

TOWN OF MARCELLUS

CODE ENFORCEMENT OFFICE

22 East Main Street
Marcellus NY 13108
315-673-3269

Fax: 315-673-9102

jhouser@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 *if applicable*
 - Specifications for any required fencing including height, *gate and latch details*
 - Pool alarm brand and model
 - Electrical inspection *completed* from one of the following approved agencies:
 - o Central New York Inspection Service, 315-633-0027
 - o The Inspector, 1-800-487-0535
 - o Upstate Electrical Inspection Agency 315-452-5304
 - 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 *2-4* 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:

TOWN OF MARCELLUS
22 East Main Street, Marcellus, NY 13108
315-673-3269, Ext. 104 / Fax: 315-673-9102

SWIMMING POOL / SPA PERMIT APPLICATION

All *highlighted* 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: _____
(if applicable)

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: _____

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: _____

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Building permit applicants must obtain and provide insurance certificates from their contractors as indicated on the building permit application procedure.

Liability and Compensation certificates must be provided with Town of Marcellus, 22 East Main Street, Marcellus NY 13108 as the certificate holder.

Applicants contracting with sole proprietors must obtain and provide the contractors liability insurance and form CE-200, compensation waiver from the NYS compensation board.

For sole proprietor contractor: How do I get a worker's comp certificate in NY?

To obtain a certificate immediately, please use the on-line application at www.wcb.state.ny.us. Once the application is completed on-line, you can immediately print the certificate on your printer. Please review the separate instructions (form CE-200 instructions) prior to completing this application

NYS compensation board provides form BP-1 (no fee for notarization with Town clerk) to eligible applicants accepting and meeting terms of criteria which can wave proof of insurance requirements to be obtained and provided for building permits. BP-1 forms can't be used by commercial entities or for single or two-family dwellings.

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

This form cannot be used to waive the workers' compensation rights or obligations of any party.

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- I am performing all the work for which the building permit was issued.
- I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ◆ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; OR
- ◆ have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:

<p><i>Sworn to before me this _____ day of</i> _____ <i>(County Clerk or Notary Public)</i></p>

Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.