

TOWN OF GLENVILLE
18 Glenridge Road, NY 12302-4518
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www.townofglenville.org

APPLICATION FOR
SWIMMING POOL / HOT TUB / SPA

*** See supplemental information for important information ***
**** A Detailed Plot Plan Is Required To Be Submitted With This Application ****

Date _____

1) **Building Site Address** _____

2) **Type Of Pool** (Circle One) *Inground Above Ground Spa/Hot Tub
*** If this is an inground pool – the fence must be included as part of this application
Size of Pool/Spa _____ Height of Pool wall (top to grade) _____

3) **Property Owner's Name** _____ **Day Phone** _____
Mailing Address (if different than site address) _____
City _____ State _____ Zip _____

4) **Contractor's Name** _____ **Day Phone** _____
(Certificate Of Workers Compensation And Disability Insurance Must Be Provided)
Mailing Address _____ City _____ State _____ Zip _____

5) **Site Information**
Is this a corner lot? Yes _____ No _____
Dimensions of lot _____ Dimensions of house on lot _____
List all other accessory structures on the property. All structures must be shown on the plot plan.
Shed(s): Size _____ Deck: Size _____
Detached Garage Size _____ Other: Size _____

6) **Estimated Values:** Pool/Spa \$ _____ Fence \$ _____

7) **Applicant's Certification:**
I certify that the information submitted as part of this permit application is accurate. I have received and understand the supplemental information for pools/spas and I am aware of my responsibilities.

Signature Of Property Owner _____
(Contractor/Builder's signature accepted with a copy of the signed agreement with the property owner)

FOR OFFICE USE ONLY:
Date Approved: _____ Fee: _____
Authorized Signature: _____
Notes / Comments / Denial: _____