



POOL/HOT TUB/SPA PERMIT

Town of Islip Building Division
1 Manitton Court, Islip, NY 11751
www.islipny.gov

COMPLETE THIS APPLICATION IN ITS ENTIRTY 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 No Street Suite

City State Zip

Tenant Name: _____ **Unit #:** _____
(if applicable)

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 Letter for Applicant: Yes No As-built Survey Required: Yes No

Zoning Approval Date: _____ By: _____

Plans Examiner Approval Date: _____ By: _____

Approved to Issue Date: _____ By: _____

Issued Date: _____ By: _____

Permit Expiration Date: _____

Special Conditions of Permit: Barrier pursuant to
§68-386 of Town of Islip Code

Filing Fee: \$ _____ Receipt #: _____

Permit Fee:\$ _____ Receipt #: _____

Total Fee: \$ _____ C/O Issued: _____

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

* If property was purchased within the last 6 months, a copy of the deed, or closing papers indicating the deed was sent to Suffolk County to be recorded is required. If property owner is a corporation or LLC, legal paperwork stating the person signing the application is an authorized signator for the Corporation or LLC is required.

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

In-ground pool with: *(Select all that apply)*

Water Feature Spillover Spa

Slide Diving Board

Above ground pool

Hot Tub / Spa

Storable/wading pool (temporary pool)

PROPERTY DETAILS:

1. Size of Proposed structure(s): _____

2. If Master Plan, identify Town issued Master Plan Number & Building Identification _____

3. Setbacks *(distance new structure/features and/or deck/patio will be from property line after construction):*

Structure/Features:

Front Yard: _____ *2nd Front Yard: (corner or thru lots)* _____ *Rear Yard:* _____ *Side Yard:* _____ *Other Side Yard:* _____

Patio/Deck:

Front Yard: _____ *2nd Front Yard: (corner or thru lots)* _____ *Rear Yard:* _____ *Side Yard:* _____ *Other Side Yard:* _____

4. Are there Covenants or Conditions on the property? Yes *(please attach)* No



PERMIT REQUIREMENTS – DUE WITH APPLICATION SUBMISSION:

1. **Survey** (3 copies): All surveys must have been prepared by a licensed surveyor, be scalable, and must accurately depict all existing structures on the property. The proposed improvement (including deck/patio & features) can be hand drawn on the survey with the size and setbacks indicated).
2. **Wetlands:** If your property is within 250’ of freshwater wetlands or 300’ of tidal wetlands, your application may be referred to the New York State Department of Environmental Control (NYS DEC). Contact NYS DEC at (631) 444-0278.
For Freshwater Wetlands: (631) 444-0278
For Tidal Wetlands: (631) 444-0295
Town of Islip Wetlands permits may also be required.
3. Must meet minimum requirements of the NYS Residential Code (*excerpt attached*) and Town of Islip Zoning Code (islipny.gov). All pools must have a barrier as described in § 68-386 of the Islip Town Code.
4. Installer must be licensed with the Town of Islip for in-ground pools. Please contact Building Administration at (631) 224-5464 to check if the installer holds a Town of Islip license to install pools.
5. If in-ground pool: Three (3) sets of signed & sealed construction documents for all proposed improvements
6. If above ground pool: Three (3) sets of Manufacturer’s installation instructions/specifications for the pool
7. If Temporary Pool (storable swimming pool/wading pool): One (1) set of Manufacturer’s installation instructions/specifications for the pool. *Temporary pools are 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*

OTHER IMPORTANT REQUIREMENTS:

1. Prior to the issuance of a permit, the following Insurance Certificates are required:
(*ACORD Forms are not acceptable proof of NYS Workers’ 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, signed and dated NYS Form CE-200
 - b. NYS Disability Insurance: NYS Form DB-120.1, NYS Form DB-155, or if exempt, signed and dated NYS Form CE-200**Exception:** An original BP-1 Insurance Waiver signed by the Property Owner can be submitted for above-ground pools and hot tubs ONLY.
2. Upon permit issuance, the Property Owner will be provided with a packet of important information, including:
 - a. NYS Building Code Requirements for barriers and alarms (semi-in-ground pools follow the same barrier requirements as an in-ground pool).
 - b. Pool Safety Brochure
 - c. List of requirements for Certificate of Occupancy/Compliance (CO/CC) issuance*If any of the above items are not received with your pool permit, please contact Building Permits at (631) 224-5466*
3. The Property Owner is responsible for ensuring they receive their CO/CC within one (1) year of permit issuance.

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 to be done on the desired premises. This permit issuance expressly implies approval by the landowner of the 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. No further notice of any resultant modification or addition shall be required.

PROPERTY OWNER:	SWORN TO ME THIS	NOTARY STAMP
_____	_____ DAY OF _____, 20 _____	
<small>PRINT NAME</small>		
_____	_____	
<small>SIGNATURE</small>	<small>NOTARY PUBLIC</small>	
CONTRACTOR:	SWORN TO ME THIS	NOTARY STAMP
_____	_____ DAY OF _____, 20 _____	
<small>PRINT NAME</small>		
_____	_____	
<small>SIGNATURE</small>	<small>COUNTY HOME IMPROVEMENT LIC. #</small>	<small>NOTARY PUBLIC</small>
EXPEDITOR/DESIGN PROFESSIONAL:	SWORN TO ME THIS	NOTARY STAMP
_____	_____ DAY OF _____, 20 _____	
<small>PRINT NAME</small>		
_____	_____	
<small>SIGNATURE</small>	<small>NOTARY PUBLIC</small>	