

# Application for Pool, Spa or Hot Tub Permit



## Village Of Wellsville

156 North Main Street 585-596-1755

Wellsville NY 14895 585-593-7260

[www.wellsvillenyny.com](http://www.wellsvillenyny.com)

### INSTRUCTIONS

*The undersigned hereby makes application for the work indicated on this form and required documentation. This application is to be reviewed by the code enforcement official, whose review will be based on the supplied documentation.*

*The permit will be issued when all review notes are addressed, contractor insurances are on file, and permit fees are paid.*

### COMPLETE PERMIT PACKAGE CHECKLIST

Incomplete applications will not be accepted

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Completed application                        | <input type="checkbox"/> Brochure of unit or package to be installed | <input type="checkbox"/> WC/DIS Insurance  |
| <input type="checkbox"/> Proposed plan showing work & grading changes | <input type="checkbox"/> Details of fence to be installed            | Submit one of the following:   |
| <input type="checkbox"/> Pool alarm info                              |  | <ul style="list-style-type: none"><li>• Exemption Form CE-200</li><li>• Proof of Insurance Coverage C105.2 or U26.3</li><li>• Homeowner/Contractor</li></ul> |

### APPLICATION INFORMATION

Project Address: \_\_\_\_\_ Start Date: \_\_\_\_\_ Estimated Completion: \_\_\_\_\_

For the construction or installation of:

In-ground pool: Type:  Poured concrete  Steel/vinyl  Fiberglass  Gunite  Other Size: \_\_\_\_\_

Above ground pool Size: \_\_\_\_\_ Hot tub Size: \_\_\_\_\_ Sauna Size: \_\_\_\_\_

Is the property located in the flood plain?   y   n If yes, a Floodplain Development permit may be required contact the CEO.

**OUR OFFICE ISSUES COMMENTS AND FINAL CERTIFICATES VIA EMAIL.PLEASE DOUBLE CHECK EMAIL ADDRESSES.**

Applicant's Name _____	Best phone # _____
Applicant's Address _____	_____
Applicant's Email _____	
Owner's Name _____	Best phone # _____
Owner's Address _____	_____
Owner's Email _____	
Contractor's Name _____	Best phone # _____
Contractor's Address _____	_____
Contractor's Email _____	

ELECTRICIAN NAME: \_\_\_\_\_ PH: \_\_\_\_\_

**THIRD PARTY ELECTRICAL INSPECTION REQUIRED. CONTACT CEO FOR CONTACT INFO**

**Permanent fencing is required** for all in-ground and above ground pools that are not 48" above grade. The permanent fencing must be completed and all entries to the fenced area must meet NYS Building Codes prior to the issuance of the Certificate of Compliance and the use of the pool. If applicant is not installing the fence, a copy of the contract with the fence installer must be provided.

**Fencing must be installed within 30 days of completion of the pool.**

Fence Contractor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fence Contractor Address: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Location of fence: \_\_\_\_\_ Size/Type \_\_\_\_\_

**BUILDING OWNER CERTIFICATION**  
To be signed by owner (if not applicant)

I, \_\_\_\_\_, hereby certify I am the owner of the subject property, and grant my permission for the contractor to complete these project. As this project involves installation of a pool, I understanding I cannot use the pool until: the pool is complete, including landscaping, within 90 days from issuance of the permit; a certificate of electrical inspection is issued by an approved third party; a code-compliance barrier is installed; all required safety features are installed, including pool alarms and door hardware; and, I receive the certificate of compliance from the Village of Wellsville. It is ultimately my responsibility that the above requirements are complied with.

Signature of Owner/title: \_\_\_\_\_ Date \_\_\_\_\_

*Acceptance does not relieve the agent, applicant, architect, builder, engineer, or owner from complying with any of the provisions of the NYS Building Code, Energy Conservation Code, SEQR Act, Local Zoning, etc., whether stated, implied, or omitted in the plans and specifications submitted for the building permit. Incorrect information may result in revocation of permit.*

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

02Mar16 Version

**For Office Use Only**

Approved/Denied: \_\_\_\_\_

Permit Fee: \_\_\_\_\_

Receipt# \_\_\_\_\_

Permit # \_\_\_\_\_

Date Issued: \_\_\_\_\_