

S/B/L #: _____

Permit #: _____

Total Fees: _____

**TOWN OF SWEDEN
APPLICATION FOR PERMIT C
SWIMMING POOL/SPA/HOT TUB**

1. Name and Address of Applicant: _____

Phone Number: _____

2. Name and Business Address of Contractor: _____

Phone Number: _____

Workers' Compensation Requirements Under WCL §57 on file: Yes

3. Type of Property:

Residential Commercial

4. Plot Plan attached, showing proposed pool/spa/hot tub location, dimensions, depth, and volume in gallons. Yes

5. Approximate cost of pool/spa/hot tub: _____

6. Applicant agrees that construction or location shall not be changed or expanded without amending permit.

Date Applicant

Date Building Inspector

Fees:

Aboveground Pool - \$50.00

Inground Pool - \$65.00

Spa/Hot Tub - \$50.00

Certificate of Compliance - \$50.00