

Harwich Health Department  
732 Main Street  
Harwich, MA 02645  
Tel 508-430-7509  
Fax 508-430-7531

# Memo

TO: Pool Owner/Operator

RE: Swimming Pool License Renewal

Attached is your renewal application to operate your pool for the upcoming season.

Your pool will need to be inspected prior to opening. Please call to schedule your appointment. Appointments must be made at least one week in advance to anticipated opening date.

Permit renewal checklist:

1. Completed application form signed by operator including Social Security/Federal Tax Identification.
2. Check made payable to the "Town of Harwich" in the amount of \$100 for each spa and pool on site
3. SSN written on check.
4. Completed Workers Compensation form.
5. **Copies of CPR certification. Please be reminded that as part of this license you must maintain a qualified CPR person on duty at all times of operation. New copies must be provided each year.**
6. **Copy of Certified Pool Operator certification (new copy must be provided each year).** If the CPO will be contracted, please provide a copy of the contract including the frequency of the visits, and what they will encompass.

As a reminder, your pool water must be sampled and submitted to a lab prior to opening. We have bottles and paperwork if you choose to go through the Barnstable County Lab. Please note that your pool will not be allowed to open until results have come back from the lab.

Thank you in advance for your cooperation.

Paula J. Champagne, R.S., C.H.O.  
Heath Director



# TOWN OF HARWICH

BOARD OF HEALTH

732 Main Street

Harwich, MA 02645

508/430-7509 Fax: 508/430-4703

## Pool Permit Application

TO THE LICENSING AUTHORITIES:

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

*In accordance with the provisions of the statutes relating thereto, application for a permit is hereby made by:*

Name of Business:	
Business Address:	
Mailing Address:	
Telephone No.:	Fax No.:

Pool Operated: Year-Round \_\_\_\_\_ Seasonal \_\_\_\_\_

If Seasonal, estimated opening and closing dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

If any changes have occurred since our last review, please describe: \_\_\_\_\_

**Permit Fee:** A permit fee of **\$100** for each spa, swimming and wading pool must be submitted with this form.  
\_\_\_\_\_ number of pools being operated

POOL OPERATORS MUST HAVE A MINIMUM OF ONE EMPLOYEE ON THE PREMISES AND AVAILABLE BY COMMUNICATION DURING POOL OPERATING HOURS WHO IS CERTIFIED IN CPR INCLUDING TRAINING IN PEDIATRIC, CHILD AND ADULT. PLEASE LIST CPR CERTIFIED EMPLOYEES BELOW AND ATTACH COPIES OF THE CURRENT CERTIFICATIONS TO THIS FORM. **NEW COPIES MUST BE SUBMITTED YEARLY SINCE THE HEALTH DEPARTMENT CAN'T VERIFY EMPLOYMENT STATUS OF CERTIFIED EMPLOYEES OF PREVIOUS YEARS.**

1. \_\_\_\_\_ 2. \_\_\_\_\_

THE POOL SUPERVISOR MUST BE A **CERTIFIED POOL OPERATOR** AS REQUIRED BY STATE LAW. THE **CERTIFIED POOL OPERATOR** MUST, AT A MINIMUM, CONDUCT WEEKLY SITE VISITS TO ENSURE THE POOL IS BEING OPERATED IN A SAFE AND SANITARY MANNER. PLEASE LIST THE **CERTIFIED POOL OPERATOR** BELOW AND ATTACH A COPY OF THE CURRENT CERTIFICATION TO THIS FORM. **NEW COPIES MUST BE SUBMITTED YEARLY.**

1. \_\_\_\_\_

Pursuant to MGL Chapter 62C § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required by law.

Social Security Number or Federal ID: \_\_\_\_\_

Signature of Individual: \_\_\_\_\_

### FOR BOARD OF HEALTH USE ONLY

Date Rec'd: \_\_\_\_\_ Amt. Rec'd: \_\_\_\_\_ Pymt. Type: \_\_\_\_\_  Worker's Comp. attached  Complete  Incomplete

Reviewed/Approved by: \_\_\_\_\_  Hold \_\_\_\_\_  Ok to process Permit # \_\_\_\_\_



The Commonwealth of Massachusetts  
 Department of industrial Accidents  
**Office of Investigations**  
 600 Washington Street  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit

<b>Applicant Information</b>	<b>Please Print Legibly</b>	
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Name: \_\_\_\_\_

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

City \_\_\_\_\_ phone # \_\_\_\_\_

- I am a homeowner performing all work myself.  
 I am a sole proprietor and have no one working in any capacity

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- I am an employer providing workers' compensation for my employees working on this job.

Company name: \_\_\_\_\_

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

City: \_\_\_\_\_ phone # \_\_\_\_\_

Insurance Co. \_\_\_\_\_ policy # \_\_\_\_\_

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- I am a sole proprietor, general contractor, or homeowner (circle one) and have hired the contractors listed below who have the following workers' compensation policies:

Company name: \_\_\_\_\_

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

City: \_\_\_\_\_ phone # \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ policy # \_\_\_\_\_

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Company name: \_\_\_\_\_

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

City: \_\_\_\_\_ phone # \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ policy # \_\_\_\_\_

<b>Attach additional sheet if necessary</b>
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Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

*I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.*

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

Print name \_\_\_\_\_ Phone # \_\_\_\_\_

official use only	do not write in this area to be completed by city or town official
city or town: _____	permit/license # _____
<input type="checkbox"/> check if immediate response is required	<input type="checkbox"/> Building Department <input type="checkbox"/> Licensing Board <input type="checkbox"/> Selectmen's Office <input type="checkbox"/> Health Department <input type="checkbox"/> other _____
contact person: _____	phone #: _____

## Information and Instructions

Massachusetts General Laws chapter 152 section 25 requires all employers to provide workers' compensation for their employees. As quoted from the "law", 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 section 25 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, 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 in the workers' compensation affidavit completely, by checking the box that applies to your situation and supplying company names, address and phone numbers as all affidavits 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.

### City or Towns

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. The affidavits may be returned to the Department by mail or FAX unless other arrangements have been made.

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  
fax #: (617) 727-7749  
phone #: (617) 727-4900 ext. 406, 409 or 375**