Incorporated Village Of Lawrence 196 Central Ave Lawrence, NY 11559

Building Department

Pool/Hot Tub/Spa

<u>Office Use Only</u>
Application #
Application Date

Date:	Permit App	olication	Application Date	
all information must be filled out before processing				
Section: Block: Property Address:	Lot:			
Description of Work:				
A PERMIT MUST BE OBTAINED BEFORE BEGINNING ANY WORK The undersigned hereby applies for a permit to do the following work which will be done in accordance with the description, plans, building and zoning specifications submitted, such special conditions set by the Village of Lawrence and IN ACCORDANCE WITH ANY APPLICABLE FEDERAL, STATE AND COUNTY REQUIREMENTS.				
Δddress.				
Telephone # Home:		Cell:		
Contractor's Information Name: Address:	Ema	iil:		
Address:				
_	Village of L	Lawrence License #:		
Electrician's Information Name: Address:		iil:		
Telephone #:	Village of I	Lawrence License #:		
Type of Pool:	er 🗆 Gunite 🗆 Vi	nyl Concrete	□ Other	
Type of Pool: Plaste Above-ground / In-ground /		•	□ Other	
· -	Semi-in-ground (circle on	e)		
Above-ground / In-ground / Estimated Cost \$	Semi-in-ground (circle on	e)		
Above-ground / In-ground / Estimated Cost \$ Required Items for Applicate Swimming Pool Affidavite Soil boring report Topographical survey Two sets of zoning and st Drywell calculations, loca Contractor - Nassau Court Plumber, electrician - Vill Contractor, plumber, electrician - Vill Surface coverage, mechan	ion of Requirements signed by owner ructural plans tion, and specifications ty Consumer Affairs License age of Lawrence Professional Licen	e)Square footage: se ance, workers compensation in	nsurance, and disability insurance (with the	
Above-ground / In-ground / Estimated Cost \$	sion of Requirements signed by owner ructural plans tion, and specifications ty Consumer Affairs License age of Lawrence Professional Licen trician - certificates of liability insure ted as the certificate holder) tical equipment, and fences must be	e)Square footage: se ance, workers compensation in	nsurance, and disability insurance (with the	
Above-ground / In-ground / Estimated Cost \$	cion of Requirements signed by owner ructural plans stion, and specifications ty Consumer Affairs License lage of Lawrence Professional Licen trician - certificates of liability insurated as the certificate holder) stical equipment, and fences must be due before issuance of permit Notary Signature & Stamp: This submitted, are a true and complete ONING ORDINANCE, BUILDING DERAL, STATE AND COUNTY RE	se ance, workers compensation in submitted on separate applications duly sworn, says that the statement of all proposed works and applications of ADMINISTRATIVE ORD	nsurance, and disability insurance (with the	
Above-ground / In-ground / Estimated Cost \$	Semi-in-ground (circle on sion sion of Requirements signed by owner ructural plans attion, and specifications ty Consumer Affairs License age of Lawrence Professional Licentrician - certificates of liability insurated as the certificate holder) attical equipment, and fences must be due before issuance of permit substance of permit Notary Signature & Stamp: Insubmitted, are a true and complete ONING ORDINANCE, BUILDING ORDINANCE, BUILDING ORDINANCE, STATE AND COUNTY REPORT IS AUTOMATICAL STATE AUTOMATICAL STATE AND COUNTY REPORT IS AUTOMATICAL STATE AND COUNTY REPORT IS AUTOMATICAL STATE AUTOMATICAL	se ance, workers compensation in submitted on separate applications being duly sworn, says that the statement of all proposed workers applications of ADMINISTRATIVE ORD EQUIREMENTS pertaining to	he statements contained in this application, ork to be done on the described premise and INANCE, BUILDING CONSTRUCTION	

ALL FEES ARE NON REFUNDABLE

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