



# APPLICATION FOR SWIMMING POOL

## PERMIT

BUILDING DEPARTMENT

5910 Sacandaga Road

Galway, NY 12074

Telephone (518) 514-8012 Fax (518) 882-6069

tgilday@townofgalwayny.org

- 1. APPLICATION MUST BE FILLED OUT COMPLETELY.** All information and signatures are required.
- 2. A SITE PLAN WITH ALL DISTANCES TO PROPERTY LINES MUST BE PROVIDED.** See attached template.
- 3. Insurance requirements:** For all contractors: A Certificate of Insurance on an ACCORD form with Commercial General Liability Insurance of One Million Dollars (\$1,000,000) per occurrence aggregate naming the Town Of Galway as an Additional Insured and Certificate Holder. All Applicants must provide proof of NYS Statutory Workers Compensation (form C105.2) and Disability Insurance (form DB120.1) or a waiver of same as determined by the NYS Workers Compensation Board. (Homeowners – form BP-1; Contractors – form CE- 200)
- 4. POOL PERMIT FEE IS \$100.00 (MADE PAYABLE TO TOWN OF GALWAY) CHECK OR MONEY ORDER ONLY.**
- 5. INSPECTIONS WILL BE REQUIRED ONCE PERMIT IS ISSUED. SEE PERMIT CARD FOR LIST OF REQUIRED INSPECTIONS.**

**HOLD HARMLESS:**

THE INDIVIDUAL FILING THIS APPLICATION, TO THE FULLEST EXTENT PROVIDED BY LAW, SHALL INDEMNIFY AND SAVE HARMLESS THE TOWN OF GALWAY, ITS AGENTS AND EMPLOYEES (HEREINAFTER REFERRED TO AS "TOWN"), FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES AND EXPENSE (INCLUDING, BUT NOT LIMITED TO, ATTORNEYS' FEES), ARISING OUT OF OR RESULTING FROM THE PERFORMANCE OF THE WORK COVERED BY THIS BUILDING PERMIT APPLICATION, SUSTAINED BY ANY PERSON OR PERSONS, PROVIDED THAT ANY SUCH CLAIM, DAMAGE, LOSS OR EXPENSE IS ATTRIBUTABLE TO BODILY INJURY, SICKNESS, DISEASE, OR DEATH, OR TO INJURY TO OR DESTRUCTION OF PROPERTY CAUSED BY THE TORTIOUS ACT OR NEGLIGENT ACT OR OMISSION OF APPLICANT, ITS CONTRACTOR OR ITS EMPLOYEES OR ANYONE FOR WHOM THE CONTRACTOR IS LEGALLY LIABLE OR SUBCONTRACTORS. \_\_\_\_\_ **INITIAL**

**LOCATION INFORMATION**

JOB SITE ADDRESS \_\_\_\_\_ TAX MAP ID# \_\_\_\_\_

ZONING DISTRICT \_\_\_\_\_ COST OF WORK \$ \_\_\_\_\_

VARIANCE REQUIRED YES \_\_\_\_\_ NO \_\_\_\_\_

**PROJECT DESCRIPTION**

TYPE OF POOL \_\_\_\_\_ DEMENTIONS OF POOL. \_\_\_\_\_

DISTANCE TO PROPERTY LINES: FRONT \_\_\_\_\_ REAR \_\_\_\_\_ SIDES \_\_\_\_\_ (20 FT MINIMUM ALL ZONING DISTRICTS)

TYPE OF ALARM (MAKE/MODEL/MANUFACTURER) \_\_\_\_\_

TYPE OF FENCING (HEIGHT\ LATCH TYPE FOR GATE) \_\_\_\_\_

**CONTRACTOR INFORMATION**

CONTRACTOR NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

PERSON OF CONTACT \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

OWNERS NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_

OWNER'S SIGNATURE \_\_\_\_\_

**FOR STAFF USE ONLY:**

PERMIT # \_\_\_\_\_ DATE APPLIED \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

APROVED \_\_\_\_\_ DENIED \_\_\_\_\_ DATE CLOSED \_\_\_\_\_

CoC# \_\_\_\_\_

PAID \$ \_\_\_\_\_ INSURANCE \_\_\_\_\_

Locate pool, fencing and gates, main building (including additions) and any accessory buildings. Give all yard dimensions. All elements of the septic system must be accurately located on the plot plan.

