TOWN OF AVON Livingston County, New York

APPLICATION FOR SWIMMING POOL PERMIT

APPLICABILITY:

DATE: _____

The swimming pool procedure shall be required for all below ground swimming pools and all above ground swimming pools with a diameter of twelve (12) feet or greater.

INSTRUCTIONS:

A. Two (2) COMPLETED copies of this application to be filled in by typewritter or in ink and submitted to the Code Enforcement Office. Any application which is missing information will be denied by the Code Enforcement Office.

B. A Plot Plan showing location of the swimming pool and of building on premises, relation to public streets or areas, and giving a DETAILED description of the layout of the property to be drawn on the diagram which is a part of this application.

C. Two (2) COMPLETE sets of plans showing proposed construction. Plans shall describe the nature of the work to be performed, detail of pool structure, mechanical, electrical, and drainage installations. [If possible attach pool manufacturer's specification sheet]

D. The work covered by this application shall not be commenced before the issuance of Pool Permit.

E. Upon approval of this application, the Town Clerk will issue a Pool Permit to the applicant and return one

(1) set of the plans and application. The permit shall be kept on the premises during the progress of the work.
F. The Building Inspector shall have the right to enter upon the premises for the purpose of inspection and construction covered by this application at any time during the construction period without notice.

G. NO Swimming Pool shall be used for any purpose whatever until a CERTIFICATE OF COMMPLIANCE has been granted by the Code Enforcement Office.

H. All wiring must be inspected by an approved agency. All wires and fixtures must be exposed for preliminary inspection. Power Company must be contacted for application.

I. Contact Code Enforcement Office for inspection when [#1] pool is staked out, [#2] at the time the water is being put into pool, [#3] when work is complete. Allow twenty-four (24) hours for inspection.

J. <u>TO OWNERS</u>: As a homeowner, you are completely responsible for this permit. Read the Swimming Pool Ordinance. Read your Permit. Your contractor can not be held liable by the Town of Avon. The Building Inspector will not be held responsible for any infraction of the pool ordinance or this permit.

APPLICATION IS HEREBY MADE to the Code Enforcement Office for the issuance of a Swimming Pool Permit, pursuant to the Avon Town Ordinance, as herein described. The Owner agrees to comply with all applicable laws, ordinances and regulations.

	Signature of Owner	Address
1.	Owner Name:	_ Co-Owner Name:
	Owner Address:	Owner Phone#:
	Contractor:	_ Contractor Phone#:
2 .	Location of land on which the proposed work will be done:	
3 .	Тах Мар No.:	[can be found on tax bill]
4.	Make of Pool:	

5. Type of Pool:	In Ground: Cement: Other (describe):	Above Plastic					
6. Pool Size:		Width					
7. Type of Original S	oil:						
8. Type of Backfill:							
9. Type of Sidewalls:							
10. Type of Bottom Ba	ase:						
11. Type of Drainage around pool (describe):							
12 Type of Backwash	:						
13. Drainage into:	Onto Ground:	Sanita	/ell:				
14. Type of Filter:		Filter	Capacity:				
15. Motor Size:	HP: A	mp.:	110	220			
16. Fence: [If not con	nmercial fence, draw section	to scale, give gate	detail]				
Type: Distance of Fe	ence from Pool:		Height:				
17. Gate:	Width:						
18. Locking Device:	Hinge Type:	Size:					
19. Post Set:	Dirt Cement	Other					
20. Concrete Apron B	ase: Sand Gravel Weight of Mix:	Bankrun	_ Thick Finish	Width			
21. Deck Above Grou	nd: Length W Finish Capable of holding	/idth	Lumber type				
22. Laddarta post							
	Desie als de			<u> </u>			
23. Estimated Cost of Project: \$							
24. On page four (4) of base, sidewalls and lin	of this application or on sepai ner.	rate drawings, draw	side view of Po	ol giving shape, dept	h, length of		
25. Name of Compensation Insurance Carrier: No. on Policy: Date of Expiration:							
26. Name of Disability Benefits Insurance Carrier: No. on Policy: Date of Expiration:							
27. FEE(S): Pool:\$	ZBA Pub.	:\$ Varienc	e:\$	TOTAL:\$			

will be performed in the manner set forth in the	ication are true to the best of his/her knowledge and belief, and that the wor his application and in the plans and specifications filed therewith.				
CONTRACTORS CERTIFICATION: I hereby	y certify that all items in the Pool Ordinance will be enforced.				
	Signature of Applicant				
	Signature of Contractor				
Date Code Enforcement O	fficer				
	APPROVED				
DISAPPROVEDCode Enforcement Officer					
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PLOT DIAGRAM

Locate clearly and distinctly all buildings, whether existing or proposed, and indicate all yard dimensions from property lines. Give identifying information or deed description, show street names and adjacent property owner names. Indicate whether an interior or a corner lot.

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