City of Sherrill
Codes Department
Application For Swimming Pool-Spa-Hot Tub

Application shall be filled out Completely

DATE:

PERMIT NUMBER:

Job Location:

Contractor's Information:

Email:

Phone Number:

Sub Contractor's Information:

Email:

Phone Number:

Workmen's Compensation Information:

FORMS ATTACHED: [ ] CE-200 exemption [ ] C-105.2 contractors

[ ] SI-12 [ ] GSI-105.2

On-line Forms: (www.wcb.state.ny.us)

Homeowner Information:

Email:

Phone Number:

Detailed Description of Work:

TYPE OF POOL: Above Ground [ ] Inground [ ] Spa [ ] Hot Tub [ ]

SIZE:
HEIGHT OF ABOVE GROUND POOL:
TYPE OF INGROUND POOL BARRIER:

ALL WORK COVERED BY THIS APPLICATION SHALL COMPLY TO ALL LOCAL AND STATE ZONING AND BUILDING CODE REGULATIONS
NO WORK SHALL BE STARTED UNTIL THE CODES DEPARTMENT HAS ISSUED THE REQUIRED BUILDING PERMIT.
ANY WORK PERFORMED PRIOR TO OBTAINING THE REQUIRED BUILDING PERMIT WILL BE SUBJECTED TO THE FOLLOWING FINE. (Residential $250.00 plus the Building Permit Fee. – Commercial $500 plus the Building Permit Fee)
ALL PERMITS APPROVED MAYBE SUBJECT TO FIELD INSPECTIONS.
ALL ELECTRICAL WORK SHALL BE INSPECTED BY A THIRD-PARTY ELECTRICAL INSPECTION AGENCY HIRED BY THE APPLICANT.
SHOW LOCATION OF POOL USING A SITE PLAN. INCLUDE DISTANCES TO STRUCTURES AND PROPERTY LINES. (See example).
PROVIDE A COPY OF THE POOL'S MANUFACTURER'S INSTALLATION REQUIREMENTS.

The application is hereby made to the Codes Department for the issuance of a building and zoning permit pursuant to the NYS Uniform Fire Prevention and Building Codes, as herein described. The applicant or owner agrees to comply with all applicable laws, ordinances, regulations, and all conditions expressed on any attachments as part of the building permit application and will also allow all inspectors to enter the premises for the required inspections. The owner will not use or occupy the use described above until a certificate of compliance or occupancy has been issued by the City of Sherrill Codes Department.

SIGNED: _____ DATE: _____ E-MAIL: _____

OFFICE USE ONLY

Approved by: DATE: FEE:

Disapproved: (Reason):

Zoning District:

Other Information:

Example Site Plan