

**TOWN OF MILLIS**  
**Building Department**  
**900 Main Street – Millis MA 02054**  
**Phone: 508-376-7044**  
**Fax: 508-376-7053**

**APPLICATION FOR PERMIT TO INSTALL A SWIMMING POOL**

*Tax Collector:* \_\_\_\_\_ *date* \_\_\_\_\_ *Conservation Commission :* \_\_\_\_\_ *date* \_\_\_\_\_  
*Assessor :* \_\_\_\_\_ *date* \_\_\_\_\_ *Board of Health :* \_\_\_\_\_ *date* \_\_\_\_\_

**To the Building Commissioner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The undersigned hereby applies for a permit to construct, reconstruct, alter, enlarge, renovate, repair, remove, demolish, or change the use or occupancy according to the following information and plans filed herewith:

**LOCATION:** \_\_\_\_\_ **MAP/PARCEL:** \_\_\_\_\_ **ZONING DISTRICT:** \_\_\_\_\_

**OWNER'S NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**BUILDER'S NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**OWNER'S PHONE:** \_\_\_\_\_ **BUILDER'S PHONE:** \_\_\_\_\_

**LICENSEE RESPONSIBLE FOR PROJECT:** \_\_\_\_\_ **HIC. #:** \_\_\_\_\_

**USE OF POOL:** Residential \_\_\_\_\_ Commercial \_\_\_\_\_ **CSL. #:** \_\_\_\_\_

IS ANY PART OF THIS PROJECT WITHIN 100' OF A WETLAND? YES \_\_\_\_\_ NO \_\_\_\_\_ (if unsure, check with Conservation Commission)

SIZE OF PROPOSED POOL: \_\_\_\_\_ EST. COST OF CONSTRUCTION: \$ \_\_\_\_\_

DESCRIPTION OF PROJECT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that I am the owner of record of the property listed above or that I have been duly authorized by said owner to make this application as the owner's agent and that all the information above, and plans and specifications submitted are correct and that all work pursuant thereto shall comply with all applicable provisions of the Commonwealth of Massachusetts Statutes, Building Code, and Town of Millis Zoning by-laws shall be complied with. The following is subscribed to and executed by me under the Pains and Penalties of Perjury.

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

LICENSE HOLDER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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*Building Commissioner Approval:* \_\_\_\_\_ *Permit #* \_\_\_\_\_ *Fee:* \_\_\_\_\_

