

**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



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**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):

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Initials: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_



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**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) \_\_\_\_\_ Frontage (ft) \_\_\_\_\_  
 Is it a corner or Interior lot? \_\_\_\_\_  
 Left side: \_\_\_\_\_ 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) \_\_\_\_\_  
 Signature \_\_\_\_\_

Address \_\_\_\_\_  
 Telephone \_\_\_\_\_

**2.1 Authorized Agent:**

Name (print) \_\_\_\_\_  
 Signature \_\_\_\_\_

Address \_\_\_\_\_  
 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   
 3.4 Roofing: Number of Layers \_\_\_\_\_  
 Material to be Applied \_\_\_\_\_  
 3.5 Type of roof: Flat \_\_\_\_\_ Pitched \_\_\_\_\_ Mansard \_\_\_\_\_ Gambrel \_\_\_\_\_  
 3.6 Siding: Present Siding: Wood \_\_\_\_\_ Vinyl \_\_\_\_\_ Asbestos \_\_\_\_\_  
 3.7 Siding: Material to be applied \_\_\_\_\_  
 Number of (SF) \_\_\_\_\_  
 3.8 Type of fence: \_\_\_\_\_  
 3.9 Height of fence: \_\_\_\_\_  
 3.10 Location of Egresses: \_\_\_\_\_

3.11 Garage: \_\_\_\_\_ Attached  Detached  Under   
 3.12 Insulation Type: \_\_\_\_\_ R- Value: Wall \_\_\_\_\_  
 R- Value: Attic \_\_\_\_\_ R- Value: Foundation \_\_\_\_\_  
 3.13 Window: Number of windows: \_\_\_\_\_  
 3.14 Existing windows material: \_\_\_\_\_  
 3.15 New windows material: wood \_\_\_\_\_ vinyl \_\_\_\_\_ aluminum \_\_\_\_\_  
 3.16 Window U-Value \_\_\_\_\_  
 3.17 Other specify: \_\_\_\_\_  
 3.18 Pools: In-ground \_\_\_\_\_ Above-ground \_\_\_\_\_ Gunitite \_\_\_\_\_  
 Vinyl \_\_\_\_\_ Cement \_\_\_\_\_  
 3.19 Pool Area (SF): \_\_\_\_\_

**SECTION 4- CONSTRUCTION SERVICES**

4.1 Licensed Construction Supervisor Phone # \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name: \_\_\_\_\_ License # \_\_\_\_\_  
 Address \_\_\_\_\_  
 4.2 Licensed Home Improvement Phone # \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name: \_\_\_\_\_ License # \_\_\_\_\_  
 Address \_\_\_\_\_  
 4.3 Workmen's Compensation No: \_\_\_\_\_

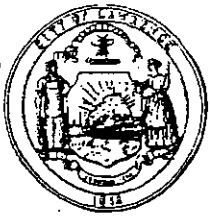
4.4 Architects/ Engineers - Phone # \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name: \_\_\_\_\_ License # \_\_\_\_\_  
 Address \_\_\_\_\_

**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**



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Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

Building Commissioner/Inspector of Building

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Approved: Yes  No

**APPLICATION FOR SWIMMING POOL**

Application #: \_\_\_\_\_

**CITY ORDINANCE SECTION 25-10 COMPLIANCE SIGN OFF LIST (All payments required before issuance of permits or licenses)**

**PROPERTY AND OWNER INFORMATION**

Property Location: \_\_\_\_\_

Local Historical District – Applicable  Not applicable

Owner's Name: \_\_\_\_\_

Building more than 75 year old – Applicable  Not applicable

Owner's Street Address: \_\_\_\_\_

Historical Commissioner Signature: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Approved: Yes  No

Telephone Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

**DEPARTMENTS SIGN OFF'S**

Tax Collector /(Taxes)

Water Dept. /(Water/Sewer)

Inspectional Services/ (Trash Tickets)

Stamp

Stamp

Stamp

Signature

Signature

Signature

Date

Date

Date

**Note:** All sign off's must include Department Stamp, Signatures and date. No photocopies will be accepted. This sign off list must be attached to all permits or license application.

**NOTES AND DESCRIPTION OF WORK**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERMIT GRANTED**

Application No: \_\_\_\_\_ Approved  Denied

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Official's Name: \_\_\_\_\_

Official's Signature: \_\_\_\_\_

Date of Approval/Denial: \_\_\_\_/\_\_\_\_/\_\_\_\_