

INC. VILLAGE OF BAYVILLE
BUILDING DEPARTMENT
34 SCHOOL STREET
BAYVILLE, NY 11709
TELEPHONE: 516-628-1247

FEE:\$ _____

Receipt #: _____

SWIMMING POOL & HOT TUB PERMIT APPLICATION

TYPE OF POOL: Inground _____ Aboveground _____ Semi-aboveground _____ Hot Tub _____

OWNER'S NAME _____ CONTACT PHONE _____

HOME ADDRESS _____

SITE ADDRESS _____

SECTION _____ BLOCK _____ LOT(S) _____ DISTRICT _____ FLOOD ZONE** _____

MUST PROVIDE THE FOLLOWING:

- 2 COPIES OF CURRENT SURVEY SHOWING ALL EXISTING STRUCTURES, MARKED WITH PROPOSED POOL/HOT TUB LOCATION, FENCING, DIMENSIONS, AND SETBACKS
 - NASSAU COUNTY ASSESSOR'S FORM
- FULL DESCRIPTION OF PROPOSED POOL, INCLUDING CONSTRUCTION TYPE AND SIZE
 - INDICATE CORNER OR INTERIOR LOT
 - DRYWELL APPLICATION FOR DISPOSAL OF POOL WATER (NOT PERMITTED IN STREET), OR SIGNED AFFIDAVIT OF PLAN FOR DISPOSAL OF POOL WATER
 - PSEG POOL/HOT TUB CLEARANCE APPROVAL
(only when overhead utility lines are present in the yard)
<https://www.psegliny.com/buildingrenovationservices/poolclearancerequest> OR CALL **844-341-63780**
 - POOL/HOT TUB ALARM AFFIDAVIT
 - "CALL BEFORE YOU DIG" AFFIDAVIT

FOR DURATION OF WORK, MUST PROVIDE 6' FENCING WITH TOP AND BOTTOM RAILS, AND POSTS NO MORE THAN 8' ON CENTER TO ENCLOSE ANY EXCAVATION

OWNER/AGENT SIGNATURE _____ DATE _____

CONTACT THE BUILDING DEPARTMENT FOR INSPECTION WHEN INSTALLED

APPROVED _____ DATE INSPECTED _____

**VILLAGE OF BAYVILLE
BUILDING DEPARTMENT
34 SCHOOL STREET, BAYVILLE NY 11709
516-628-1439 X121
DOUG GROTH, CFM - BUILDING INSPECTOR**

POOL & HOT TUB ALARM AFFIDAVIT

Date: _____

Building Permit #: _____

Address: _____

In accordance with all applicable provisions of the New York State Uniform Fire Prevention and Building Code and All Village of Bayville Codes – Each swimming pool shall be equipped with an approved pool alarm and barrier alarm(s).

Therefore, I _____, certify that I have a functional water surface (pool) alarm(s) and pool enclosure barrier alarm(s) and will maintain the pool alarm(s) and pool enclosure barrier alarm(s) as per all applicable Village of Bayville and New York State Uniform Building Codes. I also certify that I will ensure that all pool/hot tub covers are locked and secure while not in use.

Property Owner Print, Sign, Date

Sworn to before me this _____ day of

(Notary)

NASSAU COUNTY DEPT OF ASSESSMENT
 240 OLD COUNTRY ROAD, MINEOLA NY 11501
 RESIDENTIAL/COMMERCIAL BUILDING PERMIT

NBHD (ASSESSOR USE ONLY)

DATE RECEIVED (ASSESSOR USE ONLY)

SECTION	BLOCK	LOT(S)	SCH DIST	PERMIT #
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N.E.S.W. SIDE OF OR CORNER OF	CONTACT PERSON
ADDRESS OF PROPERTY	ADDRESS
	CITY STATE ZIP
ESTIMATED COST OF CONSTRUCTION \$	PHONE
	EMAIL
PRINCIPAL TYPE OF CONSTRUCTION STEEL WOOD MASONRY	OWNER LESSEE

DETAILED DESCRIPTION OF WORK INCLUDING TYPE AND DIMENSIONS OF IMPROVEMENT

	CENTRAL AIR YES NO
	FINISH ATTIC YES NO
	BASEMENT FINISH 1/4
	1/2 3/4 FULL

CHECK ALL THAT APPLY

NEW BUILDING ADDITION DEMOLITION ALTERATION NO CHANGE S.F. MAINTAIN PRE EXISTING

RECONSTRUCTION DECK TERRACE PORCH CAR PORT DORMERS CHANGE IN USE

FIRE DAMAGE GARAGE DETACHED HVAC PLUMBING SWIMMING POOL TENNIS COURT

Flood damage OTHER

PROPOSED TOTAL PLUMBING FIXTURES HALF BATH = 2 FIXTURES FULL BATH = 3 OR MORE FIXTURES

FIXTURES	BASEMENT	1 ST FLOOR	2 ND FLOOR	3 RD FLOOR	NUMBER OF EXISTING BATHS			
BATHROOM SINK					NUMBER OF EXIST HALF BATHS			
TOILET					NUMBER OF PROPOSED FULL BATHS			
BIDET					NUMBER OF PROPOSED HALF BATHS			
STALL SHOWER					NEW C O NEEDED	YES		NO
BATH TUB					VARIANCE OBTAINED	YES		NO
KITCHEN SINK					CONSTRUCTION IN EXCESS 50%	YES		NO
WET SINK					SURVEY ENCLOSED	YES		NO

DATE OF GRANTING _____ SIGNATURE OF APPLICANT _____

FIELD REPORT ON REVERSE

3/10/16

OWN
SCHOOL DISTRICT
SECTION
BLOCK
LOTS
CA# OR BLDG #
UNIT #
DATE

BEFORE YOU DIG

YOU MUST CALL
LONG ISLAND ONE CALL

IT'S THE LAW DIAL 811

TWO TO TEN DAYS PRIOR TO STARTING ANY EXCAVATION,
YOU MUST NOTIFY THE ONE CALL CENTER FOR UTILITIES
MARK OUT

IN ADDITION I AGREE TO HOLD THE VILLAGE OF
BAYVILLE HARMLESS FROM ANY LIABILITY RESULTING FROM
ANY INJURY TO PERSONS OR PROPERTY CAUSED BY
NEGLIGENCE OR OTHERWISE IN CONNECTION WITH
DEMOLITION OR EXCAVATIONS OR CONSTRUCTION WORK
DURING THE LENGTH OF THE PROPOSED PROJECT.

Sworn to me this _____ of _____ 20____

Address _____

Signed

Notary Public