

Town of Orchard Park

Date: _____

BUILDING INSPECTOR'S OFFICE
S 4295 South Buffalo Street
Orchard Park, New York 14127-2609



Phone: 716-662-6430
Fax: 716-662-6419
www.orchardparkny.org

Pool/ Hot Tub Permit Application

Address: _____ **Zone:** _____

Value of Work: \$ _____ **S.B.L #** _____ **Lot No** _____

Pool type: Above Ground In-ground **Heated:** Yes/No **Pool Alarm:** Yes/No **Door Alarm:** Yes/No

Details:	Metal	Masonry	Other _____
Shape:	Rectangular	Round	Irregular
Dimensions:	Depth _____	Length _____	Width _____
	Cubic Feet/Gallons: _____		

Fencing Plan supplied Grading Plan supplied

Contractor: _____

Address: _____

_____ **City** _____ **State** _____ **Zip** _____

Phone: _____ **Email:** _____

Electrical Contractor: _____

Address: _____

_____ **City** _____ **State** _____ **Zip** _____

Phone: _____ **Email:** _____

Property Owner: _____

Print and Sign

To the best of my knowledge, the foregoing petition and plans conform to the ordinances of the Town of Orchard Park.

Address: _____ **Phone:** _____

_____ **City** _____ **State** _____ **Zip** _____

Letter of Authorization Submitted

*** Applicant hereby affirms that all work shall be performed in accordance with applicable codes, regulations, and manufactures' installation instructions and authorizes the Code Enforcement Officer(s) to enter the premises listed herein in any reasonable time to perform all required inspections of the permitted work. ***

Official Use Only:

Items supplied: Survey Plans Electrical Application Worker Comp _____ Disability _____
 Insurance Waiver _____ H/O Agreement Soil Sample (where required)

Building Inspector: _____ **Issued:** _____

Permit #: _____ **Permit Fee** _____ **+ Additional Fee** _____ **=** _____

Pool