



Town of Schodack
Building Department

265 SCHURMAN ROAD
CASTLETON, N.Y. 12033

TELEPHONE (518) 477-7940
FAX (518) 477-7983

APPLICATION FOR SWIMMING POOL PERMIT

Date: _____
Applicants Name _____
Address: _____

Phone #: _____

Permit # _____
Fee: _____

Owners Name: _____
Address: _____
Phone#: _____

**For Inground Pools-
Please Circle One:**

General Contractor: _____
Tax Map #: _____
Needed: you can get this off your tax bill
Cost: _____
Name of Insurance Carrier: _____

Vinyl
Fiberglass
Concrete
Gunite

Pool Size _____
Fence
Style: _____
Size: L _____ H _____
Deck
Y _____ N _____

(Please submit Insurance Certificate)

Circle One: Above Ground Or In-Ground

Information Required For Permit

1. Application filled out & signed
2. Insurance Certificate
3. Plot Plan showing pool distance from property line, buildings, well, septic, etc.
4. Fence location for In ground pool or above ground pool if pool is less than 48" above grade
5. Flyer for Pool, Plans for deck, stairs and railings
6. Water coming from where? _____
7. See attached information sheet, please read & sign (return with above information)

Applicant's Signature

Date

Building Inspector