

**APPLICATION FOR A BUILDING PERMIT
SWIMMING POOLS, HOT TUBS AND SPAs**

WHAT YOU WILL NEED TO SUBMIT FOR THIS PERMIT (Check List):

- This completed building permit application signed by the owner (no permit application will be accepted unless it is completely filled out). **INCOMPLETE APPLICATIONS WILL BE RETURNED.**
- Application fee. No permit application will be reviewed without the required fee.

WORKER'S COMPENSATION INSURANCE - PROOF OF INSURANCE OR AN EXEMPTION – OR A HOMEOWNER'S ATTESTATION OR EXEMPTION NO PERMIT WILL BE ISSUED WITHOUT IT.

http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp

- Planning Board / ZBA approvals if required.
- A site plan (to scale), and clear complete drawings of the work proposed
- A description of the temporary and permanent barriers to be installed.
- A description of the pool alarms to be installed.

**DO NOT START CONSTRUCTION UNTIL YOU HAVE RECEIVED A PERMIT.
AN APPLICATION IS NOT A PERMIT! A REVIEW OF YOUR APPLICATION MUST BE MADE TO
DETERMINE COMPLIANCE WITH NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING
CODES AND APPLICABLE ORDINANCES. ALLOW 14 BUSINESS DAYS FOR REVIEW.
YOU ARE RESPONSIBLE FOR ANY CHANGES THAT MUST BE MADE.
LATE FEES AND FINES MAY BE ASSESSED**

DO USE THE POOL, HOT TUB OR SPA until a final electrical inspection has been performed by a qualified electrical inspector and a Certificate of Completion is issued. Fines and late fees for violation of these requirements may be assessed.

YOUR PERMIT MUST BE POSTED SO THAT IT IS VISIBLE FROM THE ROAD.

CALL 811 BEFORE YOU DIG – NO MATTER HOW BIG OR SMALL

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance

Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

*****This form cannot be used to waive the workers' compensation rights or obligations of any party.*****

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- I am performing all the work for which the building permit was issued.
- I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ◆ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a WC/DB-100 exemption form; OR
- ◆ have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:

| |
|--|
| <p><i>Sworn to before me this _____ day of</i> _____, _____.</p> <p>_____ <i>(County Clerk or Notary Public)</i></p> |
|--|

TOWN OF SIDNEY CODE ENFORCEMENT

44 Grand Street, Sidney, New York 13838

(607) 561-2334

FAX (607) 561-2335

email: sidneycodes@gmail.com

BUILDING PERMIT APPLICATION

FORM #1

TAX MAP NUMBER: # _____

PROJECT LOCATION: _____

(NOTE: YOU MUST HAVE A VALID 911 ADDRESS. CALL (800) 409-8534 TO CONFIRM OR RECEIVE YOUR 911 ADDRESS)

1. DESCRIPTION OF PROJECT: (CHECK ONE) RESIDENTIAL COMMERCIAL AGRICULTURAL NARRATIVE _____

2. APPLICANT'S NAME, ADDRESS, PHONE AND EMAIL

NAME _____

ADDRESS _____

HOME PHONE: (_____) _____ CELL: (_____) _____

EMAIL _____

Please send my permit by email rather than mail, I agree to print and post the permit.

3. OWNER'S NAME, ADDRESS, PHONE AND EMAIL IF SAME AS APPLICANT (Go to #4)

NAME _____

ADDRESS _____

HOME PHONE: (_____) _____ CELL: (_____) _____

EMAIL _____

4. CONTRACTOR'S NAME, ADDRESS, PHONE AND EMAIL LIST ADDITIONAL CONTRACTORS ON SUPPLEMENT - FORM A-7

NAME _____

ADDRESS _____

WORK PHONE: (_____) _____ CELL: (_____) _____

EMAIL _____

Contractor has employees and/or wages are being paid for performance of work: Yes No (If "YES" provide proof of worker's compensation insurance. If "No" provide exemption certificate.)

There is no contractor performing work. Owner or Family member(s) will be constructing the project. (Submit a homeowner's Workers' Compensation Exemption)

I HAVE INCLUDED PROOF OF WORKER'S COMPENSATION OR AN EXEMPTION FORM.

