



**DEPARTMENT OF INSPECTIONAL SERVICES
133 WILLIAM STREET – ROOM 308
NEW BEDFORD, MA 02740**

**CITY OF NEW BEDFORD
JONATHAN F. MITCHELL, MAYOR**

NOTICE

ALL SWIMMING POOLS MUST COMPLY
WITH
M.S.B.C. 780 CMR 421-421.11

- This packet must be signed before a permit is issued for a private swimming pool.
- All swimming pool applications require a site plan that will show:
 - a) The location of the yard/property
 - b) Main dwelling unit
 - c) Any/all outside structures
 - d) Proposed pool placement
 - e) Required fencing
 - f) Location of outside electrical meter with the direction of electrical service into the house meter
- Immediately upon installation of the pool, please call the Building Department at 508-997-1540 for an inspection. Failure to call and comply with all Pool Protection and Safety Regulations will result in termination of the pool permit and could result in legal proceedings and/or monetary fines.

NOTE: No electrical wires are allowed over a swimming pool.

Packet received and acknowledged by: _____

Date signed: _____

Department use only:

Date Received: _____ Site Plan Submitted: Y/N _____

Comments: _____



DEPARTMENT OF INSPECTIONAL SERVICES
133 WILLIAM STREET - ROOM 308
NEW BEDFORD, MA 02740

CITY OF NEW BEDFORD
JONATHAN F. MITCHELL, MAYOR

-C-
SWIMMING POOL PERMIT

STREET: _____

PLOT: _____ LOT: _____ HOME PERMIT #: _____

OWNERS NAME: _____ ADDRESS: _____ PHONE # _____

POOL COMPANY: _____ ADDRESS: _____ PHONE # _____

Are there any overhead or underground wires affected by or located in the vicinity of this proposed pool? Yes No

If yes, describe _____

TYPE OF POOL: Above Ground / In ground

SIZE OF POOL: _____

DEPTH OF POOL: _____

NUMBER OF SKIMMER: 1 to 1,000 Sq. Ft _____

FILTER: Size _____ Gal per minute _____

FENCE: Type _____ Height _____

DISTANCE: Set Back from Lot Line _____ Side L _____

Side R _____ Back _____

Distance from Septic Tank _____

Distance from Leaching Field _____

Cost: Pool _____

Deck Requires Separate Permit

Shed Requires Separate Permit

Plot plan if not shown _____

Wire Department Review: Approved Disapproved

If disapproved, cite reason _____

Wire Inspector

Date

Permit # _____ Permit Fee _____ Permit Issued _____



**DEPARTMENT OF INSPECTIONAL SERVICES
133 WILLIAM STREET - ROOM 308
NEW BEDFORD, MA 02740**

**CITY OF NEW BEDFORD
JONATHAN F. MITCHELL, MAYOR**