

## **APPLICATION FOR SWIMMING POOL PERMIT (GREEN)**

1. This form is used for inground and above ground pools. A Zoning Application is also needed along with the information drawn to scale on a copy of Plot Plan. Two sets of specifications on the pool need to be submitted along with the application (on above ground pools a pamphlet or color brochure is acceptable).
2. There is a Pool Packet to give out for all information on pools for applicant.
3. In addition to the Application for Swimming Pool Permit, an Electrical Permit Application is needed. The electrical work completed on the pool needs to be completed by a licensed electrician.
4. If the Pool and Electrical Applications are submitted together, add the electrical cost to the pool cost and charge only one charge and \$0.00 for the electrical. (Saves money for the applicant)
5. Inground pools require an Erosion and Sedimentation Bond form and \$500 check, to be held until the work is completed.

**APPLICATION FOR SWIMMING POOL PERMIT**

TOWN OF NEWINGTON, 200 GARFIELD STREET, NEWINGTON CT 06111

TEL. NO. 860-665-8580 FAX NO. 860-665-8577-BUILDING DEPARTMENT

**APPLICATION MUST BE FILLED OUT COMPLETELY IN INK**

JOB LOCATION: \_\_\_\_\_

CONTRACTOR'S NAME: \_\_\_\_\_ TEL. NO. \_\_\_\_\_

CONTRACTOR'S ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_

\_\_\_\_\_ ZIP CODE \_\_\_\_\_ STATE REG. NO. \_\_\_\_\_

(HOME) OWNER'S NAME \_\_\_\_\_ TEL. NO. \_\_\_\_\_

(HOME) OWNER'S ADDRESS \_\_\_\_\_

DETAILED DESCRIPTION OF WORK TO BE PERFORMED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL VALUE OF WORK TO BE PERFORMED: \$ \_\_\_\_\_

TYPE OF POOL: ABOVE GROUND \_\_\_ BUILT IN \_\_\_ SIZE OF POOL \_\_\_\_\_ X \_\_\_\_\_

WILL POOL HAVE UNDERWATER LIGHTING? YES \_\_\_\_\_ NO \_\_\_\_\_

**\*A SELF CLOSING / LATCHING GATE IS REQUIRED FOR ALL POOLS\***

TYPE OF POOL FENCE: \_\_\_\_\_ DOES FENCE HAVE GATE: YES \_\_\_ NO \_\_\_

HEIGHT OF POOL FENCE \_\_\_\_\_ IS GATE SELF-LOCKING: YES \_\_\_ NO \_\_\_

ALL WORK COVERED BY THIS APPLICATION HAS BEEN AUTHORIZED BY THE (OWNER) OR (AGENT) OF THIS PROPERTY AND WILL BE DONE ACCORDING TO STATE CODES AND REGULATIONS. **NO WORK SHALL BE STARTED UNTIL THE BUILDING DEPARTMENT HAS RECEIVED THIS APPLICATION AND HAS ISSUED A BUILDING PERMIT. ALL PERMITS APPROVED SUBJECT TO FIELD INSPECTIONS.**

SIGNED \_\_\_\_\_

(applicant)

(date)

(Tel. No.)

Please print name \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PERMIT FEE \$ \_\_\_\_\_

REC'D BY: \_\_\_\_\_

ZONING FEE \$ \_\_\_\_\_

TOTAL PAID \$ \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PERMIT NO.: \_\_\_\_\_

**NOTE: CALL BUILDING DEPARTMENT FOR REQUIRED INSPECTIONS**

**24 HOUR NOTICE IS REQUIRED (860-665-8580)**

