

APPLICATION FOR POOL PERMIT

TOWN OF HUNTINGTON, SUFFOLK COUNTY, N.Y.

SCTM: 0400.00 Sec. _____ Blk: _____ Lot: _____

ZBA #: _____ Filed Date: _____ Zone _____

Filed Map Name: _____

Filed Map Sec. _____ Blk: _____ Lot: _____

Property Location: _____

Above ground Below Ground Electrical work required? yes no size _____

If below ground, construction material: gunite concrete vinyl other: _____

Pool to be installed by: _____

(Please print name of company)

Estimated Cost \$: _____

NOTE: A permit is good for one (1) year after the date of issuance. A building permit may be renewed by the Department of Engineering Services for two (2) one-year terms. The renewal fee for each renewal period shall be one-half (1/2) of the application fee paid for the original permit.

AFFIDAVIT OF PROPERTY OWNER

STATE OF NEW YORK
COUNTY OF SUFFOLK } SS:

_____ Property in Name of (Individual or Corporation) Please Print

Deposes and says: That I reside at _____ Zip _____ Mailing Address of Owner

in the State of _____, that I am the owner in fee of all that certain lot, piece or parcel of land shown on the attached survey situate, lying and being within the unincorporated area of the Town of Huntington; (a) the proposed work will be faithfully carried out as described in the application and as shown on the accompanying plans and specifications and not otherwise: (b) all laws and regulations applicable to the premises and to the proposed work will be complied with, whether stated in the application and plans or not: (c) the statements contained in the application are true: (d) the premises will not be maintained, operated, occupied or utilized for any purpose other than as set forth in the application, plans and specifications: (e) the premises will not be maintained in violation of the zoning ordinance: and (f) that said representations are made with full knowledge that the Town of Huntington is relying on same in issuing a building permit.

Sworn to me this _____ day Owner _____ Print Name

Of _____, 20 _____ Owner _____ Signature

_____ Address _____ Zip _____

Notary Public

Owner Phone _____

No work is to be started until permit has been received
False statements made herein are punishable as a class "A" misdemeanor pursuant to section 210.45 of the penal law of New York State.
Forms 87-02 Rev 10/16

OFFICE USE ONLY

Application ID# _____
Fee \$ _____ C/O \$ _____
Application # _____
Occupancy Code _____
Occupancy Load _____

Receipt# _____ Date: _____
Total \$ _____
Permit# _____
Type of Construction _____
Required Fire Sprinkler System _____