

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\*\* \_\_\_\_\_

### FILL IN CHECK BOX TO CONFIRM THE BELOW INSTRUCTIONS

**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**

**PROOF OF ANNUAL BACKFLOW TEST REPORT**

**(applicant must submit copies to Water and Building Departments)**

**PSEG POOL/HOT TUB CLEARANCE APPROVAL**

**(only when overhead utility lines are present in the yard)**

**<https://www.pseqliny.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***

**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 Name

\_\_\_\_\_  
Property Owner Signature



**BUILDING PERMIT  
RESIDENTIAL PROPERTY  
DEPARTMENT OF ASSESSMENT  
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: \_\_\_\_\_

NBHD# (ASSESSOR USE ONLY)

DATE REC'D (ASSESSOR USE ONLY)

SECTION	BLOCK	LOT (S)	SCH DIST #	PERMIT #	SPECIFIC ZONING DESIGNATION

Location of Building	N.E.S.W. SIDE OF (OR CORNER OF)	N.E.S.W. SIDE OF
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ADDRESS OF PROPERTY	Check one	NAME OF BUSINESS
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CITY, TOWN, VILLAGE	ZIP	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	CONTACT PERSON/OWNER
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ESTIMATED COST OF CONSTRUCTION:	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS
		CITY, STATE, ZIP

WORK MUST BEGIN BY	PRINCIPLE TYPE OF CONSTRUCTION	PHONE
PERMIT EXP DATE		EMAIL

LOT SIZE S.F.	<input type="checkbox"/> STEEL <input type="checkbox"/> MASONRY <input type="checkbox"/> FRAME	<p align="center"><b>IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION</b></p>
# BLDGS ON LOT		

DETAILED DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)

\*INCLUDING, BUT NOT LIMITED TO: LOCATION, TYPE AND DIMENSIONS OF IMPROVEMENT

PERMIT TYPE - CHECK ALL ITEMS THAT APPLY	DOES RESIDENCE HAVE THE FOLLOWING
<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION (CHANGE IN S.F.) <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) <input type="checkbox"/> MAINTAIN (PRE-EXISTING) <input type="checkbox"/> RECONSTRUCTION <input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT <input type="checkbox"/> DORMERS <input type="checkbox"/> OTHER _____	CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/> FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/> <b>BASEMENT FINISH</b> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>
<input type="checkbox"/> FIRE DAMAGE <input type="checkbox"/> GARAGE/ OUT BUILDING <input type="checkbox"/> HVAC <input type="checkbox"/> PLUMBING <input type="checkbox"/> RELOCATION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> TENNIS COURT <input type="checkbox"/> CHANGE IN USE	

**PROPOSED TOTAL PLUMBING FIXTURES**

FLOOR/FIXTURE	BASEMENT	1ST FLOOR	2ND FLOOR	3RD FLOOR
BATHROOM SINK				
TOILET				
BATHTUB				
STALL SHOWER				
BIDET				
KITCHEN SINK				
WET BAR				

**NUMBER OF EXISTING AND PROPOSED BATHS**

NUMBER OF EXISTING FULL BATHS		NUMBER OF PROPOSED FULL BATHS	
NUMBER OF EXISTING HALF BATHS		NUMBER OF PROPOSED HALF BATHS	

HALF BATH EQUALS TWO FIXTURES, FULL BATH EQUALS THREE OR MORE FIXTURES

NEW C/O NEEDED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
VARIANCE OBTAINED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CONSTRUCTION/RENOVATION IN EXCESS OF 50%	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SURVEY ENCLOSED	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**PLEASE ATTACH ALL PERMITS & SURVEY IF AVAILABLE**

DATE OF GRANTING OF PERMIT \_\_\_\_\_

Signature of Applicant/Contact Person - Sign & Print

**SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING**

Address of Applicant/Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

**FIELD REPORT ON REVERSE**

TOWN \_\_\_\_\_  
SCHOOL DISTRICT \_\_\_\_\_  
SECTION \_\_\_\_\_  
BLOCK \_\_\_\_\_  
LOT(S) \_\_\_\_\_  
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.**

OWNER/APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Signed