Inc. Village of Woodsburgh

SWIMMING POOL / SPA PERMIT APPLICATION REQUIREMENTS

building@woodsburgh.gov / inspector@woodsburgh.gov

Completed permit application packet, any incomplete packets will be returned.

Application Fee: $200.00 (non-refundable), due at the time of submission.

Two (2) paper sets of signed and sealed plans by a NYS licensed Architect or Engineer – Plans must also be emailed in a PDF format to building@woodsburgh.gov**.**

- All plans are to be fully architectural & structural drawings to a scale of at least ¼ inch to a foot.
- Plot plan indicating all setbacks from existing and proposed structures and accessory structures.
- Zoning calculations.
- Drainage calculations (5-inch rainfall), with location of drainage structure(s) and piping.
- Soil Boring Test must be submitted.
- Base Flood Elevation and Water Table, flood zone and limit of moderate wave action line must be shown on plans.
- 2 copies of the most up to date topographical survey - grade elevations. (survey must be legible).
- Construction details of the pool, drainage and paving **must** be shown on plans.

Required by Village Code:

- Setbacks: Pool, Equipment & Fencing must be 25 feet from the rear and side property lines.
- Location: Pool, Equipment & Fencing are required to be in a rear yard only.
- Fencing: 4-foot-high maximum, open type fencing and evergreen shrubbery planted at 4 foot high along the exterior side of all the fencing.
- All swimming pools must get permission from the Board of Zoning Appeals. (Separate Application Process)

All Contractors must submit

- Nassau County Consumer Affairs License (Copy of the original license).
- Liability Insurance with the Village of Woodsburgh as the certificate holder and additionally insured. Accord form Only. (Insurance must list everything the contractor is insured to do).
- Workers Compensation Insurance with the Village of Woodsburgh as the certificate holder. Forms must be C 105.2, or U-26.3, or CE 200 for waiver.

All Plumbers (There is a separate form for plumbing work.)

- All plumbers must be licensed by the Town of Hempstead, the Town of North Hempstead or the Town of Oyster Bay Reciprocal License.
- Liability Insurance with the Village of Woodsburgh as the certificate holder and additionally insured. Accord form Only.
- Workers Compensation Insurance with the Village of Woodsburgh as the certificate holder. Forms must be C 105.2, or U-26.3, or CE 200 for waiver.

All Electricians must be licensed by the Town of Hempstead. An original Electrical Inspection Certificate is required to close out building permits. Prior to commencing any electrical work in order to schedule the appropriate inspections contact an approved Electrical Inspection Agency. This certificate is needed to close out your building permit.

- All permits issued are valid for one (1) year from date of issue, and must be renewed if work is not completed, in a timely fashion, to avoid renewal fees.

- Approved plans and a copy of approved permit must remain on the premises at all times until Certificate of Occupancy/Completion is issued. These plans must be made available to the Building Inspector at time of inspection.

Inc. Village of Woodsburgh

SWIMMING POOL / SPA APPLICATION

building@woodsburgh.gov / inspector@woodsburgh.gov

Property Address: _____ **Section** **Block** **Lot(s)** _____

Owner(s) Name _____

Owner(s) address _____

Telephone # _____ Email Address _____

Architect / Engineer Name _____

Address _____

Telephone # _____ Email Address _____

Contractor Company Name _____

Address _____

Telephone # _____ Email Address _____

TYPE OF POOL AND OR SPA BEING PROPOSED:

☐ GUNITE ☐ VINYL ☐ CONCRETE ☐ STEEL WALL ☐ PLASTER

POOL HEATER: ☐ YES ☐ NO (IF YES, SUBMIT THE MODEL SPECIFICATIONS)

SIZE OF POOL FROM COPING: _____ **LENGTH** _____ **WIDTH** _____ **DEPTH**

 # OF DRAINAGE SYSTEMS (I.E. DRYWELL) _____ **TYPE OF DRAINAGE SYSTEM:** _____

SIZE OF DRYWELL(S) / DRAINAGE BEDS / CULTEC SYSTEM: _____ FT. X _____ FT. _____ FT. X _____ FT.

DESCRIPTION OF WORK BEING PERFORMED: _____

_____

_____

_____

PATIO / WALKWAYS – *PERMIT FEE* *$1.00 per sq ft. for the first 500 sq ft. and $0.50 each additional sq ft.*

SQUARE FOOTAGE OF PATIO(S) & WALK(S) _____

- **Residence Zone District** _____
- **Is this permit to legalize an existing structure?** _____
- **Plumbing** - a separate application must be submitted by the plumbing contractor.
- **Electrical**- an electrical certificate must be submitted after the final inspection from the 3rd party electrical inspector.

