

SWIMMING POOL PERMIT APPLICATION

Permit Fee: \$50 (Above Ground) \$150 (In-Ground)

TOWN OF EDEN BUILDING DEPARTMENT
2795 EAST CHURCH STREET
EDEN, NY 14057

TEL: 716-992-3576
FAX: 716-992-4131
EMAIL: building@edenny.gov



BUILDING PERMIT APPLICATION CHECKLIST FOR- ABOVE GROUND POOL

All of the following items MUST be submitted with this application in order to obtain a Building Permit

- Completed BUILDING PERMIT APPLICATION form
- A copy of the existing and most current and accurate survey or site plan.
Drawn to scale, proposed pool on the survey with dimensions and show property lines, setbacks, all buildings, easements, walkways and a north arrow.
- If the pool will require a separate fence (less than 48" wall), provide fence details.
- A copy of a brochure from the pool manufacturer show the make and model of the pool.
- Documentation illustrating compliance regarding pool alarms.

BUILDING PERMIT APPLICATION CHECKLIST FOR - IN-GROUND POOL

- Completed BUILDING PERMIT APPLICATION form
- A copy of an accurate existing survey/ site plan – drawn to scale, proposed pool on the survey with dimensions and show property lines, setbacks, all buildings, easements, walkways and a north arrow.
- One complete set of working plans with specifications, drawn to scale (1/4" to 1' preferred).
- Plans must include fence and gate/access details
- To comply with General Municipal Law, the applicant/business/entity must provide proof of compliance with Worker's Compensation and NYS Disability Laws. Homeowners doing the work themselves must complete a waiver form.
- Documentation illustrating compliance regarding pool alarms.
- Documentation illustrating compliance regarding entrapment protection for suction outlets.

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APPLICATION MUST BE COMPLETELY FILLED OUT (incomplete applications will **NOT** be accepted)

1. OWNER

NAME _____ PHONE _____
ADDRESS _____ EMAIL _____
TOWN _____ ZIP _____
APPLICANT IS: Owner Contractor Agent Engineer Other (specify) _____

2. CONTACT INFO (if same as above list "same")

Owner Contractor Other _____
NAME _____ PHONE #1 _____
EMAIL _____ PHONE #2 _____

3. CONTRACTOR INFORMATION

NAME _____ PHONE _____
ADDRESS _____ EMAIL _____
TOWN _____ ZIP _____

4. PROPOSED PROJECT (check all that apply)

ABOVE GROUND IN-GROUND

5. PROJECT DESCRIPTION (basic description, use, size and cost of what is being proposed)

Proposed Size _____ (length, width and/or height in feet)

Project estimated cost (estimate only - does not affect assessment) \$ _____

6. PROPOSED LOCATION

7. EXISTING UTILITIES ON PROPOSED PROJECT PROPERTY (determines zoning user group)

WATER: Public New Well Existing Well None
SEWER: Public New Septic Existing Septic None

8. WILL NEW CONSTRUCTION INCLUDE:

ELECTRICAL YES NO HEATING YES NO

9. CONTRACTOR WORK

Are wages being paid for performance of this work (are you hiring a Contractor?) YES NO

IF **YES**, provide proof of NYS Worker's Compensation and Disability benefits.

ACCEPTABLE PROOF

- Form DB121.1
- CEE 200 for NYS Disability & Workers Compensation
- C105.2 or U-26.3

10. STARTED WORK

Has any work included in the application been started or completed YES NO If **YES** Explain

11. APPLICATION CERTIFICATION:

In consideration of the permit applied for, the undersigned hereby agrees that he/she will comply with the Code of New York, Town of Eden Code and any other laws which may be applicable that he/she will preserve the establishment of lot lines, disclose all information to the Code Enforcement Officer, and that he/she will not use nor permit to be used the structure by the application until a Certificate of Occupancy (CO) or Certificate of Compliance (CC) is legally issued.

SIGNATURE _____ DATE _____

12. INCLUSIONS:

All documents and information required on the provided checklist **MUST** be submitted with this application.

FOR OFFICE USE ONLY – Application to be submitted to the Eden Town Clerk

Permit Fee: - INGROUND POOL \$150.00 (includes fence permit) _____
ABOVE GROUND POOL \$50.00 _____

Additional fee's _____ Reason _____ = total _____

Payment must be made by Cash, Check or Credit Card Check made payable to the Eden Town Clerk

Date Received by Clerk _____ Amount Credited \$ _____ Cash ___ CC___ Check # _____

Application # _____ Amount Due \$ _____ Cash ___ CC___ Check # _____