



Town of Schodack
Building Department
265 SCHUURMAN ROAD
CASTLETON, N.Y. 12033
TELEPHONE (518) 477-7940
FAX (518) 477-7983

APPLICATION FOR SWIMMING POOL PERMIT

Date: _____

Applicants Name _____

Address: _____

Phone #: _____

Owners Name: _____

Address: _____

Phone#: _____

General Contractor: _____

Tax Map #: _____

Needed: you can get this off your tax bill

Cost: _____

Name of Insurance Carrier: _____

(Please submit Insurance Certificate)

Circle One: Above Ground Or In-Ground

Information Required For Permit

1. Application filled out & signed
2. Insurance Certificate
3. Plot Plan showing pool distance from property line, buildings, well, septic, etc.
4. Fence location for In ground pool or above ground pool if pool is less than 48" above grade
5. Flyer for Pool, Plans for deck, stairs and railings
6. Water coming from where? _____
7. See attached information sheet, please read & sign (return with above information)

Applicant's Signature

Date

Building Inspector

Permit # _____

Fee: _____

**For Inground Pools-
Please Circle One:**

Vinyl
Fiberglass
Concrete
Gunitite

Pool Size _____

Fence

Style: _____

Size: L _____ **H** _____

Deck

Y _____ **N** _____