

Town of Lockport
Building and Assessing
6200 Robinson Rd
Lockport, NY 14094
Phone: (716) 439-9527



RECREATIONAL POOLS
TOWN OF LOCKPORT
BUILDING PERMIT APPLICATION

Date: _____

Building Permit # _____ Tax Map # _____

Paid: Cash/Check # _____ Amount: \$ _____

SPACE FOR BUILDING DEPARTMENT

Recreational Pool Type:

Above Ground In Ground
Contractor's Name: Self

Homeowner's Name:

Address: _____

Address: _____

Town, State, Zip: _____

Town, State, Zip: _____

Phone: _____

Phone: _____

Liability Wk. Comp.

Requirements:

A. **Survey of Property** (showing where the pool will be placed on property and setbacks clearly marked)

B. **Electrical Inspector Required *PRIOR TO PROCESSING OF PERMIT***

Inspector Name: _____

C. **Wet/Sealed Drawings & Plans for Pool (When Required)**

Specifics:

TYPE: Meta Masonry Other _____

Rectangle/Other:

Round/Oval:

Setbacks:

Width: _____

Diameter: _____

Side: _____ Ft

Length: _____

Depth: _____

Rear: _____ Ft

Depth: _____

Other Structures: _____ Ft

Heated: Yes No

Fence Plan: Yes No

Pool Alarm: Yes No

Estimate of Cost: \$ _____

Authorized Signature: _____