NOTE: NO PERMIT WILL BE ISSUED WITHOUT PROOF OR EXEMPTION - THIS WILL DELAY YOUR PERMIT

TOWN OF SIDNEY CODE ENFORCEMENT

5. Cost of construction or alteration: \$ _____

6. Is the site located within a flood plain? Yes No (IF YES - INCLUDE FORM A-6)

Is the site located within a designated wetland? Yes No

7. REQUESTING A PERMIT FOR: (CHECK ALL THAT APPLY AND ATTACH RELATED FORMS WITH APPLICATION)

- Residential Dwelling: Built On-Site Modular Two-Family Three Family Four + Multiple Dwelling } (Attach Form R-1)
- Manufactured Home (Attach Form R-2 to application)
- Alteration Repair Renovation (Attach hazardous materials acknowledgement supplement to application)
- Addition What is the addition? _____
- Change of Occupancy What is the change? _____
- Accessory Structure: Garage Shed Other: _____
- Agricultural Building used solely for farm implements, hay, grain, poultry, livestock or horticultural products.
- Septic System: New System Tank Replacement Repair/Upgrade Replace Failed System
- Swimming Pool: Above Ground In Ground Hot Tub Spa
- Electrical (Attach electrical supplement to application)
- Solar Electrical (Attach electrical supplement to application)
- Plumbing (Attach plumbing attachment to application)
- Heating System or Appliance (Attach heating supplement to application)
- Roof Asphalt Shingle Metal Other: _____
- Demolition (Attach hazardous materials acknowledgement supplement to application)
- Other Construction: _____

CONDITIONS FOR PERMIT:

- a. Work conducted pursuant to a building permit must be visually inspected by a Code Enforcement Official and must conform to the submitted plans and specifications, NYS Uniform Fire Prevention and Building Code, the local laws of the Town of Sidney, and all other applicable codes, rules and regulations.
- b. It is the permit holder's responsibility to **contact the Code Enforcement Officer at least 48 hours prior to requiring an inspection.** This is especially true for work that will not be visible once it is covered. More than one inspection may be required.
- c. **THE OWNER HEREBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICER OF THE TOWN OF SIDNEY OR HIS DESIGNEE ACCESS TO THE PROPERTY WHERE THE PROJECT IS LOCATED FOR THE PURPOSES OF INSPECTING THE SUFFICIENCY OF THE WORK PURSUANT TO THIS PERMIT, PROVIDED HOWEVER THAT SUCH INSPECTION(S) SHALL BE LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON- WORK-RELATED VIOLATIONS THAT ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S). INSPECTIONS MAY BE UNANNOUNCED BUT WITHIN REASONABLE BUSINESS HOURS.**
- d. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material, lead or mold. Disturbance, alteration or demolition of existing walls, ceilings, floors, roofs, materials, structures or systems, may require special handling, abatement or containment by a certified or licensed professional. It is the owner's responsibility to comply with any and all requirements under this notification, State, Federal or other applicable laws, codes, regulations or standards.
- e. This permit does not include any privilege of encroachment in, over, under upon any street or right-of-way. Any additional permits, notifications, or approvals required to perform work pursuant this project is the sole responsibility of the owner.
- f. This permit does not include any privilege or authority to disregard or violate any rule, regulation, code, law or requirement of The Town of Sidney or any other government body with authority to promulgate such rules, regulations, codes, laws or requirements.
- g. I HEREBY CERTIFY THAT I HAVE THE AUTHORITY TO MAKE THE FOREGOING APPLICATION AND THAT THE INFORMATION IS CORRECT.

