

TOWN OF FRANKFORT
APPLICATION FOR POOLS AND DECKS PERMIT
CODES DEPARTMENT
894-0922

DATE _____ 20 _____

PERMIT NO. _____
C/O NO. _____

Application is hereby made to the Codes Department for the issuance of a Building and Zoning Permit pursuant to the N.Y.S. Uniform Fire Prevention & Building Code for the construction of buildings, additions or alterations, as herein described. The applicant or owner agrees to comply with all applicable laws, ordinances, regulations, and also will allow all inspectors to enter the premises for the required inspections.

Applicant's Name: _____

Address: _____

Phone: _____

Property Owner's Name: _____

Property Address: _____

Zip _____

Tax Map Number: _____

Existing Use of Property: _____

Explain Proposed Use: _____

Contractor's Name: _____

Address: _____

Phone: _____

Name of Compensation or General Liability

Carrier & Policy # _____

Zoning District _____

Lot Size _____ Area _____

Pool Size _____

Deck Size _____

Estimated Cost \$ _____

Floor Area _____

POOL YARDS:

Front Yard Depth _____ Feet

Right Side Yard Width _____ Feet

Left Side Yard Width _____ Feet

Rear Yard Depth _____ Feet

Bldg. Height _____ Feet _____ Stories

Pool Fee \$ _____

Deck Fee \$ _____

TOTAL FEE \$ _____

NOTE: Inspections by Codes Department are required at the following schedule. (You must call for Inspections.)

FENCE: Minimum of 4ft- maximum of 6ft. See attach sheet for Barrier Requirements.

INDEPENDENT ELECTRICAL INSPECTION (List on Back)

NO USE OF THE POOL IS PERMITTED WITHOUT A CERTIFICATE OF COMPLIANCE ISSUED BY THE CODES DEPARTMENT.

NOTE: THIS BUILDING PERMIT IF FOR RESIDENTIAL OR COMMERCIAL WORK EXPIRES ONE (1) YEAR FROM DATE ISSUED.

Signature of Owner , Applicant or Agent

Printed or Typed Copy of Signature

The application of _____ dated _____ 20 _____

is hereby approved (disapproved) and permission granted (refused) for the construction, reconstruction or alteration of a building and / or accessory structure set forth above.

Reason for refusal of permit _____

Dated _____ 20 _____

Codes Department Officer