

## **POOL PERMIT APPLICATION**

Date: _____	Phone: _____
Applicant Name: _____	Tax Map No.: _____
Site Address: _____	Mailing Address: _____ (If Different from Site Address)
Contractor Name & Phone #: _____	
Pool Type & Size: <input type="checkbox"/> Above Ground	Dimensions (in feet): _____ Height _____ Round _____ Oval
<input type="checkbox"/> In Ground	Dimensions (in feet): _____ Length _____ Width
Setback From Side of Property Line: _____	Setback From Rear of Property Line: _____
<b>NOTICE</b> Safety Features Required at Time of Final Inspection:	<input type="checkbox"/> Ladder (lockable) <input type="checkbox"/> Pool Alarm <input type="checkbox"/> Electrical Inspection <input type="checkbox"/> Fence _____(Type)    _____(Height) <input type="checkbox"/> Gate: <input type="checkbox"/> Self-Closing <input type="checkbox"/> Self-Latching <input type="checkbox"/> Lock

Sketch Site Below (attached additional paper is necessary)

In consideration of the granting of the permit requested, the applicant agrees to comply with all applicable Town of Kingsbury code(s) and New York State Uniform Fire Prevention and Building Code.

Applicant Signature: \_\_\_\_\_

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