

TOWN OF MARCELLUS

CODE ENFORCEMENT OFFICE

22 East Main Street
Marcellus NY 13108
315-673-3269
Fax: 315-673-9102

www.marcellusny.com

codes@marcellusny.com

SWIMMING POOL & SPA BUILDING PERMIT APPLICATION PROCEDURE

- A) Complete all applicable sections of the Swimming Pool & Spa Permit Application.
- B) Sign and date the application.
- C) Submit the following required items with your completed application:

(Some may not be applicable to your project)

- Site plan (copy of survey) showing location & dimensions of proposed pool or spa
 - A complete set of pool or spa plans and/or specifications (brochure)
 - A complete set of deck drawings including framing, railing, gate and stair details
 - Specifications for any required fencing including height, gate and latch details
 - Pool alarm brand and model
 - Electrical inspection application from one of the following approved agencies:
 - o Central New York Inspection Service, 633-0027
 - o The Inspector, 1-800-487-0535
 - o Middle Department Inspection Agency, 1-518-273-0861
 - o Atlantic-Inland, 1-607-753-7118
 - o Commonwealth Electrical Inspection Service, 1-585-624-2380
 - Contractor Insurance Certificates with Town of Marcellus as certificate holder:
 - o General Contractor's Liability Insurance Certificate
 - o General Contractor's Workman's Compensation Insurance Certificate or exemption
(Form C-105.2, GSI-105.2, U-26.3, CE-200, SI-12 or BP-1)
- D) The Code Enforcement Officer has ten days to review a completed application and to approve or deny same. Typical applications take 1-2 days to review.
 - E) A permanent or temporary barrier that meets the requirements listed on the attachment to this sheet must be in place before any water is put in the pool.
 - F) All applicable inspections listed on the reverse side of the building permit application are mandatory. Please call two days ahead to schedule inspections.
 - G) Once your pool and fencing is completed and the electrical installation has been performed you must contact our office and schedule a final inspection of the pool. Upon passing this inspection a certificate of occupancy will be issued allowing you to use your pool.
 - H) Length of validity. Permits shall be valid for 90 days from date of issue. The time period may be extended for good cause provided that any temporary barrier is being properly maintained and that an application is made in writing prior to the expiration date.
 - I) Call 811 Before You Dig! You must call for a location request at least two working days but not more than 10 working days before any excavation starts.
 - J) If you have any questions or need assistance with your application, please contact the Code Enforcement Office:

Codes Office 673-3269, extension 4, codes@marcellusny.com
Planning / ZBA 673-3269, extension 7, pbzba@marcellusny.com

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SWIMMING POOL / SPA PERMIT APPLICATION

All applicable sections of this application must be completed - incomplete applications will be returned.

Property Owner: _____ Day Time Phone: _____

Project Address: _____ E-mail: _____

Tax Map Number: _____ Zoned: _____ Subdivision Name: _____

Undersigned petitions permission for:

() Above Ground Swimming Pool () Deck () In-ground Swimming Pool () Fence () Spa

Description of the proposed project and its proposed use: _____

Project Use: () Residential () Commercial () Other: _____

Lot Frontage: _____ Lot Depth: _____ Estimated value of all work - materials and labor: \$ _____

Pool / Spa Dimensions: Width: _____ Length: _____ Height: _____

Deck Dimensions: Width: _____ Length: _____ Height: _____ Sq. Footage: _____

Distance from lot lines: Front: _____ Rear: _____ Side 1: _____ Side 2: _____

Fence Details: Height: _____ Style: _____ # Gates: _____

Pool Alarm Brand / Model: _____

Is the project in a flood hazard zone?

Is the project within 100' of any wetlands?

Pool Contractor: _____ Contact: _____ Phone: _____

Electrician: _____ Contact: _____ Phone: _____

Fence Contractor: _____ Contact: _____ Phone: _____

Applicant Certification: I hereby certify that this application is true and correct to the best of my knowledge. That all work done under any resulting permit will comply with the requirements of the New York State Uniform Fire Prevention and Building Code, the Town of Marcellus Zoning Law and all other applicable regulations. I also understand that the granting of a permit does not give authority to violate or cancel the provisions of any other laws or regulations.

Inspections Required: I understand I am responsible to ensure that the required building inspections are performed by the appropriate inspector and have been approved prior to concealing any work.

Consent To Enter Property: By signing this application I agree to allow representatives of the Town of Marcellus access to the above referenced property at reasonable times for the purpose of obtaining information relevant to the processing of this application and to ascertain compliance with any resulting permit.

SIGNATURE OF OWNER OF PREMISES: _____

DATE: _____

Official Use Only

Date Completed: _____ Date Approved: _____ Approved By: _____

Application No.: _____ Date Denied: _____ Denied By: _____

FMV: _____ Date Notified: _____

Fee: _____ Reason Denied: _____