AFFIDAVIT OF AGENT / CONTRACTOR

State of New York)
County of Nassau)
SS:

I, _____being duly sworn, deposes and says that _____
(Agent, Contractor) (Owner)
Is the owner of the premises to which this application applies to and that the applicant is duly authorized to make this application; and that the statements contained here are true and correct to the best of their knowledge and belief; and that the work being performed in the manner set forth in this application and in the plans and specifications filed therewith, and in accordance with all applicable laws, ordinances and regulations of the Village and New York State.

Sworn to me this _____day of 20_____

_____ _____
Notary Public (Signature of Applicant)

PROPERTY OWNER CERTIFICATION

I, _____, hereby certify that I have full knowledge of the proposed work at my property as described herein and take no exception to such activity.

Sworn to me this _____day of 20_____

_____ _____
Notary Public (Signature of Owner)

PERMIT REQUIREMENT AGREEMENT

I,_____, understand and will comply with the following:
(Owner Print Name)

Rules & Regulations: **Initial Each Below**

1. Construction shall not begin prior to obtaining a permit from the building department. _____
2. Construction shall not begin prior to 8:00 am nor after 6:00 pm on weekdays. _____
3. Construction is **NOT** permitted on Saturday, Sundays, or Legal Holidays. _____
4. The contractor is responsible for contacting the building department for all required inspections. _____
5. Required erosion and sediment control methods must be in place prior to construction. _____
6. Any revisions to the work shall have **approved** amended plans prior to doing the work. _____
7. I agree to permit the Building Inspector and any officer or employee of the Village to enter upon the premises in the discharge of their duties with this application. _____

I have read, initialized and fully understand the above requirements. _____
(Signature of owner)

Pool Permit Fee**: $ 750.00**
Certificate of Completion/Occupancy: $ 200.00
Total: $900.00

For Office Use Only

PATIO / WALKWAYS – PERMIT FEE $1.00 per sq ft. for the first 500 sq ft. and $0.50 each additional sq ft.
SQUARE FOOTAGE OF PATIO(S) & WALK(S) _____

Approved - Inspector: _____ Date: _____

Denied - Inspector:_____ Date: _____

Zoning Board of Appeals: **Approved** Date _____ **Denied** Date _____

Date:_____

Village of Woodsburgh

PERMEABLE PAVER OWNER & CONTRACTOR CONSENT

Property:_____

Section:_____ Block:_____ Lot(s):_____

- Gap/Openings must be a minimum of 3/8 inch
- 13% of Surface shall be pervious
- Pavers must be **Interlocking** & approved by the Village

***NOTE: STEPPINGSTONES AND SLABS WILL NOT BE CONSIDERED AS PERMEABLE.**

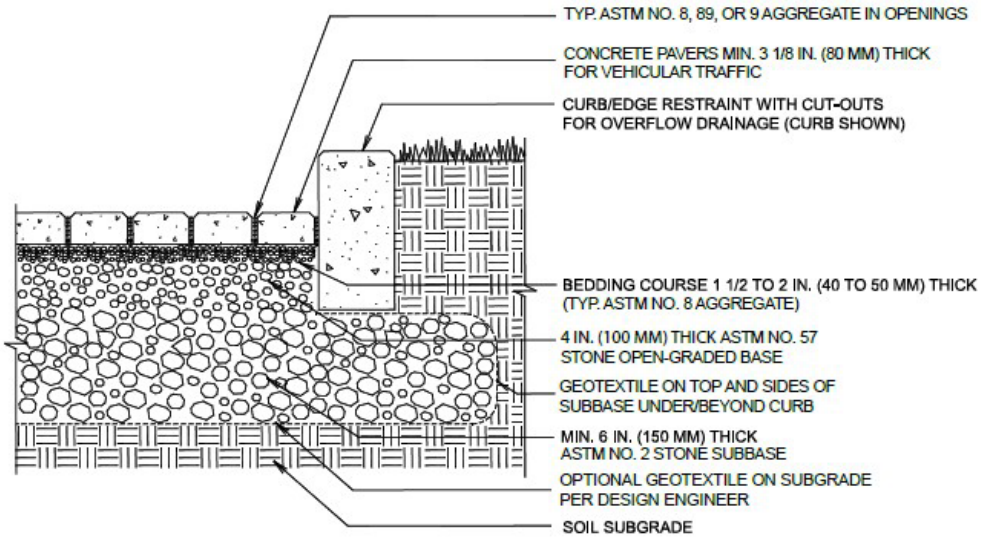

Figure 4. Full exfiltration cross section allows storage and infiltration. Overflows are to swales, bioretention areas or storm sewer inlets.

