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