TOWN OF CLARENCE
BUILDING DEPARTMENT
6221 GOODRICH ROAD
CLARENCE CENTER, NEW YORK 14032
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TOWN OF CLARENCE
ABOVE-GROUND SWIMMING POOL PERMIT APPLICATION

Date of Application:_____Received:_____Permit #_____

Size of Pool:_____

Construction Site:_____

Value of Pool:_____

Homeowner:_____Phone #_____

Address:_____Zip Code:_____

Homeowner Signature:_____Date:_____

Pool Installer:_____Phone:_____

Address:_____Zip Code:_____

Will Pool be heated or un-heated:_____If Heated, equipment must meet Sec 504.3 of NY State Energy Code.

To be completed by Inspector

Pool Company Brochure_____ **Electrical Permit_____**

Copy of survey with Pool Plotted_____ **Floodplain Permit_____**

Height of Pool Walls_____ **Insurance-Liability_____**

Residential Code Agreement Signed_____ **Comp/ Disability Ins_____**

Pool Site located on Sewer or Septic System **If Septic –Is it Plotted:_____**

Fees

Pool permit fees:	**Accessory to dwelling(Above ground)**	**$50.00**
Plumbing permit fees:	**Above ground pools which are heated**	**$50.00**

Note: Any interior gas line installation will require Master's Plumber License