SIGNATURE: _____ DATE: _____

| | | |
|---|--|------------------------------|
| APPLICATION # _____ | CODE OFFICER USE ONLY | Building Permit Fee \$ _____ |
| APPLICATION RECEIVED: ___/___/___ | <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> RA <input type="checkbox"/> I <input type="checkbox"/> Flood Zone | Septic Permit Fee \$ _____ |
| <input type="checkbox"/> PLANNING BOARD APPROVAL REQUIRED | Permit: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Well Permit Fee \$ _____ |
| | <input type="checkbox"/> ZBA APPROVAL REQUIRED | Deck Permit Fee \$ _____ |
| | | Permit Fee \$ _____ |
| | | TOTAL FEES PAID: \$ _____ |

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APPLICATION FOR BUILDING PERMIT
SWIMMING POOL/HOT TUB/SPA

FORM E-1

1. TAX MAP # ____ . ____ - ____ - ____ . ____ 1A. OWNER'S NAME:

2. LOCATION OF PARCEL- Number & Street: _____

(NOTE: YOU MUST HAVE A VALID 911 ADDRESS. CALL (800) 409-8534 TO CONFIRM OR RECEIVE YOUR 911 ADDRESS)

3. The work being completed is Residential Commercial

4. Describe the project:

- Above Ground Pool
 In-ground Pool
 Hot Tub or Spa

Size: L: ____ W: ____ D: ____ For above ground pools, is it a Rigid Side or Soft Side?
Will there be fencing & self-locking gate? Yes No
Will there be a Protective C over or an Alarm?
Will Pool/Tub/Spa have a Powered cover ASTM F1346? Yes No
Will Pool/Tub/Spa have a deck? Yes (Deck Permit Required) No

5. Pool Contractor who will be completing the work. N/A

NAME _____

ADDRESS: _____

TOWN: _____

PHONE: (____) _____ CELL: (____) _____

6. EMAIL _____@_____

7. Electrical Contractor who will be completing the work. N/A

NAME _____

ADDRESS: _____

TOWN: _____

PHONE: (____) _____ CELL: (____) _____

EMAIL: _____@_____

8. Who is the Electrical Inspector for the project? _____

(Must select from Town List)

You should contact the inspector ahead of time to inquire about electrical requirements.

9. What is the temporary barrier method preventing access to the pool while under construction? (See requirements below)

10. Describe Permanent Barrier.

Quick set pool (inflatable &/or tube supported) must have fencing & self-locking gate.

Every swimming pool that is installed, constructed or substantially modified after December 14, 2006, must be equipped with an approved pool alarm which:

- Is capable of detecting a person entering the water at any point on the surface of the pool and giving an audible alarm to provide detection capability at every point on the surface of a swimming pool, it may be necessary to install more than one pool alarm
 Is audible poolside and at another location on the premises where the swimming pool is located

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- Is not an alarm device which is located on a person, or which is dependent on a device located on a person for its proper operation & meets ASTM F2208

*Pool alarms are not required in a hot tub or spa equipped with a safety cover or a swimming pool equipped with an automatic power safety cover

Barrier Requirements: Outdoor Residential Swimming Pools

- An outdoor residential swimming pool must be provided with a barrier which completely surrounds the swimming pool and obstructs access to the swimming pool. The barrier may consist of a fence, a wall, a building wall, or any combination thereof.² The barrier must be at least 4 feet (48 inches) high, and must satisfy certain specified requirements (which are discussed in more detail below).
- Access gates must satisfy the requirements applicable to barriers, as well as certain additional requirements (which are discussed in more detail below). In addition, access gates must be securely locked with a key, combination or other child-proof lock sufficient to prevent access to the swimming pool through such gate when the swimming pool is not in use or supervised.
- **NOTE:** In general, the barrier requirements discussed in this document apply to all swimming pools, without regard to the date of construction or installation of the pool.

Brief Summary of Requirements for Temporary Barriers:

During the installation or construction of a swimming pool, the pool must be ENTIRELY enclosed by a temporary barrier. The temporary barrier may be a temporary fence, a permanent fence, the wall of a permanent structure, any other structure, or any combination of those. However, the temporary barrier must:

- be at least four (4) feet high
- prevent access to the swimming pool by any person not installing or constructing the pool
- remain in place until a permanent pool barrier is provided
- be replaced by a permanent pool barrier within either:
 - 90 days of the date of issuance of the building permit for the installation or construction of the swimming pool; or
 - 90 days of the date of commencement of the installation or construction of the swimming pool.

