

**Town of Clay –Department of Planning & Development
4401 State Route 31, Clay, N.Y. 13041 315-652-3800**

Residential Swimming Pool /Hot Tub Permit Application

Visit us online at www.townofclay.org

For Office Only

Approved by _____ Date _____ Permit # _____

Disapproved by _____ Date _____ Tax Parcel # _____

Discontinued Date _____ Zoning _____ Date Filed _____

ZBA Variance - _____ No _____ Yes, Case # _____

Property Owners Name(s) _____

Property Full Address of permit location _____

Mailing address if different _____

Daytime phone number _____-_____-_____.

Please check all applicable work involved with this permit

_____ **Above Ground Pool** size- _____ depth _____.

_____ **In ground Pool** size- _____ Hot Tub _____ w/cover

_____ New Fence Barrier _____ New Deck to pool –Square footage _____

Building Permit Fee's: Where total valuation of work is \$1.00-\$1,000.00 fee is \$25.00

Each additional \$1,000.00 or fraction there of \$5.00

Cash or check made payable to the "Town of Clay"

Total Value \$ _____

Permit Fee \$ _____

Please check the electrical agency you have hired to do your electrical inspection.

_____ 1. Commonwealth Electrical Inspection Agency – attached work order # _____

_____ 2. Middle Department Inspection Agency - attached work order # _____

_____ 3. The Inspector Electrical Agency - attached work order # _____

_____ Attach survey showing location of pool and barrier if applicable. Distances must be shown from property lines and structures to meet zoning setbacks.

_____ Attach deck plans, fence/barrier locations, sizes, gates, self closing latches and there locations.

Temporary Barriers –Height and Type _____ (60 days max.)

_____ Pool /Door Alarms - make _____ Model _____ Quantity _____

_____ Entrapment Device Protection Plan for in ground pools.

Contractor Installing Pool _____ Address _____

Contractor installing other structures _____

Contractor Liability Insurance attached _____ on file _____

Contractor Disability Insurance attached _____ on file _____

Contractor Workman's Compensation attached _____ on file _____

Any plumbing work must be inspected and certified with the Onondaga Cty. Dept. of Health.

As the owner of the above listed property, I certify that the above listed pool will not be used nor occupied until a Certificate of Compliance has been issued by the Code Enforcement Officer per section 80.07 of the Code of the Town of Clay and Rules & Regulations of the State of New York Title 19NYCRR Part 1203, Minimum Standards for Administration and Enforcement.

Date

Owners Signature