S/B/L #:_____ Permit #:_____

TOWN OF SWEDEN

APPLICATION FOR PERMIT C - SWIMMING POOL

1. Name and Address of Applicant:_____

   _____

   Phone Number: _____

2. Name and Business Address of Contractor:_____

   _____

   Phone Number:_____

   Workers' Compensation Requirements Under WCL §57 on file: Yes ☐

3. Type of Property:

   Residential ☐ Multi-Family ☐ Apartment Complex ☐

4. Plot Plan attached, drawn to scale, showing proposed pool location, dimensions, depth, and volume in gallons. Yes ☐

5. Approximate cost of pool: _____

6. Applicant agrees that construction or location shall not be changed or expanded without amending permit.

_____ _____
Date Applicant

_____ _____
Date Building Inspector

Fees:				
	Aboveground	$25.00	Final COC	_____
	Inground	$50.00	Final Electrical Insp.	_____
	Certificate of Compliance	$25.00		

Total Fees: _____

Rev. 6/23/06