

**TOWN OF CLARENCE**  
**BUILDING DEPARTMENT**  
 6221 GOODRICH ROAD  
 CLARENCE CENTER, NEW YORK 14032  
 PHONE: (716) 741-8950  
 FAX: (716) 741-8517



**TOWN OF CLARENCE**  
**IN-GROUND SWIMMING POOL PERMIT APPLICATION**

**Date of Application:** \_\_\_\_\_ **Received:** \_\_\_\_\_ **Permit #** \_\_\_\_\_

**Size of Pool:** \_\_\_\_\_

**Construction Site:** \_\_\_\_\_

**Value of Pool:** \_\_\_\_\_

**Homeowner:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Pool Installer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Pool Installer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Will Pool be heated or un-heated:** \_\_\_\_\_ **Statement Indicated on Plans:** \_\_\_\_\_

**To be completed by Inspector**

**Construction Plans stamped** \_\_\_\_\_ **Electrical Permit** \_\_\_\_\_

**Copy of survey with Pool Plotted** \_\_\_\_\_ **Floodplain Permit** \_\_\_\_\_

**Grading/ Drainage Plan** \_\_\_\_\_ **Insurance-Liability** \_\_\_\_\_

**Residential Code Agreement Signed** \_\_\_\_\_ **Comp/ Disability Ins** \_\_\_\_\_

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

**Fees**

<b><u>Pool permit fees:</u></b>	Accessory to dwelling (In-Ground)	\$50.00
		+
<b><u>Plumbing permit fees:</u></b>	In-ground pools	\$50.00
		<b>\$100.00 Total</b>

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