The code enforcement official may extend the time period to complete the permanent barrier for good cause, including, but not limited to, adverse weather conditions delaying construction.

There are some exceptions to the requirement for temporary pool barriers:

Above-ground or on-ground pools where the pool structure itself serves as the barrier

- Spas or hot tubs with a safety cover, as long as the safety cover remains in place during the installation or construction
 - The safety cover can be removed temporarily for the installation or construction of the hot tub or spa if at least one person engaged in the installation or construction is present

Under Otego Local Law and the NYS Uniform Fire Prevention & Building Code, permits are required for the installation of **ALL** swimming pools with a depth of two feet or greater. The fee for swimming pool and hot tubs do not include decks or other structures associated with the pool.

An electrical inspection by an independent electrical inspector, who is certified by this office is required. The cost of the inspections is the responsibility of the permit holder. After the inspector's certificate is received, this office will inspect the installation for a Certificate of Compliance on the project.

ALL SWIMMING POOLS 24" IN DEPTH OR GREATER ARE REQUIRED TO BE FENCED OR HAVE A COMPLIANT BARRIER!!! By signing this application, I understand I must meet all barrier and other requirements above.

11. OWNER SIGNATURE: _____ DATE: _____

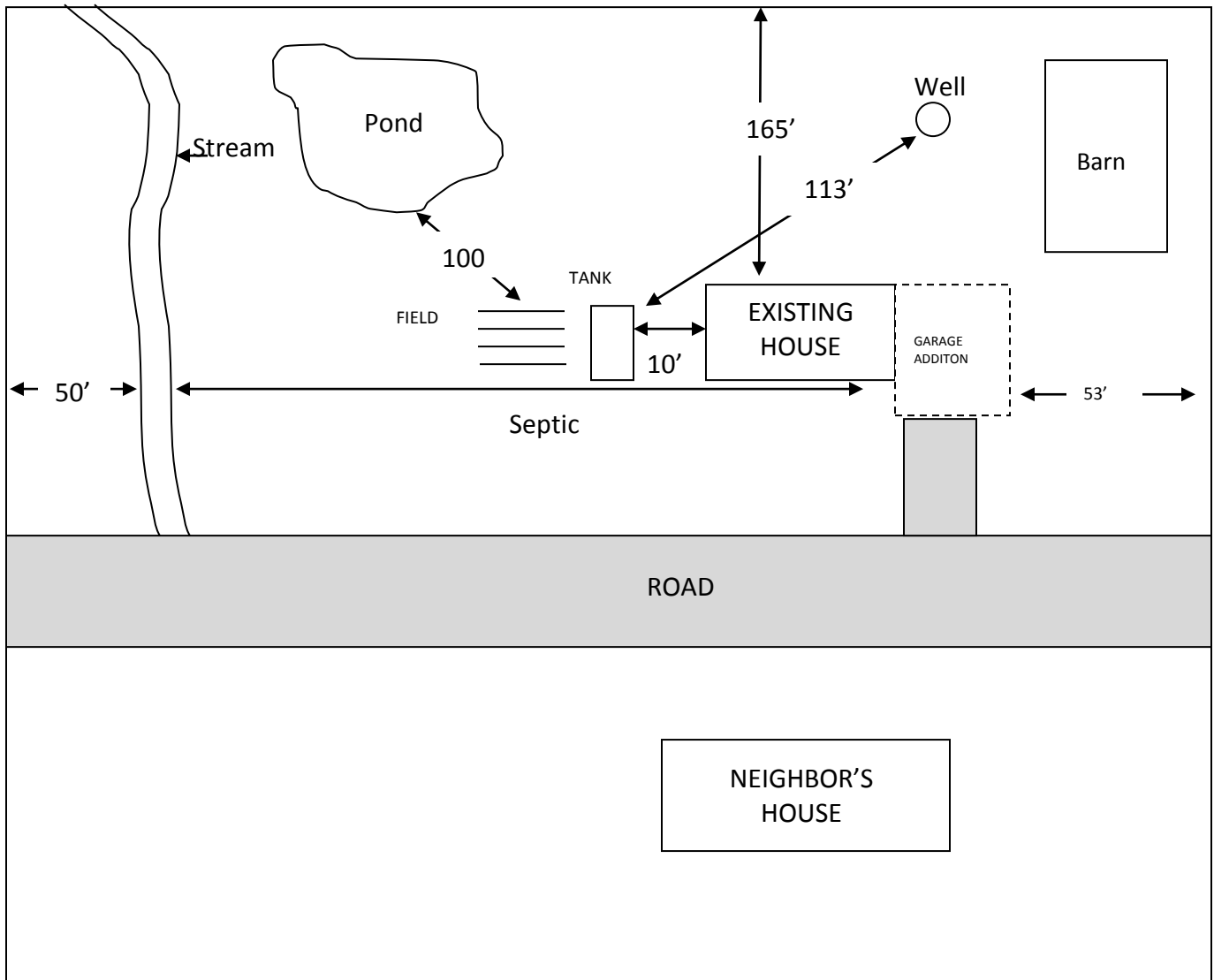
SITE PLAN

A plot plan is a diagram of the property where construction is to take place. It is necessary to include a plot plan for all exterior construction on a parcel to demonstrate compliance with such things as set back requirements from property lines and roadways, distance requirements from septic systems to wells, ponds, lakes and streams. Drawings do not need to be to scale but distances indicated must be accurate.

DIRECTIONS

Draw a sketch of your property on a blank or graph paper indicating location of your well, septic, ponds, streams structures, etc. It is important to indicate the following distances:

- New construction to other Buildings, Property Lines and Road Shoulders.
- New construction to septic and wells, water ways and ponds.
- Septic Systems in relation to Wells, Streams, Ponds, Lot Lines, Roads etc.



