Town of Newstead

5 Clarence Ctr Rd. Akron, NY 14001 Tel: (716) 542-4574 Fax: (716) 542-3702

E-mail:
dmiller@townofnewstead.com
Web Site:

Pool Permit Application

SBL#

for office use only

PERMIT NUMBER

General Liability

Worker's Comp



	O. W		Disability OR	
NAME OF OWNER:	\checkmark λ	Oeo C	Homeowner Affidavit	
MAILING ADDRESS:			Total Cost of	
LOCATION ADDRESS OF POOL:		La	Labor & Materials	
PHONE NUMBER:				
EMAIL:				
	plain? Yes No or Wetland ease complete Floodplain Development Permit)	□ Yes □ No		
POOL TYPE:	□ steel vinyl	□ HOT TUB:		
	□ fiberglass			
	 poured concrete 	Pool Width:		
	□ Gunite	Pool Height:		
	□ above ground	(from ground to top of pool)		
SETBACK:	distance from road:f			
		t. distance from side line:	ft.	
NAME MAILING ADDRESS PHONE I certify that I have read and understand the General Construction Rules on reverse side, that the proposed work is authorized by owner of record and that I have been authorized by owner to make this application as his/her agent, and we agree to conform to all applicable laws of Signature of Applicant X				
I certify that I have read and record and that I have been	NAME MAI I understand the General Construction Rule authorized by owner to make this applicat	es on reverse side, that the proposed work is aut ion as his/her agent, and we agree to conform to	thorized by owner of o all applicable laws of	
I certify that I have read and record and that I have been signature of Applicant 2	NAME MA I understand the General Construction Rule authorized by owner to make this applicat X	es on reverse side, that the proposed work is aut ion as his/her agent, and we agree to conform to	thorized by owner of o all applicable laws of	
I certify that I have read and record and that I have been	NAME MA I understand the General Construction Rule authorized by owner to make this applicat X	es on reverse side, that the proposed work is aut ion as his/her agent, and we agree to conform to	thorized by owner of o all applicable laws of	
I certify that I have read and record and that I have been signature of Applicant 2	NAME MAI I understand the General Construction Rule authorized by owner to make this applicat X Y:	Date 3 Month Permit Cash Check #	thorized by owner of o all applicable laws of	
I certify that I have read and record and that I have been signature of Applicant 2 FOR OFFICE USE ONLE Building Inspector:	NAME MA I understand the General Construction Rule authorized by owner to make this applicat X	Date S Month Permit Cash Check # (Check payable to	\$ 75 Credit "Town of Newstead")	
I certify that I have read and record and that I have been. Signature of Applicant 2 FOR OFFICE USE ONL Building Inspector: Approved Disapplicant 2 Signature:	NAME MA I understand the General Construction Rule authorized by owner to make this applicat X	Date Son reverse side, that the proposed work is autorion as his/her agent, and we agree to conform to Date Cash Check # (Check payable to	\$ 75 Credit "Town of Newstead")	
I certify that I have read and record and that I have been a signature of Applicant 2. FOR OFFICE USE ONL. Building Inspector: Approved Disapple Signature: David Mi Permit Renewal	NAME MA I understand the General Construction Rule authorized by owner to make this applicat X Y: proved Date: iller	Date	\$ 75 Credit "Town of Newstead")	
I certify that I have read and record and that I have been a signature of Applicant 2 FOR OFFICE USE ONL Building Inspector: Approved Disapple Signature: David Mi Permit Renewal Approved by Code Enforce	NAME MA I understand the General Construction Rule authorized by owner to make this applicat X Y: proved Date: iller	Date	\$ 75 Credit "Town of Newstead")	

Please call the Building Dept. at 542-4574 24 HOURS IN ADVANCE to schedule your inspections.

- 1. You are alerted that the issuance of this permit shall not be construed as a representation that the property is suitable for construction or that approval from the D.E.C., E.P.A. or the Army Corps. Of Engineers will be forthcoming for the property.
- 2. <u>Contractors</u> to furnish acceptable Certificate of Insurance for Worker's Compensation, Disability and General Liability coverage to the Town of Newstead.
- 3. <u>Property owners performing construction themselves</u> must sign an Affidavit of Exemption from Worker's Compensation Insurance.
- 4. To check the location of your septic systems and water wells, please contact the Erie County Health Department (858-7677).
- 5. Prior to any construction or excavation, Dig Safe of New York must be contacted at 811 or at 800-962-7962.
- 6. Electrical Inspection is required by one of the following Town approved Electrical Inspectors:

 Commonwealth Electric (716-316-7091), Empire Electrical Inspections (585-798-1849)

 NY Electrical Inspection Agcy (585-436-4460), Excelsior Electrical Inspection Agcy (716-676-6385)

SWIMMING POOL CHECKLIST

(All information to be provided by permit applicant prior to permit issuance should be documented & attached)

[]	Proposed setbacks and pool location provided on survey and permit application
[]	Pool enclosure 48 inches minimum height from grade with self-closing, self-latching gates. No openings or spaces to exceed 4 inches
[]	Latch height 40 inches minimum from grade
[]	Locks for gates provided
[]	Building doors are self-closing and self-latching and/or alarmed (if building has direct access to pool deck)
[]	Pool not located in any easements or public lands
[]	Pool alarm installed; audible outside and inside.
[]	Drainage does not interfere with public water supply systems, existing drainage and sewage facilities, or other property owners
[]	Does not fill or alter any drainage swales
[]	Electrical Inspection on file
[]	Entrance ladder is lockable and/or removable
[]	Pool surface clearance from overhead power lines minimum of 10 feet.
[]	Hot tubs properly supported and out-fitted with a lockable hard cover