



**DEPARTMENT OF BUILDINGS
ABOVE GROUND POOL/SPA
PERMIT APPLICATION**

POOL/SPA	
Tracking Number	
Permit Number	POOL-
Permit Issue Date	

Filing Status – Check all that apply:				Incomplete applications will not be accepted			
<input type="checkbox"/> Above Ground Pool	<input type="checkbox"/> Semi-above Ground Pool	<input type="checkbox"/> Prefabricated Spa	<input type="checkbox"/> Temporary/Inflatable Pool				
<input type="checkbox"/> Proposed	<input type="checkbox"/> Maintain (year installed _____)						
Property Information:							
Property Address:							
Section:	Block:	Lot(s):	Zone:	<input type="checkbox"/> VFP Verified			
Submission Requirements:							
1. Current Survey showing all property improvements. (if survey is older than 12 months, a Survey Affidavit is required)							
2. Proposed site plan drawn to scale indicating size and dimensional location of the pool/spa, surrounding pool deck area and associated equipment, including the plan for the disposal of water.							
3. Fence permit application, or location and description of existing fence and gate. (including height, material, spacing, latching and self-closing mechanism)							
4. Information on doors and windows with direct access to the pool. Doors shall be equipped with an alarm which produces an audible warning when the door and/or its screen, if present, are opened. Operable windows shall have a latching device located no less than 48" above the floor. Openings in operable windows shall not allow a 4" diameter sphere to pass through the opening when the window is in its largest opened position.							
5. Product information for a prefabricated pool/spa unit and cover or pool alarm. (Cover specification to indicate conformance to ASTM F1346. Pool alarm specification to indicate conformance ASTM F2208)							
6. Entrapment protection compliance information.							
Above Ground Pool Information:							
Shape:	<input type="checkbox"/> Round	<input type="checkbox"/> Oval	<input type="checkbox"/> Other _____				
Size:	Length:	Width:	Depth:	Water Capacity:			
Prefabricated Spa Information:							
Size:	Length:	Width:	Depth:	Water Capacity:			
Owner Information:							
Owner's Name:							
Mailing Address:			City:	State:	Zip:		
Phone Number:			Email:				
Installer Information:							
Installer's Name:							
Company Name:							
Company Address:			City:	State:	Zip:		
Phone Number:			Email:				
Nassau County License Number:							



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Electrician Information:			
Electrician's Name:			
Company Name:		Floral Park License Number:	<input type="checkbox"/> VFP Verified
Company Address:		City:	State: Zip:
Phone Number:		Email:	
Property Owner Statement & Signature:			
The undersigned affirms that I am the owner of the property described herein, situated, lying and being within the Incorporated Village of Floral Park; that I have read and understand all items as here in stated, recognize that I am responsible for all activities occurring on the property, and that failure to comply with any of the items, notwithstanding any other items defined in the Village Code, may result in the temporary suspension or permanent revocation of the permits issued for construction on the premises in accordance with the Village Code. I hereby give consent to the listed applicant to make the application on my behalf for permit to perform said work.			
Print Name:		Signature:	Date:
Notary:			
On this _____ day of _____, 20____, before me personally came _____, to me known and known to me to be the person described in as the owner and who executed the foregoing instrument and has acknowledged to me that he/she executed the same.			
_____ Notary Public			
Building Department Use Only:			
<input type="checkbox"/> Permit Fee: \$100	Receipt:	<input type="checkbox"/> Other:	
Permit Review	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date:	By:
Required Inspections: (To be filled out by Building Department)			
<input type="checkbox"/> Pool	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date:	By:
<input type="checkbox"/> Pool Alarm	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date:	By:
<input type="checkbox"/> Door/Window Alarm	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date:	By:
<input type="checkbox"/> Fence	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date:	By:
<input type="checkbox"/> Third Party Electrical Certificate	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date:	By:
<input type="checkbox"/> Other	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date:	By:
<input type="checkbox"/> Final	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date:	By:

Permit Conditions: The following conditions must be met before a Certificate of Occupancy or Completion can be issued:

- The Floral Park Building Department must be made aware of all field changes prior to the time of the change. Work is NOT to continue until an amended permit is filed and approved with the Building Department.
- All work is to be left exposed until inspected and approved by the Floral Park Building Department. Work closed up prior to inspection approval will need to be exposed for inspection at the owner's cost.
- The Permit must be posted and visible from the street for the duration of the construction process.
- The Permit is valid for 6 months, unless construction has started. If started, the permit is valid for 12 months from the date of issuance. Should the permit expire a permit renewal application, along with updated drawings and permit fee, must be filed and approved by the Building Department.



