



Town of Moreau

Building and Zoning Dept.

Town Office Complex

351 Reynolds Road

Moreau, NY 12828-9261

Phone: (518) 792-4762 ~ Fax: (518) 792-4615

SWIMMING POOL PERMIT APPLICATION REQUIREMENTS

No construction activities may commence until an approved permit is issued

TWO SETS OF THE FOLLOWING INFORMATION MUST BE PROVIDED (ONE ORIGINAL AND ONE COPY)

- 1) **FILL OUT APPLICATION CLEARLY AND COMPLETELY.** Name, address, contact information and signature of the property owner, applicant, or contractor is required.
 - 2) **DETAILED PLOT PLAN- including**
 - a. Entire Lot with all property lines.
 - b. Exact size and shape and location of proposed pool.
 - c. Indicate the distance of the pool to the following:
 - i. All Property Lines
 - ii. Septic System or Sewer Lines
 - iii. Water Supply (Well or Water Lines)
 - iv. Proposed fence location (If applicable)
 - v. All other existing structures on property. (Shed, Deck, Garage Carport, ect)
 - vi. Proposed Locking gate location (If applicable)
 - 3) **ELECTRICAL INSPECTION** Approved by NYS Certified inspection agency
 - 4) **POOL ALARM** Provide pool alarm MAKE/MODEL/ TYPE & PICTURE
 - 5) **LADDER SPECIFICATION** (If applicable with lock) Information on any ladder or steps accessing an above ground pool shall accompany this application.
 - 6) **INSURANCE:** REQUIRED by Homeowner or Contractor
 - a. **Homeowner:**
 - i. Affidavit of Exemption of Workers Compensation and/or Disability Benefits Insurance Coverage **form CE-200**
 - ii. Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence: **Form BP-1**
 - b. **Contractor:**
 - i. Certificate of Workers Compensation: **Form C-105.2 or U-26.3**
 - ii. Certificate of Disability: **Form DB-120.1 or DB-155**
 - iii. Affidavit of Exemption of Workers Compensation and/or Disability Benefits: **Form CE-200**
- ACORD forms are not acceptable proof of Workers Compensation or Disability Insurance Coverage**
- 7) **FEE** *as per fee schedule -Collected when application is approved*
 - 8) **ADDITIONAL STRUCTURES** – Any additional structures will require a separate permit. pool shed, pump house, filter house, deck, ect.

TOWN OF MOREAU SWIMMING POOL PERMIT APPLICATION

Location Information

Job Site Address _____

Tax Map ID _____

Total Cost of Work \$ _____

Zoning District _____

Owner Information

Owners Name (print) _____

Phone # _____

Address _____

Email _____

Owner's Signature _____ Date _____

CONTRACTOR INFORMATION (if applicable)

Applicant (print) _____

Phone # _____

Address _____

Email _____

Contractor's Signature _____ Date _____

POOL INFORMATION

(Circle one) Above Ground/ In Ground Dimensions _____

Fence Height & Material _____

Pool Wall Height (if Above Ground pool) _____

Pool Alarm MAKE/ MODEL/ TYPE _____

Electrical Inspection Agency _____

SITE INFORMATION

Size of Property _____ X _____

Setbacks: _____ Corner Lot: _____

Front _____ Yes _____

Back _____ No _____

Sides _____ _____



I affirm that the information I've given on this application is correct and complete and I understand that the Town will rely on this information in making its decision.

OFFICIAL USE ONLY

Permit Fee: **\$ 50.00** Issue Date: ___/___/___ Expire Date: ___/___/___ Permit #: _____

Building Inspector: _____ Date Approved: _____

Zoning Coordinator Approval:

REQUIRED INSPECTIONS: 24 HOUR NOTICE REQUIRED

**** Please do **NOT** leave requests for inspections on voicemail.

Inspections requested via voicemail may not be scheduled. ****

- **SITE INSPECTION** - to verify the location of the pool
- **ELECTRICAL INSPECTION** - (Performed by a third-party NYS Certified Electrical Inspector) Electrical Inspector will provide an inspection sticker showing it has passed the electric inspection. This is required prior to scheduling a Final inspection with the Building Inspector.
- **FINAL INSPECTION** - (All required work must be completed)

