

VILLAGE OF ATLANTIC BEACH – POOL PERMIT APPLICATION

65 THE PLAZA, ATLANTIC BEACH, NEW YORK 11509

OFFICE: (516)371-4600 Email: building@atlanticbeachny.gov

INCORPORATED VILLAGE OF ATLANTIC BEACH – BELOW GROUND SWIMMING POOL

APPLICATION FILLING FEE \$150.00

PERMIT FEE: \$500.00 + 1% of COST OF CONSTRUCTION

payable to the INC VILLAGE OF ATLANTIC BEACH

It is the policy of this department to abandon and destroy **WITHOUT NOTIFICATION** any application that has been left dormant by the owner or agent there for 90 days. All fees paid in relation to such an application will be non-refundable and non-transferable.

The following items must be Submitted:

1. Building Permit Application Form
2. Two (2) copies of a survey by a licensed and surveyor, showing the plot and all existing buildings.
3. Two (2) copies of Plot Plan indicating fence height and location, pool size, shape, location and all remaining dimensions from pool to property lines.

NOTE: Pool must be in rear yard, not closer than four feet from the side and rear property lines. Except that in the case of corner lots pools must also be ten feet from property line along an abutting street.

A Separate **PLUMBING APPLICATION** is required for all Pools

4. Two (2) sets of plans with a seal and signature of Architect or Engineer showing dept and size of pool and how constructed
5. Two (2) letters from a professional engineer stating that the drainage of the pool on the subject property is adequate, and will not interfere with public water supply system, with existing sanitary facilities or with public highways.
6. **ALL WATER MUST BE DISPOSED THROUGH ADEQUATE DRYWELL.**
7. **ELECTRIC:** All electrical work shall comply with article 680 (national Electrical Code) and chapter 42 of the Residential Code of New York State. An Electrical Inspection Certificate must be submitted prior to an insurance Certificate of Completion.
8. Every swimming pool shall be enclosed with a fence five feet minimum and six feet maximum in height for rear yards. Fence is to be properly screened with shrubs and plants not less than six feet, wherever applicable, and prevent reflection from artificial lighting of any kind.

Chapter 250 article XI swimming pools

VILLAGE OF ATLANTIC BEACH – BUILDING PERMIT APPLICATION
65 The Plaza, Atlantic Beach, New York 11509
Office: (516) 371- 4600 Email: Building@atlanticbeachny.gov

(Office use only)

Application # _____ Date Received: _____ Fee(s): _____
Permit # _____ Date Issued: _____ Permit fee: _____

Owner(s): _____
Property Address: _____ SBL: 58/ _____
Mailing Address (if different from property): _____
Email: _____ Tel # _____

Work proposed: _____
Cost of Construction \$ _____

- *Signed and sealed by a NYS licensed Architect or Engineer
- *All drawings to a scale of at least 1/4 inch.
- *Zoning calculations must be on the first page of the plans
- *Plot plan must indicate all setbacks for new and existing construction
- * Elevation drawings must show proposed and existing heights

Architect/Engineer: _____
Address: _____
Email: _____ Tel #: _____

All CONTRACTORS must be licensed in the Village of Atlantic Beach in order to work. Nassau County Consumer Affairs License, Liability Insurance with the Village of Atlantic Beach as the Certificate Holder and Additionally Insured, and Worker's Compensation must be up to date in order for a permit to be issued.

Contractor: _____
Address: _____
Email: _____ Tel #: _____

Affidavit of Property Owner/Applicant

STATE OF NEW YORK
COUNTY OF NASSAU SS:

I, _____ being the owner/applicant duly sworn, deposes and says; that all work proposed to be done upon said premises will be done in accordance with the approved application and approved plans. The applicant duly sworn says he/she is authorized by the owner to make application for a permit to perform said work in the foregoing application.

Signature _____ Sworn before me this _____ day of _____, 20

Notary signature

Examined and approved on _____, 20

Plans Examiner/Building Inspector



**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)

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

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: _____

WORK MUST BEGIN BY _____

PERMIT EXP DATE _____

LOT SIZE S.F. _____

BLDGS ON LOT _____

Check one

OWNER OR LESSEE

NAME OF BUSINESS _____

CONTACT PERSON/OWNER _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

EMAIL _____

IF YOU WISH TO GROUP OR APPORTION LOTS
PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION

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

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

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				

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

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 OF GRANTING OF PERMIT _____

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

Signature of Applicant/Contact Person - Sign & Print

FIELD REPORT ON REVERSE

Address of Applicant/Contact Person _____ Telephone _____

TOWN
SCHOOL DISTRICT
SECTION
BLOCK
LOTS
CA # OR BLDG #
UNIT #
DATE