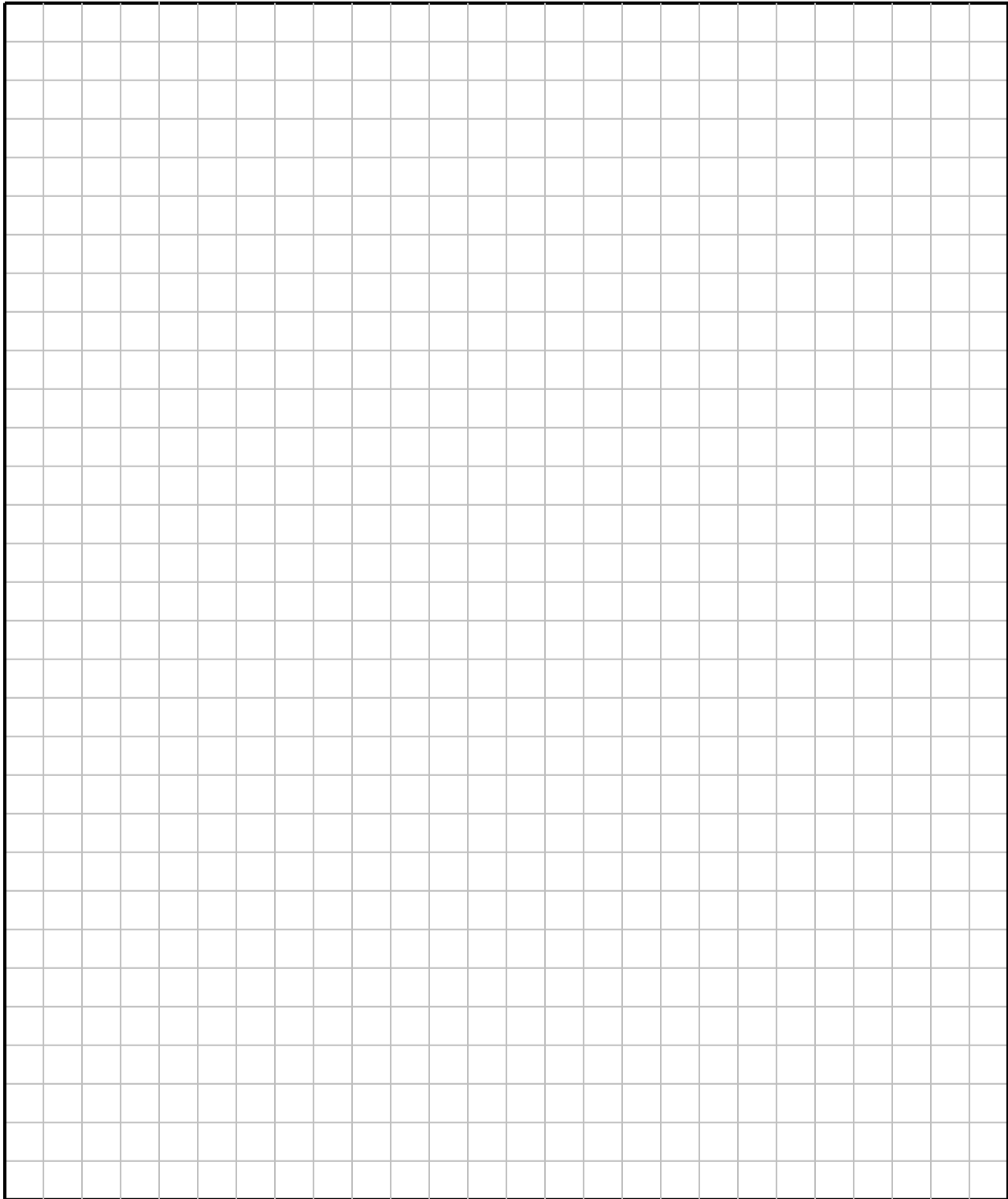
EXAMPLE SITE PLAN

TOWN OF SIDNEY
CODE ENFORCEMENT

FORM
A-3

THIS FORM MAY BE SUBSTITUTED WITH A SET OF ENGINEERED PLANS OR OTHER LEGIBLE DRAWING

PROPERTY SITE PLAN WORK SHEET



PROPERTY OWNER: _____

The site plan depicted on this document is true and accurate to the best of my knowledge.

PROPERTY OWNER SIGNATURE: _____

DATE: ____/____/____ TAX MAP # ____-____-____

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APPROVED ELECTRICAL INSPECTORS

| | | |
|-----------------------|--------------|-------------------------------------|
| 1. Croft, Richard | 607-972-6713 | Commonwealth |
| 2. Cross, Grant | 607-627-6218 | Commonwealth |
| 3. Hoag, Mark | 607-437-0169 | Independent |
| 4. Hyland, Dennis | 315-867-0307 | Independent |
| 5. Inserra, Joseph | 315-219-9556 | Independent |
| 6. Irwin, David | 518-797-3520 | The Inspector LLC. |
| 7. Mazzara, Frank | 315-724-7659 | Middle Department |
| 8. Miers, Michael | 315-843-5155 | Atlantic Inland |
| 9. Moon, Rick | 518-882-6140 | The Inspector LLC. |
| 10. Morosco, Thomas | 315-735-5233 | Independent |
| 11. Murad, Greg | 888-693-4693 | NY Electric |
| 12. Near, Dave | 518-852-0826 | Northeast Electrical Inspectors LLC |
| 13. Reynolds, Steve | 518-852-0826 | Northeast Electrical Inspectors LLC |
| 14. Rudy, John T. | 607-669-4308 | Atlantic Inland |
| 15. Ryan, Bill | 518-363-0181 | The Inspector LLC. |
| 16. Sanfillippo, Mike | 607-859-2479 | Atlantic Inland |
| 17. Savage, Ernest | 315-895-7560 | Atlantic Inland |
| 18. Sweet, Brian | 518-673-5123 | The Inspector LLC. |
| 19. Van Hoewan, Steve | 315-294-2898 | Independent |
| 20. Veen, Ed | 607-652-3146 | Commonwealth |
| 21. Weaver, Terry | 518-273-0861 | Middle Department |
| 22. Welter, John | 315-839-5563 | Commonwealth |
| 23. Zeman, Richard | 315-866-0993 | NY Board |