



**TOWN OF EDGARTOWN POOL/TENNIS COURT  
BUILDING PERMIT APPLICATION**

P.O. Box 5158  
Edgartown, MA 02539  
(508) 627-6115

Property Address: \_\_\_\_\_ Map \_\_\_\_\_ Lot \_\_\_\_\_  
Owner of Record: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_

**APPLICANT CHECKLIST (see page two for details)**

The following must be included: *\*If Applicable*

- \_\_\_\_\_ All forms for building permit application
- \_\_\_\_\_ One set of plans
- \_\_\_\_\_ Board of Health permit
- \_\_\_\_\_ Zoning Board of Appeals, Planning Board and/or Conservation Commission approvals\* (must be filed with the Registry of Deeds and a stamped copy from the Registry included w/application)

DPW Approval for Downtown Parking? Y / N Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Tax Collector verification: Taxes Owed? Y / N Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Board of Health Permit #: \_\_\_\_\_

BP#: \_\_\_\_\_ App. Date: \_\_\_\_\_ Fee: \_\_\_\_\_  
Building Permit #: \_\_\_\_\_ Issue Date: \_\_\_\_\_

## Application Checklist

### Pool/Spa:

- Site Plan w/setbacks, structures, site elevations, Overlay Districts, and flood plain elevations (if applicable)
- Locations of fencing, gates, and door and/or window alarms marked on site plan
- Stamped cross-section
- Type of fencing
- Spec sheet for self-latching gate mechanism
- Spec sheet for UL Listed door/window alarms
- Board of Health permit
- Homeowner authorization letter
- DPW/Selectmen's Permission (if working downtown)

### Tennis/Sport Court:

- Site Plan with setbacks, structures, site elevations, Overlay Districts, and flood plain elevations marked (additions only)
- Homeowner authorization letter
- All permit applications should include a copy of the Home Improvement Contractor Registration, certificates of liability, and workman's compensation certificates.**
- Approval from the Zoning Board of Appeals, Planning Board, and/or Conservation Commission must be recorded at the Registry of Deeds, and the copy submitted with the building permit application must reflect the Registry filing.
- Historic District Commission approval must be submitted with the building permit application.
- Note: the Building Inspector may require plans beyond what is listed above, if she deems it necessary for review. In some instances, certification by an engineer may also be required.

SIZE OF POOL/TENNIS COURT: \_\_\_\_\_ SIZE OF SPA: \_\_\_\_\_

ESTIMATED COST OF WORK: \_\_\_\_\_

ZONING & OVERLAY DISTRICTS

Zone: \_\_\_\_\_ Lot Size: \_\_\_\_\_ Conforming Lot? ( ) Yes ( ) No

Building Setbacks (ft):

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

Has the property or structure received a Variance or Special Permit from the Zoning Board of Appeals or the Planning Board? ( ) Yes ( ) No

Is the Proposed Project:

Located in the Coastal District? ( ) Yes ( ) No

Within 200 feet of a Wetland? ( ) Yes ( ) No

Within 100 feet of the 100 Year Flood Zone? ( ) Yes ( ) No

Within the Historic District? ( ) Yes ( ) No

If yes, are there any exterior architectural alterations? ( ) Yes ( ) No

Within any other District of Critical Planning Concern? ( ) Yes ( ) No

If yes, provide list: \_\_\_\_\_

A Development of Regional Impact? ( ) Yes ( ) No

Has the property ever been a subject of a Development of Regional Impact? ( ) Yes ( ) No

# 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 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.

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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) 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.

