

TOWN OF CHENANGO POOL PERMIT APPLICATION
1529 NYS RT 12 BINGHAMTON, NEW YORK 13901
Phone#: 607-648-4809 X # 5 Fax#: 607-648-8511

Date: _____ Tax Map# _____ Fee: _____ Permit # _____
Owners Name: _____ Owner's Phone # _____
Building Location/Address: _____
Pool Company: _____ Mailing Address: _____
Phone # _____ E-mail: _____
General Contractor _____ Mailing Address: _____
Phone # _____ E-mail: _____
Zoning: _____ Conforms: _____ Variance # _____ Review by PB ___ ZBA ___ ERB ___

Required Pool Information

All ITEMS BELOW MUST BE COMPLETE BEFORE A REVIEW WILL BE MADE CHECK

PERMIT FEE: \$50.00 **ESTIMATED COST** _____

SWIMMING POOL: Permit required for any pool, capable of holding 24 inches of water _____

WORKERS COMP/ LIABILITY INSURANCE: Copy to our office _____

SITE PLAN: Setback dimensions to all property lines, all road, all structures, wells, septic labeled
Including> fence outline/location w/self-closing gate information (min 4 feet height)
(2 inch clearance from grade)(Openings- max 4 inches) Copy to our Office _____

POOL W/ DECK: submit deck plans along with separate deck application _____

POOL ALARM - Type of alarm – stated clearly on site plan or copy of brochure _____

Alarm not required: -A hot tub or spa equipped w/ a safety cover _____

-Swimming pool w/ automatic power safety cover _____

MANUFACTURER POOL INFORMATION: brochure for this pool - Copy to our office _____

ELECTRICAL CERTIFICATION: Copy to our office before a CO is issued _____

Above Ground: _____ **in ground:** _____ **Hot Tub:** _____ **Spa:** _____

POOL SIZE: Round- _____ **Square/Rectangular:** _____ **Height:** _____

Liquid Capacity: _____ **gallons** **Motor Size:** _____ **HP** **Filter Make/Type:** _____

Method of Filling Pool: _____

FENCINIG/ BARRIER: All pools require a rigid 48 inch/4 foot minimal fence/barrier _____

Completely surrounding Pool- show on plans- if house is part of a barrier-auto pool safety cover per ASTM 1346 **OR** all doors equipped w/ audible alarm with continuous sound for 30 seconds upon opening

OR self-closing/ self-latching doors- ****Stated on site plan clearly **** _____

Other items

Pool pumps- Shall have timer switches _____

Pool Heaters- Automatic timer switch, No gas pilot flames, ON & OFF switch, and Pool heat
90 degrees or more- pool cover shall meet an R-12 _____

Remarks: _____

Occupancy Classification _____ Construction Type _____

Design Professional's signature and seal as required by Article 145 & 147 NYS Education Law _____

No Pool can be occupied until approved by the Building Department by issuance of a "Certificate of Occupancy"

Owner or Applicant's Printed Name _____ **Date:** _____

Owner or Applicant's signature _____ **Date:** _____

Form revised 10/22/2022