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Code Enforcement Office  
Town of Geddes  
1000 Woods Rd. Solway, NY 13209  
[dbalcer@townofgeddes.com](mailto:dbalcer@townofgeddes.com)

Called: \_\_\_\_\_

Person: \_\_\_ Mess: \_\_\_

**For Building Department Only**

Examined Date: \_\_\_\_\_  
Approved Date: \_\_\_\_\_  
Disapproved A/C: \_\_\_\_\_  
Building Inspector: \_\_\_\_\_

Tax Map#: \_\_\_\_\_  
Permit #: \_\_\_\_\_  
Fee: \_\_\_\_\_

**APPLICATION FOR SWIMMING POOL PERMIT**

Applicant Name: \_\_\_\_\_ Telephone # \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

**Instructions**

- A. The work covered by this application may not be commenced before issuance of the Building Permit.
- B. A plot plan showing location of lot and existing buildings on premises together with location of proposed swimming pool and exact location fence and gate.
- C. Pool must be a minimum of **5** feet from adjoining property line, if corner lot **15** feet from adjoining side street line. Pool must be **10** feet from principle building.
- D. No pool to be built on side or front yard.
- E. Below ground pools must be protected by fencing no less than **48** inches and no greater than **72** inches. Gates must be self-closing & self-latching with the mechanism to open it from the outside at 54" high.
- F. Above ground pool barriers: The top of the barrier shall be at least **48** inches above grade measured on the side of the barrier that faces away from the swimming pool. The pool wall may act as the barrier.
- G. All pools must be protected by pool alarm.
- H. **Dwelling wall as a barrier.** Where a wall of a dwelling serves as part of the barrier, the following shall apply:  
Doors with direct access to the pool through that wall shall be equipped with an alarm that produces an audible warning when the door and/or its screen, if present, are opened. The alarm shall be listed in accordance with UL 2017. The alarm shall automatically reset under all conditions. The alarm shall be equipped with a manual means, such as touchpad or switch, to temporarily deactivate the alarm for a single opening. the deactivation switch shall be located 54 inches or more above the threshold of the door.

1. Address of land on which proposed work will be done. \_\_\_\_\_

2. Tax map #: \_\_\_\_\_ 3. Existing use of premises: \_\_\_\_\_

4. Pool specifications: Above ground ( ) Below Ground ( ) permanent spa ( )

Length \_\_\_\_\_, Width \_\_\_\_\_ Diameter \_\_\_\_\_, Depth \_\_\_\_\_

Pool Alarm - Y/N \_\_\_\_\_ Type of Ladder \_\_\_\_\_

Filter type, Sand ( ) Earth ( ) other \_\_\_\_\_ Motor pump size \_\_\_\_\_

Fence specifications Type \_\_\_\_\_ Height \_\_\_\_\_ Gate size \_\_\_\_\_

5. Estimated Construction Costs \$ \_\_\_\_\_ Fee \$ \_\_\_\_\_ Rect \_\_\_\_\_

6. Does proposed construction violate any Zoning law or regulation    yes ( ) no ( )

7. Compensation & Disability Insurance is required to be on file for contractors installations.

8. Name of owner of premise: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_, City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

9. Name of Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_, City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

10. Will electric work be completed? Yes ( ) No ( )

If yes, the electrical must be inspected and a certificate of Approval obtained by a New York State certified inspection agency. Please specify. \_\_\_\_\_  
\_\_\_\_\_

### **Plot Diagram**

Locate clearly all buildings, whether existing or proposed and indicate all set back dimensions from property lines. Show location of pool and fencing  
(For the application that has no survey attached)

Application is hereby made to the Code enforcement Department of the Town of Geddes for the issuance of a building permit pursuant to the Building Code of New York State for the construction of buildings, additions, or alterations or for the removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations of New York State, Onondaga County or the Town of Geddes.

\_\_\_\_\_ Certifies that he/she is the applicant above named  
(Name of applicant signing application)

She/he is the \_\_\_\_\_ of said owner or owners and is duly authorized  
(Contractor, agent, corporate officer, ECT.)

to perform the said work and to make and file this application. That all statements contained in this application are true to the best of his/her knowledge and belief, and that the work performed in the manner set forth in the application and in the plans and specifications filed therewith.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_