



POOL/HOT TUB PERMIT
Town of Islip Building Division
1 Manitton Court, Islip, NY 11751
www.islipny.gov

COMPLETE THIS APPLICATION IN ITS ENTIRITY AND SUBMIT TO PERMITS DEPT WITH ALL REQUIRED DOCUMENTATION LISTED BELOW.

PERMIT WILL BE VALID FOR 1 YEAR AFTER ISSUANCE; NO RENEWALS. A NEW PERMIT APPLICATION MUST BE FILED IF PERMIT EXPIRES. (TEMPORARY POOL PERMITS ARE VALID FOR 6 MONTHS ONLY.)

Permit Fees are due upon submission of application. Visit islipny.gov/departments/planning-and-development/building-division-permits-section for the current Fee Schedule.

Subject Address: _____
Bldg/House # Street Suite

City State Zip

Property Type: Commercial* _____ Residential _____
*Additional permit requirements may apply; please check with a Plans Examiner.

FOR OFFICE USE ONLY

PLACE STICKER HERE

FILING DATE: _____ BY _____

ZONING APPROVAL DATE: _____ BY _____

APPROVED TO ISSUE DATE: _____ BY _____

ISSUED DATE: _____ BY _____

PERMIT EXPIRATION DATE: _____

SPECIAL CONDITIONS OF PERMIT: _____

TOTAL FEE: \$ _____

Property Owner: _____
Full Name Email Phone

Owners Address: _____
(If different than subject address) House No / Street City State Zip

**Contractor/
 Licensed Pool Installer:** _____
Business Name Contact Name Email Phone

Business Address: _____
No / Street City State Zip

**Expeditor /
 Design Professional:** _____
(If different than property owner) Business Name Contact Name Email Phone

Business Address: _____
No / Street City State Zip

PERMIT(S) REQUESTED (Permit(s) MUST be issued before work starts):

IN-GROUND POOL with: Water Feature Spillover Spa Slide Diving Board

ABOVE-GROUND POOL HOT TUB STORABLE/WADING POOL (TEMPORARY POOL)

(or Semi in-ground pool, subject to 13.d)

PROPERTY DETAILS:

- Size of Proposed Structures: _____ If Master Plan identify: _____
(Town issued Master Plan Number and Building Identification)
- Setbacks (distance new structure, features, deck/patio will be from property line after construction):
 Structure/features: Front yard _____ 2nd Front yard (corner/thru lot) _____ Rear yard _____ Side yard _____ 2nd Side yard _____
 Patio/Deck: Height _____ Front yard _____ 2nd Front yard (corner/thru lot) _____ Rear yard _____ Side yard _____ 2nd Side yard _____
- Are there any Covenants or Special Permit conditions affecting this property? _____ (if yes, please attach).

PERMIT REQUIREMENTS — DUE WITH APPLICATION SUBMISSION:

- PAYMENT - Cash or a check made out to the Town of Islip for the application fee.
- SURVEY (3 Copies) – An accurate survey, signed and sealed by a licensed surveyor. The proposed improvement (including deck/patio, features) can be hand drawn on the survey with the size and setbacks indicated.
- ABOVE-GROUND POOL/HOT TUB REQUIREMENTS:
 - Three (3) sets of Manufacturer’s Installation Instructions / Specifications for the pool.
- IN-GROUND POOL REQUIREMENTS:
 - Three (3) sets of signed & sealed construction documents for all proposed improvements.

- c. Installer must be licensed with the Town of Islip.
- 8. TEMPORARY POOL (Storable Swimming or Wading Pool) – Pools constructed on or above ground capable of holding water with a maximum depth of 42” or a pool with nonmetallic molded polymeric walls or inflatable fabric walls regardless of dimension; these pools are not added to your CO and permit is good for 6 months only:
 - d. One (1) set of Manufacturer’s Directions / Specifications.
 - e. Must meet the requirements of the NYS Residential Code and Town of Islip Zoning Code.
- 9. WETLANDS – If your property is within 250’ of freshwater wetlands or 300’ of tidal wetlands, your application may be referred to the NYS DEC (631-444-0355 NYS DEC, 631-444-0278 Freshwater Wetlands, 631-444-0295 Tidal Wetlands). Town of Islip wetlands permits may also be required.
- 10. COMMERCIAL POOLS – Add’l requirements may apply (e.g. Suffolk County Health Dept. 631-852-5700).

OTHER IMPORTANT REQUIREMENTS:

- 11. Prior to the issuance of a permit, the following Insurance Certificates are required –
(ACORD Forms are not acceptable proof of NYS Worker’s Compensation or Disability benefits insurance coverage):
 - a. NYS WORKERS COMPENSATION INSURANCE:
 NYS Form C-105.2, NYS GSI-105.2 (2/02), NYS Form U-26.3, or if exempt, NYS Form CE-200.
 - b. NYS DISABILITY INSURANCE:
 NYS Form DB-120.1, NYS Form DB-155, or if exempt, NYS Form CE-200.
 - c. EXCEPTION: Above Ground Pools/Hot Tubs – An original BP-1 insurance waiver signed by Property Owner.
- 12. Upon permit issuance, Property Owner will be given or mailed a packet of important information:
 - d. NYS Building Code requirements for barriers and alarms. *(Semi-inground pools follow the same barrier requirements as an inground pool).*
 - e. A Pool Safety Brochure.
 - f. A list of requirements for issuance of Certificate of Occupancy (CO) / Certificate of Compliance (CC).
 - g. Property Owner is responsible for ensuring they receive their CO/CC within 1 year of permit issuance. If you do not receive this information packet, please contact the Permits Department at 631-224-5466.

I understand that the Town is relying on the information provided herein, any inaccuracy may cause delays and/or additional fees. I swear this application is a true and complete statement of all work on the desired premises. This permit issuance expressly implies approval by the landowner of inspections required of the premises. By submitting this application, I acknowledge and agree that a modification or addition may be made to the Certificate of Occupancy/Compliance. No further notice of any resultant modification or addition shall be required.

If the Property Owner purchased the property within the last 6 months, a copy of the deed or closing papers indicating the deed was sent to Suffolk County to be recorded are required. If the Property Owner is a Corporation or LLC, proof of signature authorization is required.

PROPERTY OWNER:

SWORN TO ME ON THIS

PRINT

_____ DAY OF _____, 20 ____

SIGNATURE

NOTARY PUBLIC

CONTRACTOR / LICENSED POOL INSTALLER:

SWORN TO ME ON THIS

PRINT

_____ DAY OF _____, 20 ____

SIGNATURE OF TOI LICENSED POOL INSTALLER (in-ground pools)

LICENSE #

NOTARY PUBLIC

EXPEDITOR/DESIGN PROFESSIONAL:

SWORN TO ME ON THIS

PRINT

_____ DAY OF _____, 20 ____

SIGNATURE

NOTARY PUBLIC

ZONING REVIEW (comments must be entered in PermitNet):

WETLANDS _____

ZBA _____

REAR YARD OCCUPANCY _____% ZONING INSPECTOR _____ DATE _____ APPLICANT _____