DEPARTMENT OF BUILDINGS
ABOVE GROUND POOL / SPA
PERMIT CONTINGENCIES AND INSPECTION CHECKLIST

Above Ground Pool / Spa Permit Contingencies and Inspection Checklist

(For full code requirements see the NYS Building Code Section 326)

Temporary Barrier

An outdoor swimming pool shall be surrounded by a 48" high temporary barrier during installation or construction that shall remain in place until a permanent barrier is provided.

Exceptions:

1. Above-ground or on-ground pools where the pool structure constitutes a barrier in compliance with NYS Building Code.
2. Spas or hot tubs with a safety cover which complies with ASTM F1346, provided that such safety cover is in place during the period of installation or construction of such hot tub or spa. The temporary removal of a safety cover as required to facilitate the installation or construction of a hot tub or spa during periods when at least one person engaged in the installation or construction is present is permitted.

Permanent Barrier - Swimming pools shall be completely enclosed by a permanent barrier within 90 days of the date of issuance of the building permit or 90 days from the date of commencement of the installation or construction of the swimming pool.

 Fence as barrier:

- The top of the barrier shall be no less than 48 inches above grade measured on the side of the barrier that faces away from the swimming pool. The vertical clearance between grade and the bottom of the barrier shall be not greater than 2 inches measured on the side of the barrier that faces away from the swimming pool. Where the top of the pool structure is above grade, the barrier may be at ground level, or mounted on top of the pool structure. Fence types shall meet the requirements of the NYS Building Code section R326.4.2.
- All gates shall be self-closing. In addition, if the gate is a pedestrian access gate, the gate shall open outward, away from the pool.
- All gates shall be self-latching, with the latch handle located within the enclosure (i.e., on the pool side of the enclosure) and at least 40 inches above grade. In addition, if the latch handle is located less than 54 inches from grade, the latch handle shall be located at least 3 inches below the top of the gate, and neither the gate nor the barrier shall have any opening greater than 0.5 inch within 18 inches of the latch handle.
- All gates shall be securely locked with a key, combination or other child-proof lock sufficient to prevent access to the swimming pool through such gate when the swimming pool is not in use or supervised.

 Dwelling wall as partial barrier:

- Doors with direct access to the pool through that wall shall be equipped with an alarm that produces an audible warning when the door and/or its screen, if present, are opened. Where an alarm is provided, the deactivation switch shall be located 54 inches or more above the threshold of the door.
- Operable windows in the wall or walls used as a barrier shall have a latching device located no less than 48 inches above the floor. Openings in operable windows shall not allow a 4-inch-diameter sphere to pass through the opening when the window is in its largest opened position;

 Pool structure as barrier:

- As an alternate to a conventional on ground barrier, the barrier for above-ground or on-ground swimming pools, including quick set, inflatable swimming pools, is permitted to be mounted on top of the pool structure or the pool structure may constitute a barrier, where all the following requirements are met:



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- The structure shall meet the applicable barrier and gate requirements of the NYS Building Code, including among others, a 48-inch height;
- The barrier shall be designed *"to provide protection against potential drowning and near drowning by sufficiently preventing access to the swimming pool;*
- The pool and pool structure must be designed and constructed in compliance with ANSI/APSP/ICC 4, 2012 titled *American National Standard for Aboveground/ Onground Residential Swimming Pools;*
- The pool manufacturer certifies that the pool structure, if used as a barrier or with a barrier mounted on it, is designed with accepted structural engineering practices; and
- If the means of access is a ladder or steps, then:
 - the ladder or steps shall be capable of being secured, locked or removed to prevent access; or
 - the ladder or steps shall be surrounded by a complying swimming pool barrier.

