Transportation Insurance Co | 20494C |
| INSURER C: Crum & Forster | |
| INSURER D: | |
| INSURER E: | |

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L LTR INSR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS |
|---------------------|-----------------------------------------------------------------------------------------------------------|---------------|------------------------------------|-------------------------------------|-----------------------------------------------------|
| A | GENERAL LIABILITY | HML0003854 | 03/30/2004 | 03/30/2005 | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (Any one person) \$ 5,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| B | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | 7798164 | 03/30/2004 | 03/30/2005 | GENERAL AGGREGATE \$ 2,000,000 |
| | AUTOMOBILE LIABILITY | | | | PRODUCTS - COMPROP AGG \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per person) \$ |
| C | <input checked="" type="checkbox"/> SCHEDULED AUTOS | UM0021008 | 03/30/2004 | 03/30/2005 | BODILY INJURY (Per accident) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | PROPERTY DAMAGE (Per accident) \$ |
| | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | AUTO ONLY - EA ACCIDENT \$ |
| | GARAGE LIABILITY | | | | OTHER THAN EA ACC \$ |
| D | <input type="checkbox"/> ANY AUTO | WC224692683 | 03/30/2004 | 03/30/2005 | AGG \$ |
| | EXCESS/UMBRELLA LIABILITY | | | | EACH OCCURRENCE \$ 2,000,000 |
| | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE \$ 2,000,000 |
| | DEDUCTIBLE | | | | \$ |
| E | RETENTION \$ | WC224692683 | 03/30/2004 | 03/30/2005 | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | \$ |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | | X WC STATU-TORY LIMITS IOTH-ER |
| | If yes, describe under SPECIAL PROVISIONS below | | | | E.L. EACH ACCIDENT \$ 1,000,000 |
| F | OTHER | | | | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 |
| | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

TOWN OF FRANKLIN
ATTN: BUILDING DEPARTMENT
355 EAST CENTRAL STREET
FRANKLIN, MA

TOWN OF FRANKLIN
RECEIVED

MAR 17 2004

INSPECTION DEPT.

Board of Building Regulations and Standards
HOME IMPROVEMENT CONTRACTOR

Registration: 123456

Expiration: 01/01/2005

Type: Supplement Card

Licensed Contractor
Any Street
Any Town, MA. 12345

Thomas H. Brown
Administrator



BOARD OF BUILDING REGULATIONS
License: CONSTRUCTION SUPERVISOR

Number: CS 123456

Birthdate: 01/01/1966

Expires: 01/01/2005 Tr. no: 3919

Restricted: 00

Licensed Contractor
Any Street
Any Town, MA. 12345

Thomas H. Brown
Administrator



Commonwealth of Massachusetts
Department of Fire Services
BOARD OF FIRE PREVENTION REGULATIONS

| | |
|---------------------------------|---------------|
| Official Use Only | |
| Permit No. _____ | |
| Occupancy and Fee Checked _____ | |
| [Rev. 11/99] | (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 Fixtures | No. of Ceil.-Susp. (Paddle) Fans | No. of Transformers | Total KVA |
| No. of Lighting Outlets | No. of Hot Tubs | Generators | KVA |
| No. of Lighting Fixtures | Swimming Pool Above <input type="checkbox"/> In- <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 <input type="checkbox"/> 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: _____ | | | |

Attach additional detail if desired, or as required by the Inspector of Wires.

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) _____

(Expiration Date) _____

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.

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.: _____

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: \$ _____

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID JR
LAVIN-2
DATE (MM/DD/YYYY)
10/20/04

PRODUCER
Rally Insurance Agency, Inc.
135 Hooksett Road
P. O. Box 5700
Manchester NH 03108-5700
Phone: 603-625-9653 Fax: 603-625-9624

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INSURED
Licensed Electrician
Any Street
Any Town, MA. 12345

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: American International
INSURER B: Mountain Valley Indemnity Co
INSURER C:
INSURER D:
INSURER E:

TOWN OF FRANKLIN
RECEIVED
NOV 0 2 2004
INSPECTION DEPT

COVERAGES

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| RSK ADD'L LTR INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B X | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | B282800889 | 08/12/04 | 08/12/05 | EACH OCCURRENCE \$1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300000 MED EXP (Any one person) \$10000 PERSONAL & ADV INJURY \$1000000 GENERAL AGGREGATE \$2000000 PRODUCTS - COMPROP AGG \$2000000 Emp Ben. 1000000 |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | 728002369101 | 08/12/04 | 08/12/05 | COMBINED SINGLE LIMIT (Ea accident) \$1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$ |
| B | EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10000 | X28002369201 | 08/12/04 | 08/12/05 | EACH OCCURRENCE \$5000000 AGGREGATE \$5000000 \$ \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER | R#0012-08OCT04 | 10/30/04 | 10/30/05 | WC STATU-TORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$500000 E.L. DISEASE - EA EMPLOYEE \$500000 E.L. DISEASE - POLICY LIMIT \$500000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

CANCELLATION

SEANE-1

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Town of Franklin
Inspection department
355 East Central Street
Franklin, MA. 02038

Richard M. Carthy

COMMONWEALTH OF MASSACHUSETTS

DIVISION OF PROFESSIONAL LICENSURE

OF ELECTRICIANS
REGISTERED MASTER ELECTRICIAN
ISSUES THIS LICENSE TO

Licensed Electrician

Any Street

Any Town, MA. 12345

12345 01/01/2004 12345

LICENSE NO. EXPIRATION DATE SERIAL NO.

Signature
Signature