## **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: www.erie.gov/newstead

## **Pool Permit Application**

SBL#

for office use only

**PERMIT NUMBER** 

**General Liability** Worker's Comp

Disability



		CANDED 18V	OR		
NAME OF OWNER:			☐ Homeowner Affidavit		
MAILING ADDRESS			Total Cost of		
LOCATION ADDRES	S OF POOL:		Labor & Materials		
PHONE NUMBER:			\$		
	plain?   Yes   No or Wetle ease complete Floodplain Development Pe				
POOL TYPE:	□ steel vinyl	□ HOT TUB:	<u> </u>		
	□ fiberglass				
	<ul><li>poured concrete</li></ul>	Pool Width:			
	□ Gunite				
	□ above ground	(from ground to			
CETD A CV	Pater Comment	fi Pata a face	ette Pere		
SETBACK:	distance from road: distance from rear:		side line:ft. side line:ft.		
DOO! 0 OAN!					
		RE ELECTRICAL HAS F			
POOL A	LARMS ARE REQUIR	RED FOR ALL POOLS I	N ERIE COUNTY.		
CONTRACTOR					
CONTRACTOR.	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					
Cinnature of Applicant V					
Signature of Applicant XDate					
FOR OFFICE USE ONI	Y:	3 Month Per	mit \$ <b>75</b>		
			Check # Credit payable to "Town of Newstead")		
Building Inspector:		Permit Issued o	on:		
□ Approved □ Disap	proved				
Signature:	Date:	Permit Expires i	n 3 months		
David M					
Permit Renewal		3 Month Exte	ension \$100		
		5 Month Ext	Ţ100		
Approved by Code Enforcement Officer					
(Renewal Subject to NYS Code Changes) Perr		Permit Renewal	Expires in 3 months:		
Signature:		Expiration Date:			
David N	#:11				

## 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.
Γ	1	Hot tubs properly supported and out-fitted with a lockable hard cover