Prohibited Locations

- Barriers shall be located so as to prohibit permanent structures, equipment or similar objects from being used to climb the barrier.

Pool Alarm

- A swimming pool or spa installed, constructed or substantially modified after December 14, 2006, shall be equipped with an approved pool alarm. Pool alarms shall comply with ASTM F2208 (Standard Specification for Pool Alarms), and shall be installed, used and maintained in accordance with the manufacturer's instructions and the NYS Building Code.
- Exceptions: A hot tub or spa equipped with a safety cover which complies with ASTM F1346 or a swimming pool (other than a hot tub or spa) equipped with an automatic power safety cover which complies with ASTM F1346.

Entrapment protection for swimming pool and spa suction outlets.

- Suction outlets shall be designed to produce circulation throughout the pool or spa. Single-outlet systems, such as automatic vacuum cleaner systems, or multiple suction outlets, whether isolated by valves or otherwise, shall be protected against user entrapment.

Maintenance

- The 2020 Property Maintenance Code of New York State requires that all swimming pools, enclosures/barriers, alarms, and entrapment protection be maintained in a clean and sanitary condition, and in good repair.



**DEPARTMENT OF BUILDINGS
SURVEY CERTIFICATION AFFIDAVIT**

SURVEY AFFIDAVIT	
Tracking Number	
Permit Number	

In lieu of a recent survey dated within twelve (12) months from the date of this application, the following affidavit along with the most recent survey will be accepted.

Property Information:		
Owners Name:		
Property Address:		
Survey Certification Affidavit:		
<p>In accordance with 19 NYCRR, Codes, Rules and Regulations of the State of New York, Section 1203, all surveys, plot plans and/or site plans submitted to the Department of Buildings shall clearly depict all structures and site improvements. This is intended to include all primary and accessory structures, driveways, garages, decks, pool, equipment, etc. for both residential and commercial properties.</p>		
<p>In lieu of a current survey dated within twelve (12) months from the date of this application, I certify that I have personally inspected the above referenced property and determined that the plot plan / site plan submitted accurately depicts all existing site improvements as of the date of signature on this document.</p> <p>I certify that with respect to the above application the zoning analysis accurately reflects the dimensions and zoning requirements for the subject property.</p> <p>I acknowledge that the Department of Buildings is relying on this affidavit for the code review in accordance with the Village Code and NYS Building Code.</p>		
Applicant Statement & Signature:		
Print Name:	Signature:	Date:
Capacity (Check One):	<input type="checkbox"/> Owner	<input type="checkbox"/> Design Professional



**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			Check one	NAME OF BUSINESS	
CITY, TOWN, VILLAGE			<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	CONTACT PERSON/OWNER	
ESTIMATED COST OF CONSTRUCTION:				ADDRESS	
WORK MUST BEGIN BY				CITY, STATE, ZIP	
PERMIT EXP DATE	PRINCIPLE TYPE OF CONSTRUCTION		IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION	PHONE	
LOT SIZE S.F.	<input type="checkbox"/> STEEL	<input type="checkbox"/> MASONRY <input type="checkbox"/> FRAME		EMAIL	
# BLDGS ON LOT					

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	DOES RESIDENCE HAVE THE FOLLOWING
<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION (CHANGE IN S.F.) <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) <input type="checkbox"/> MAINTAIN (PRE-EXISTING) <input type="checkbox"/> RECONSTRUCTION <input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT <input type="checkbox"/> DORMERS <input type="checkbox"/> OTHER _____	CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/> FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/> BASEMENT FINISH 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>
<input type="checkbox"/> FIRE DAMAGE <input type="checkbox"/> GARAGE/ OUT BUILDING <input type="checkbox"/> HVAC <input type="checkbox"/> PLUMBING <input type="checkbox"/> RELOCATION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> TENNIS COURT <input type="checkbox"/> CHANGE IN USE	

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 <input type="checkbox"/>	NO <input type="checkbox"/>
VARIANCE OBTAINED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CONSTRUCTION/RENOVATION IN EXCESS OF 50%	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SURVEY ENCLOSED	YES <input type="checkbox"/>	NO <input type="checkbox"/>

PLEASE ATTACH ALL PERMITS & SURVEY IF AVAILABLE

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

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