

OFFICE USE ONLY

POOL/SPA/HOT TUB PERMIT #: _____ DATE: _____ 20____ TAX MAP # _____ - _____ - _____

ZONING DISTRICT(S): _____ OCCUPANCY GROUP(S): _____ CONSTRUCTION TYPE: _____

DATE APPROVED _____ DENIED _____ PENDING _____ FEE PAID _____

TOWN OF COEYMANS

Building Department

18 RUSSELL AVENUE

RAVENA, NEW YORK 12143

Office: (518) 756-2850

Email: buildingdepartment@coeymans.org

Fax: (518) 756-9257

SWIMMING POOL, SPA & HOT TUB

PERMIT APPLICATION

With or without Pool Deck

SWIMMING POOL

SPA

HOT TUB

Owner / Applicant's Information

NAME OF PROPERTY OWNER: _____

LOCATION OF PROPERTY: _____

OWNER'S MAILING ADDRESS: _____

NAME OF APPLICANT: _____

OWNER PHONE #'S: HOME _____ WORK _____ CELL _____

APPLICANT'S PHONE #'S: HOME _____ WORK _____ CELL _____

EMAIL: _____

IS THE PROPERTY CURRENTLY IN OWNER'S NAME? **Yes** **No**

If No, complete the attached the Consent Form.

Nature of Proposed Work

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Above Ground Pool Only | <input type="text" value="\$ 50.00"/> | <input type="checkbox"/> On Ground Pool (Soft-sided - Seasonal) | <input type="text" value="\$ 50.00"/> |
| <input type="checkbox"/> Above Ground Pool with Deck | <input type="text" value="\$ 100.00"/> | <input type="checkbox"/> Spa | <input type="text" value="\$ 50.00"/> |
| <input type="checkbox"/> In Ground Pool Only | <input type="text" value="\$ 50.00"/> | <input type="checkbox"/> Hot Tub | <input type="text" value="\$ 50.00"/> |
| <input type="checkbox"/> In Ground Pool with Heat | <input type="text" value="\$ 50.00"/> | <input type="checkbox"/> | <input type="text"/> |

Above Ground Pool Fold Away Steps _____ Removable Steps _____ Other _____
Maintain (4') four foot barrier requirement.

In Ground Pool Fence: 4' Solid () Chain link () Solid () Picket ()
Fence Gates: Self-closing/Self-latching/Lockable _____ **(REQUIRED)**
Doors with direct access to pool area: Audible Alarm () self-closing & latching.
Power Safety Cover _____

On Ground Pool (Water depth over 24" and under 48")
Fence: 4' Solid () Chain link () Solid () Picket ()
Fence Gates: Self-closing/Self-latching/Lockable _____ **(REQUIRED)**

Spa/Hot Tub Lockable Cover _____ Other _____

*******SPLASH ALARM IS REQUIRED FOR ALL POOLS*******

INSTALLATION AND BARRIERS SHALL COMPLY WITH ALL REQUIREMENTS OF THE 2016 NEW YORK STATE UNIFORM CODE SUPPLEMENT, CHAPTER 2, SECTION R326.

Is the Site in a Flood Plain? _____ Is the Site in Wetlands? _____

Setbacks to property lines: front _____ right side _____ left side _____ rear _____ -

Square Footage of Deck (If Applicable) : _____ Dimensions of Pool: _____

Estimated Cost of All Work: \$

Description of Proposed Work: _____

List of Contractors and what work is being done by them: _____

Plot Plan / Site Information

- Show locations of pools, pool decks etc. including dimensions of all with setbacks to property lines.
- Show locations of all structures located on this parcel.
- Setbacks which are close to the required district minimum may be required to be surveyed by a professional.
- Show locations of water and sewer hook ups.
- Attach stamped drawings by designed professionals if required.

Required Inspections This office requires a 24 HOUR NOTICE for all inspections.

1. Footings before pouring concrete for deck piers,
2. Piers inspection before backfill.
3. Framing.
4. When all work is completed a FINAL inspection is required. A third part electrical certificate is required before issuance of a Certificate of Compliance. No Use of any Pool/Spa/Hot Tub is permitted without a Certificate of Compliance issue by this Building Department.

PERMIT EXPIRES ONE (1) YEAR FROM THE DATE OF ISSUE

SIGNATURE OF OWNER/APPLICANT: _____ DATE: _____