

TOWN OF NEW MILFORD
BUILDING DEPARTMENT
10 MAIN ST., NEW MILFORD, CT 06776
(860) 3556090 FAX: (860) 2102664

SWIMMING POOL PERMIT APPLICATION

PLEASE CHECK ONE: OWNER OWNERS AGENT CONTRACTOR

**** PLEASE NOTE: IF THIS APPLICATION IS MADE BY A PERSON OTHER THAN THE OWNER IN FEE, IT SHALL BE ACCOMPANIED BY AN AFFIDAVIT OF THE OWNER OR A SIGNED STATEMENT OF THE APPLICANT WITNESSED BY THE BUILDING OFFICIAL OR SUCH OFFICIALS DESIGNEE TO THE EFFECT THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER IN FEE AND THAT THE APPLICANT IS AUTHORIZED TO MAKE SUCH APPLICATION. IF THE AUTHORIZED AGENT IS A CONTRACTOR, THE PROVISIONS OF SECTION 20-338B OF THE CONNECTICUT GENERAL STATUTES SHALL BE FOLLOWED. THE FULL NAMES AND ADDRESSES OF THE OWNER, AGENT AND THE RESPONSIBLE OFFICER, IF THE OWNER OR AGENT IS A CORPORATION BODY, SHALL BE STATED IN THE APPLICATION.**

APPLICANT NAME: _____ PHONE # _____

ADDRESS OF WORK TO BE PERFORMED _____

APPLICANT / OWNERS SIGNATURE _____

CONTRACTORS ADDRESS _____ LICENSE# _____

EMAIL ADDRESS _____

*******POOL INSTALLATION*******

DIMENSIONS OF POOL: _____ PLEASE CHECK ONE: INGROUND: ABOVE

GROUND. WILL A DECK BE ERECTED ALONG WITH THE POOL? YES NO IF SO, DECK
DIMENSIONS _____ VALUATION OF LABOR & MATERIALS: \$ _____

*******For this permit application you must see*******

HEALTH ZONING WETLANDS SEWER

(2nd floor)

(Basement)

(Basement)

(123 West Street)

Pool Enclosure Agreement

I, the owner, hereby agree to comply with the Connecticut State Building Code for pool enclosures, for pools, spas, and hot tubs. We also agree to comply with Public Act 99140, which requires a pool alarm be installed in any residential pool effective October 1, 1999.

Owner's Signature: _____

PERMIT FEE: _____