



**TOWN OF ISLIP**

**DEPARTMENT OF PLANNING & DEVELOPMENT**  
**Building Division**

Permits .....224-5466  
Records/Inspections .....224-5470  
Plans Examiners .....224-5467

### **In Ground Pool Requirements**

Dear Home Owner:

Attached please find a Building Permit Application for your **In Ground** Swimming Pool.

Please do not install the Swimming Pool before you have a Building Permit or you could be in violation of Town and State Codes.

With this completed, signed, and notarized application, please note that the following information/documents are also required:

1. Pool Permit Application must be signed by the Land Owner **and** the Licensed Pool Installer. Both signatures must be notarized;
2. A copy of your land survey with the pool location sketched on, showing setbacks to the property lines;
3. Three (3) sets of Signed & Sealed Construction Documents for the pool;
4. Copies of the Worker's Compensation and NYS Disability Insurance for the Contractor who has signed the Permit Application with you;
5. A fee payable to the Town of Islip in the amount of \$250.00 for an In Ground Pool.

Please call the Permits Section with any additional questions that you may have.

Thank you.

# POOL PERMIT APPLICATION

TOWN OF ISLIP BUILDING DIVISION  
1 Manitton Court, Islip, NY 11751

## PERMIT(S) REQUESTED

Swim/Pool  In-ground  Above  Hot Tub  
\*4 Ft Safety Fence Required During Construction

### IN GROUND SWIMMING POOL

3 COPIES OF SURVEY SHOWING POOL LOCATION

3 COPIES OF CONSTRUCTION PLAN OF POOL (W/DIVING BOARD IF APPLICABLE) SIGNED & SEALED BY ARCHITECT OR ENGINEER

**A/G POOL/HOT TUB** - 3 COPIES OF SURVEY SHOWING LOCATION **AND** 3 COPIES OF MANUFACTURERS SPECIFICATIONS FOR POOL

**APPLICATION NOTARIZED BY PROPERTY OWNER AND LICENSED POOL COMPANY WITH ISLIP TOWN LICENSE NUMBER**

**PROPERTY OWNER** - Tel. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

**CONTRACTOR - TELE** \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

### BOARD OF APPEALS

Granted: \_\_\_\_\_

Denied: \_\_\_\_\_

**SECRETARY**

Name \_\_\_\_\_  
(Print)

(Signature of Property Owner)

Sworn to before me this \_\_\_\_ day \_\_\_\_ of 200\_\_

Notary Public Signature

### Office Use Only

0500- \_\_\_\_\_

Address \_\_\_\_\_

Post Office \_\_\_\_\_

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

Base Fee \_\_\_\_\_

Building \_\_\_\_\_

Parking Lot \_\_\_\_\_

Fireplace \_\_\_\_\_

Front Foot \_\_\_\_\_

Apron \_\_\_\_\_

Recreation \_\_\_\_\_

Eng. Insp. Fee \_\_\_\_\_

Contr. Comm. Fee \_\_\_\_\_

TOTAL FEE \_\_\_\_\_

### FINAL SURVEY AND ELECTRICAL CERTIFICATE REQ'D FOR CO REVIEW

ZONING \_\_\_\_\_ APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED TO ISSUE \_\_\_\_\_ DATE \_\_\_\_\_

SPECIAL CONDITIONS OF PERMIT \_\_\_\_\_

### COMMENTS:

DATE FILED \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

By: \_\_\_\_\_ Expires \_\_\_\_\_

**A permit shall expire one (1) year after the date of issuance. No renewals are allowed on pools or second story decks.**

1. SIZE & USE of existing structures \_\_\_\_\_

2. PROPOSED USE \_\_\_\_\_

3. DESCRIPTION OF PROPOSED WORK \_\_\_\_\_

4. FLOOR AREA to be constructed or altered \_\_\_\_\_ Total sq.feet

5. If MASTER PLAN, Identify: \_\_\_\_\_

6. SETBACKS: Distance new structure to be from property line after construction.

Front Yard \_\_\_\_\_ Other Front Yard \_\_\_\_\_ Rear Yard \_\_\_\_\_

Side Yard \_\_\_\_\_ Other Side Yard \_\_\_\_\_

7. SIZE of property ( ) x ( ) = \_\_\_\_\_ sq. ft. or \_\_\_\_\_ Acres.

8. PROPERTY LOCATION Post Office \_\_\_\_\_

Street \_\_\_\_\_ Side of Street  N  S  E  W

Nearest Cross Street \_\_\_\_\_ Direction from Cross Street

N  S  E  W

Distance from Cross St \_\_\_\_\_ ft. If on Corner  NE  SE  NW  SW

School District \_\_\_\_\_

9. Are there any Property Covenants or Conditions of Special Permits which would affect the development of this property? \_\_\_\_\_ If yes, please attach.

10. Name of Filed Map \_\_\_\_\_

Lot No. On Filed Map \_\_\_\_\_

I understand that before a building permit can be issued, adjoining street must meet minimum Town standards or be bonded for same and that a Certificate of Occupancy for work done under this permit will not be issued until road damage caused during construction is repaired or bonded for same. I understand that the Town is relying on the information provided herein, any inaccuracy may cause delay or additional fees. I swear that this application is a true and complete statement of all proposed work on the described premises, that I have in effect all required insurance, including workers compensation insurance, and that I presently possess a valid Suffolk County home improvement license, if applicable. \*This permit issuance expressly implies approval by the landowner of inspections required of the premises.

Name \_\_\_\_\_  
(Print)

(Signature of Property Owner)

Name \_\_\_\_\_  
(Print)

(Signature of Town of Islip Pool Installer)

Islip Town Pool Co. License # \_\_\_\_\_

Sworn to before me this \_\_\_\_ day \_\_\_\_ of 200\_\_

Notary Public Signature