



BOARD OF HEALTH  
**TOWN OF FOXBOROUGH**  
MASSACHUSETTS 02035

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

www.foxboroughma.gov

**Application for Swimming Pool/Spa**

\$100 each pool/spa – Check made payable to “Town of Foxborough”

BHP- \_\_\_\_\_  
DATE REC'D \_\_\_\_\_  
CHECK# \_\_\_\_\_

NO REFUNDS OR TRANSFER OF FUNDS

**PLANNED OPENING DATE:** \_\_\_\_\_

Owner of Pool: \_\_\_\_\_ Tel.#: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Tel.#: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Pool: \_\_\_\_\_ Location of Pool: \_\_\_\_\_

Operating Hours of Pool: \_\_\_\_\_

Type of Pool: \_\_\_\_\_ Type of finish: \_\_\_\_\_

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

CPO Name: \_\_\_\_\_

CPO E-mail: \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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

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**CHECK LIST OF ITEMS REQUIRED**

1. Current Certified Pool Operator Certificate
2. Water Analysis (must be received by this office before permit can be issued)
3. Worker's Compensation Affidavit with Certificate of Liability Insurance
4. Contact the Board of Health for an opening inspection (seasonal pools)

**NEW REQUIREMENTS BEGINNING PERMIT YEAR 2018**

5. An updated chemical list **OR** a statement from the permit holder stating there have been no changes in chemical use and/or quantity of chemicals being stored since the previous year (see next page).
6. Safety Data Sheets (SDS's) for all new chemicals (if applicable).
7. A statement from the permit holder that certifies there have been no changes to their existing Emergency Response Plan. If changes have occurred, please submit these revisions (see next page).

**Statement #5 (if applicable):**

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

**Statement #7 (if applicable):**

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

### **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 A112.19.8-2007 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  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.  
 TO BE FILED WITH THE PERMITTING AUTHORITY.

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am an 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"/> 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]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p><b>Business Type (required):</b></p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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\*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 #: \_\_\_\_\_

<p><i>Official use only. Do not write in this area, to be completed by city or town official.</i></p>	
<p>City or Town: _____</p>	<p>Permit/License # _____</p>
<p>Issuing Authority (circle one):</p> <p>1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office</p> <p>6. Other _____</p>	
<p>Contact Person: _____</p>	<p>Phone #: _____</p>

# 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."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate 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.

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## 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). 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.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
1 Congress Street, Suite 100  
Boston, MA 02114-2017

Tel. # 617-727-4900 ext 7406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)