



TOWN OF MEDWAY
COMMONWEALTH OF MASSACHUSETTS

Medway Town Hall
155 Village Street
Medway, MA 02053
Phone (508) 533-3206

BOARD OF HEALTH

Public and Semi-Public Pool Permit Application

Date: _____

1. Pool Type:

Check all that apply: ☐ Public ☐ Semi- Public ☐ Indoor ☐ Outdoor

Check one: ☐ Swimming ☐ Wading ☐ Special Purpose (specify): _____

2. Pool Location:

Name of Pool Facility: _____

Address of Pool: _____ Medway, MA 02053

Mailing Address: _____

Phone Number: _____ Email: _____

3. Owner Information:

Name of Owner: _____

Mailing Address: _____

Phone Number: _____ Email: _____

4. Certified Pool Operator (CPO) Information:

Name of CPO(s): _____

Phone Number: _____ Email: _____

5. Pool Information:

Length of Pool: _____ Width of Pool: _____ Depth of Pool: _____

Volume in Gallons: _____ Source of Water: _____ Pool Water Disposal: _____

Swimmer Area (Sq Ft.): _____ Non-Swimmer Area (Sq. Ft.): _____ Bather Capacity: _____

*Portions of the swimming pool five feet or less in depth shall be designated as "non-swimmer" areas. Portions of the pool over five feet in depth shall be designated as the "swimming" area.

Type of Filter: _____ Number of Filters: _____ Size of Filter (Sq Ft): _____

Max Flow Rate: _____ Min Flow Rate: _____

Disinfection (chlorine, bromine, UV): _____ Feed Rate Capacity: _____

Statement: Pursuant to M.G.L. Ch. 62C, Sec. 49A, I _____, certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State Tax returns and paid all State Taxes required under law. I hereby attest to the accuracy of the information provided in the application and affirm to operate the aforementioned pool in accordance with the provisions set forth in 105 CMR 435.00: MINIMUM STANDARDS FOR SWIMMING POOLS and any additional requirements from the Medway Board of Health.

Name (Please Print)

Signature

Applications will not be accepted unless ALL of the following documents are enclosed with the application:

- Completed Public and Semi-Public Pool Permit Application
- Permit Fee- \$150- Make check payable to "Town of Medway"
- Workman's Compensation Affidavit (*we have attached for you*)
- Certificate of Liability
- Certified Pool Operator Certification
- Lifeguard Certifications
- Documentation showing the pool drain/ grate covers conform to Federal Pool Requirements: The Virginia Graeme Baker & Spa Safety Act, American National Standard ASME A112.19.8- 2007.



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: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Are you an employer? Check the appropriate box:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. I am an employer with ____employees (FT and/or PT.)* |
| <input type="checkbox"/> | 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. |
| <input type="checkbox"/> | 3. 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.):** |
| <input type="checkbox"/> | 4. We are a non-profit organization, staffed by volunteers, with no employees (no workers' comp. insurance required.):** |

Business Type (required):

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Retail |
| <input type="checkbox"/> | Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> | Office and/or Sales (including real estate, auto, etc.) |
| <input type="checkbox"/> | Non-Profit |
| <input type="checkbox"/> | Entertainment |
| <input type="checkbox"/> | Manufacturing |
| <input type="checkbox"/> | Healthcare |
| <input type="checkbox"/> | Other (please specify): _____ |

* 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 up to \$250.00 a day against the violator. Be advised that the 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):

Board of Health

Building Department

City/Town Clerk

Licensing Board

Selectmen's Office

Other: _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Law's 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 142, §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 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 not 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, the 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. When 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 # 601.727.4900 ext. 406 or 1.877.MASSAFE
Fax # 617.727.7749
www.mass.gov/dia