Required Inspections by the Building Department:

1. Excavation and permeability substrate soil condition.
2. Installation of gravel base to required depth & size.
3. Final installation of pavers.

We, the undersigned understand and agree to the requirements of the installation of permeable interlocking paver system and will contact the Building Department for the required inspections. We understand that if the pavers are not the approved type and/or are not installed properly, both paver and substrate will have to be removed and the correct paver and installation will be required.

Owner: _____ Contractor: _____

(PRINT NAME) (PRINT NAME)

Signature: _____ Signature: _____

BUILDING PERMIT
RESIDENTIAL PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY
240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: _____

NBHD# (ASSESSOR USE ONLY)

DATE REC'D (ASSESSOR USE ONLY)

TOWN

SECTION	BLOCK	LOT (S)	SCH DIST #	PERMIT #	SPECIFIC ZONING DESIGNATION

SCHOOL DISTRICT

Location of Building	N.E.S.W. SIDE OF (OR CORNER OF)	N.E.S.W. SIDE OF

ADDRESS OF PROPERTY

CITY, TOWN, VILLAGE | ZIP

ESTIMATED COST OF CONSTRUCTION:

Check one

☐ OWNER OR ☐ LESSEE

NAME OF BUSINESS

CONTACT PERSON/OWNER

ADDRESS

CITY, STATE, ZIP

PHONE

EMAIL

SECTION

WORK MUST BEGIN BY	PRINCIPLE TYPE OF CONSTRUCTION
PERMIT EXP DATE	☐ STEEL
LOT SIZE S.F.	☐ MASONRY
# BLDGS ON LOT	☐ FRAME

IF YOU WISH TO GROUP OR APPORTION LOTS

PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION

BLOCK

DETAILED DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)

***INCLUDING, BUT NOT LIMITED TO: LOCATION, TYPE AND DIMENSIONS OF IMPROVEMENT**

PERMIT TYPE - CHECK ALL ITEMS THAT APPLY

- ☐ NEW BUILDING
- ☐ ADDITION (CHANGE IN S.F.)
- ☐ DEMOLITION
- ☐ ALTERATION (NO CHANGE IN S.F.)
- ☐ MAINTAIN (PRE-EXISTING)
- ☐ RECONSTRUCTION
- ☐ DECK, TERRACE, PORCH, CARPORT
- ☐ DORMERS
- ☐ OTHER _____
- ☐ FIRE DAMAGE
- ☐ GARAGE/ OUT BUILDING
- ☐ HVAC
- ☐ PLUMBING
- ☐ RELOCATION
- ☐ REPLACEMENT
- ☐ SWIMMING POOL
- ☐ TENNIS COURT
- ☐ CHANGE IN USE

LOT(S)

DOES RESIDENCE HAVE THE FOLLOWING

CENTRAL AIR YES ☐ NO ☐

FINISHED ATTIC YES ☐ NO ☐

BASEMENT FINISH

1/4 ☐ 1/2 ☐ 3/4 ☐ FULL ☐

PROPOSED TOTAL PLUMBING FIXTURES

FLOOR/FIXTURE	BASEMENT	1ST FLOOR	2ND FLOOR	3RD FLOOR
BATHROOM SINK				
TOILET				
BATHTUB				
STALL SHOWER				
BIDET				
KITCHEN SINK				
WET BAR				

CA # OR BLDG #

NUMBER OF EXISTING AND PROPOSED BATHS

NUMBER OF EXISTING FULL BATHS		NUMBER OF PROPOSED FULL BATHS	
NUMBER OF EXISTING HALF BATHS		NUMBER OF PROPOSED HALF BATHS	

HALF BATH EQUALS TWO FIXTURES, FULL BATH EQUALS THREE OR MORE FIXTURES

UNIT #

NEW C/O NEEDED	YES ☐	NO ☐
VARIANCE OBTAINED	YES ☐	NO ☐
CONSTRUCTION/RENOVATION IN EXCESS OF 50%	YES ☐	NO ☐
SURVEY ENCLOSED	YES ☐	NO ☐

PLEASE ATTACH ALL PERMITS & SURVEY IF AVAILABLE

DATE

DATE OF GRANTING OF PERMIT _____

_____
Signature of Applicant/Contact Person - Sign & Print

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

_____
Address of Applicant/Contact Person Telephone

FIELD REPORT ON REVERSE

Rev 08/11