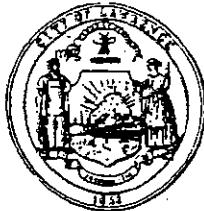


CITY OF LAWRENCE
INSPECTIONAL SERVICES DEPARTMENT
200 COMMON STREET,
LAWRENCE, MA 01848
Telephone: (978) 794-5950



Swimming Pool Application

Phone No: (978)794-5950 Fax: (978)794-1251
Revised 01/27/2005 (LW), WORKING DRAFT



CITY OF LAWRENCE
INSPECTIONAL SERVICES DEPARTMENT
200 COMMON STREET,
LAWRENCE, MA 01848
Telephone: (978) 794-5950

CHECKLIST FOR SWIMMING POOL

Dear Applicant,

The following items that are checked off must be submitted to process your permit.

Permit fee

Construction Supervisors License

Three Construction Drawings — Show Framing and brochure

Building Application

Foundation Application (If applicable)

Building Affidavit

Disposal Form

Electrical Permit

Plumbing Permit

Location of Egresses

Plot Plan - **Certified Only** — Have Surveyor Show Location of structure

Workman's Compensation form — Application Must Include Certificate

Special Instructions (By Building Inspector):

Initials: _____ Date: _____ / _____ / _____



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INSPECTIONAL SERVICES DEPARTMENT
200 COMMON STREET, LAWRENCE, MASSACHUSETTS 01848
Telephone: (978) 794-5950

This Section For Official Use Only

Building Permit No: _____

Date: _____ / _____ / _____

Signature: _____

Building Commissioner/Inspector of Building

Date: _____ / _____ / _____ Approved: Yes No

APPLICATION FOR SWIMMING POOL

SECTION 1- SITE INFORMATION

1.1 Property Address: No: _____ Street: _____

1.2 Zoning Information:

Zoning District _____ Property Use _____

1.3 Number of building on lot? _____ Lot With: _____ Lot Length: _____

1.4 Is property located in a local Historic District? (See List) _____

1.5 Assessors Map & Parcel Number

Map Number _____

Parcel Number _____

1.6 Property Dimension

Lot Area (sf) _____

Is it a corner or Interior lot? _____

Left side: _____

Frontage (ft) _____

Right Side: _____

1.6 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.7 Water Supply (M.G.L c.40 & 54)

Public

Proved

1.8 Flood Zone Information:

Zone

Outside Flood Zone

1.9 Sewage Disposal System:

Municipal

On site disposal System

SECTION 2- PROPERTY OWNER OR AUTHORIZED AGENT

2.1 Owner of Record:

Name (print) _____

Address _____

Signature _____

Telephone _____

2.1 Authorized Agent:

Name (print) _____

Address _____

Signature _____

Telephone _____

SECTION 3- BUILDING INFORMATION

3.1 Structure Size: _____ x _____ Total sq. ft. _____

3.2 Structure Height: _____ No. of Stories _____

3.3 Structure Erected on: solid Land Filled Land

3.11 Garage: _____ Attached Detached Under

3.12 Insulation Type: _____ R- Value: Wall _____

R- Value: Attic _____ R- Value: Foundation _____

3.4 Roofing: Number of Layers _____

Material to be Applied _____

3.13 Window: Number of windows: _____

3.5 Type of roof: Flat Pitched Mansard Gambrel

3.14 Existing windows material: _____

3.6 Siding: Present Siding; Wood Vinyl Asbestos

3.15 New windows material: wood vinyl aluminum

3.7 Siding: Material to be applied _____

3.16 Window U-Value _____

Number of (SF) _____

3.17 Other specify: _____

3.8 Type of fence: _____

3.18 Pools: In-ground Above-ground Gunite

3.9 Height of fence: _____

Vinyl Cement

3.10 Location of Egresses: _____

3.19 Pool Area (SF): _____

SECTION 4- CONSTRUCTION SERVICES

4.1 Licensed Construction Supervisor Phone # _____ / _____ / _____

Name: _____ License # _____

Address _____

4.4 Architects/ Engineers – Phone # _____ / _____ / _____

Name: _____ License # _____

Address _____

4.2 Licensed Home Improvement Phone # _____ / _____ / _____

Name: _____ License # _____

Address _____

SECTION 5- FEE AND PERMIT APPLICANT SIGNATURE

5.1 Estimate Cost: _____

5.1 Signature of Owner or Authorized Agent: _____

Application will be subject to (Chapter 34) 780 CMR for processing Permit Application. Applicable Not Applicable

Note: In existing building all repair, alteration, addition, and changes of use shall conform to the requirements of 780 CMR 34.

REMARKS