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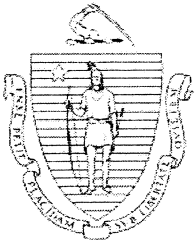
The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
Lafayette City Center, 2 Avenue de Lafayette  
Boston, MA 02111-1750

Tel. (617) 727-4900 or 1-877-MASSAFE

Fax (617) 727-7749

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



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 Lafayette City Center  
 2 Avenue de Lafayette, Boston, MA 02111-1750  
 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 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"/> 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 employees and 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 state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

***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 (check one):

1.  Board of Health 2.  Building Department 3.  City/Town Clerk 4.  Electrical Inspector 5.  Plumbing Inspector 6.  Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

NOTE: THIS FORM IS REQUIRED IF THE OWNER IS ACTING AS THE CONSTRUCTION SUPERVISOR

Be advised that a majority of those citizens who sign the Homeowner's Exemption Agreement below are not fully aware of the responsibilities that go along with assuming the role of "Contractor". **By seeking this exemption, you assume significant risks and responsibilities.** Please note:

- You are now **personally responsible** for all work on this project.
- You are responsible for ensuring that all work meets the current Massachusetts Building Codes.
- You **must** supervise all work.
- You **must** call the Building Department to **schedule all required building inspections**, and you must **be present for all inspections**.
- You have waived your rights and are not longer entitled to any claim against the Massachusetts HIC Guaranty Fund.
- You are the General Contractor of the project and a court of law will view you as such if you are sued, or if you should have the need to sue another party.
- Your subcontractors may place liens on your property.
- Any worker injured on your project may sue you if you do not carry Worker's Compensation Insurance.
- Failure to carry Worker's Compensation Insurance may result in criminal penalties, i.e. fines and/or imprisonment.

\*Massachusetts General Laws chapter 152 section 25 requires all employers to provide worker's compensation for their employees. As quote from the law, an employee is defined as every person in service of another under contract of hire; 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 entity, employing employees.

**HOMEOWNERS' EXEMPTION ELIGIBILITY AFFIDAVIT**

I, \_\_\_\_\_ (full legal name), born \_\_\_\_\_ (month/day/year), hereby depose and state the following:

1. I am seeking a building permit pursuant to the homeowners' exemption to the permit requirements of the Massachusetts State Building Code, codified at 780 CMR 110.R5.1.3.1, in connection with a project or work on a parcel of land to which I hold legal title.
2. I am not engaged in, and the project or work for which I am seeking the aforementioned homeowners' exemption, does not involve the field erection of manufactured buildings constructed in accordance with 780 CMR 110.R3.
3. I qualify under the State Building Code's definition of "homeowner" as defined at 780 CMR 110.R5.1.2:  
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-or two-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 home owner.
4. I do not hold a valid Massachusetts construction supervision license and, except to the extent that I qualify for and will abide by the Massachusetts State Building Code's requirements for the supervision of the project or work on my parcel, I am not engaged in construction supervision in connection with any project or work involving construction, reconstruction, alteration, repair, removal or demolition involving any activity regulated by any provision of the Massachusetts State Building Code.
5. If I engage any other person or persons for hire in connection with the aforementioned project or work on my parcel, I acknowledge that I am required to and will act as the supervisor for said project or work.

Signed under the pains and penalties of perjury on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(signature)

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

NOTE: THIS FORM IS REQUIRED IF THE CONSTRUCTION SUPERVISOR DOES NOT HAVE A HOME IMPROVEMENT REGISTRATION NUMBER, OR IF THE HOMEOWNER IS ACTING AS THE CONSTRUCTION SUPERVISOR

### HOME IMPROVEMENT CONTRACTOR LAW - AFFIDAVIT

*MCL c. 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units...or to structures which are adjacent to such residence or building" be done by registered contractors, with certain exceptions, along with other requirements.*

Owner of Record: \_\_\_\_\_

Assessors' Map: \_\_\_\_\_ Lot: \_\_\_\_\_

Address of Work: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Est. Cost: \_\_\_\_\_

I hereby certify that Registration is not required for the following reason(s):

- \_\_\_\_\_ Work excluded by law
- \_\_\_\_\_ Job under \$1,000.00
- \_\_\_\_\_ Building not owner- occupied
- \_\_\_\_\_ Owner pulling own permit
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

NOTICE IS HEREBY GIVEN THAT:

OWNERS PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL c. 142A.

Signed under penalties of perjury:

I hereby apply for a permit as the agent of the owner:

\_\_\_\_\_  
Date Contractor Signature Registration No.

OR

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property.

\_\_\_\_\_  
Date Owner Signature