



SWIMMING POOL APPLICATION

Village of South Glens Falls

P.O. Box 1210 • 46 Saratoga Avenue • South Glens Falls, N.Y. 12803
518-793-1455 • www.SGFNY.com • Fax 518-793-3063

Permit Number: _____
Date: _____ Phone #: _____
Expires: _____
Owner of Property: _____

Property Address: _____

Name of Builder: _____

Type of pool: _____ Above ground _____ In ground

Size of property: _____ By _____

SET BACKS:

Front: _____ Size of Structure: _____
Back: _____
Side: _____

Type of Fence _____
Estimated Cost: _____

Zoning Information:

Plot plan must be prepared and submitted, drawn reasonably to scale and attached hereto, showing clearly all buildings whether existing or proposed and indicate all set back dimensions from property lines. Give street and number or lot number and indicate whether interior or corner lot. Show location of water supply and septic disposal areas.

Electrical Inspection: _____

I have read the above and agree to abide by these and all requirements of the Village of South Glens Falls.

Date: _____ Applicant: _____

Fee: _____ Building Inspector: _____