

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 _____

(ELECTRONIC, DIGITAL, OR HANDWRITTEN)

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

(ELECTRONIC, DIGITAL, OR HANDWRITTEN)
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 _____

ADDRESS OF PROPERTY _____

Check one: OWNER OR LESSEE

NAME OF BUSINESS _____

CITY, TOWN, VILLAGE _____ ZIP _____

CONTACT PERSON/OWNER _____

ESTIMATED COST OF CONSTRUCTION: _____

ADDRESS _____

CITY, STATE, ZIP _____

WORK MUST BEGIN BY _____ PRINCIPLE TYPE OF CONSTRUCTION

PERMIT EXP DATE _____

STEEL

LOT SIZE S.F. _____

BLDGS ON LOT _____

MASONRY

FRAME

PHONE _____

EMAIL _____

**IF YOU WISH TO GROUP OR APPORTION LOTS
PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION**

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"/> BASEMENT FINISH 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 NO

VARIANCE OBTAINED YES NO

CONSTRUCTION/RENOVATION IN EXCESS OF 50% YES NO

SURVEY ENCLOSED YES NO

PLEASE ATTACH ALL PERMITS & SURVEY IF AVAILABLE

DATE OF GRANTING OF PERMIT _____

Signature of Applicant/Contact Person - Sign & Print
(ELECTRONIC, DIGITAL, OR HANDWRITTEN)

**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: _____

(ELECTRONIC, DIGITAL, OR HANDWRITTEN)
Signed