

TOWN OF CAMBRIA
ABBREVIATED REQUIREMENTS FOR SWIMMING POOLS

INSPECTIONS:

AN ELECTRICAL INSPECTION IS REQUIRED AND IS THE RESPONSIBILITY OF THE PROPERTY OWNER TO ARRANGE. PLEASE SEE OUR LIST OF ELECTRICAL INSPECTORS.

SET BACK:

- MINIMUM 15 FEET FROM SIDE PROPERTY LINE
- MINIMUM 15 FEET FROM REAR PROPERTY LINE
- NO CLOSER TO ROAD THAN THE BACK OF THE RESIDENCE

PLOT PLAN:

- **PLEASE** PROVIDE ELECTRONIC COPY OF DRAWINGS & PLANS (USB, EMAIL, ETC)
- DIAGRAM SHOWING THE LOCATION OF POOL IN RELATION TO RESIDENCE AND OTHER BUILDINGS.
- SHOW SET BACK DISTANCE.
- SHOW SIZE OF POOL.
- INDICATE ABOVE GROUND OR IN-GROUND.
- INDICATE VALUE.
- SHOW LOCATION OF SEPTIC SYSTEM.

FENCING:

ABOVE GROUND POOLS:

- IF POOL WALL IS A MINIMUM OF 4 FEET ABOVE THE GROUND, MEASURED ON THE OUTSIDE OF THE WALL, THE ENTIRE PERIMETER OF POOL -- **FENCE IS NOT REQUIRED**
- IF POOL IS LESS THAN 4 FEET ABOVE THE GROUND AND IS CAPABLE OF HOLDING 24" OF WATER, OR MORE, - **FENCE IS REQUIRED**

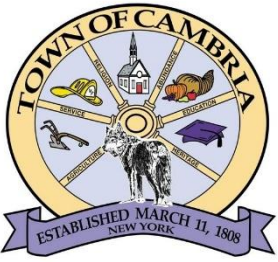
IN-GROUND POOLS:

- FENCE REQUIRED

PLEASE NOTE:

- **ALL** POOLS REQUIRE ALARM SYSTEM
- ALL SWIMMING POOLS REQUIRE A FINAL INSPECTION BY THE TOWN'S BUILDING INSPECTOR AND WRITTEN ELECTRICAL CERTIFICATION BY A CERTIFIED ELECTRICIAN





TOWN OF CAMBRIA

COUNTY OF NIAGARA

Office of Building, Plumbing and Zoning

4160 Upper Mountain Road Sanborn, NY 14132

Phone: (716) 433-7664 ext. 133

www.townofcambria.gov

RBP – 20 -

Office Use Only

POOL PERMIT APPLICATION Fees: \$_____

Jobsite Location: _____ Date: _____

Contractor/ Applicant: _____ Phone: _____

Address: _____

Email: _____

Property Owner: _____ Phone: _____

Address: _____

Email: _____

Pool Type: _____ Above Ground _____ In Ground

Requirements before issuance of Permit:

_____ Survey of property showing placement

_____ Site/Drainage Plan

_____ Electrical Permit in Place

_____ Drawings & Plans

_____ Electronic copy of drawings & plans (USB, email, etc.)

_____ Proof of Insurance

Details: Type of inground pool (i.e. metal, masonry, etc.) _____

Size of pool: _____

Heated: ____ Yes ____ No

Fence Plan: ____ Yes ____ No

Estimated Cost: \$_____ Proposed Date of Installation: _____

Electrician Name: _____ Email: _____

Address: _____

*****Please Note:** Homeowner to get electrical certificate to the Building Dept in order to receive a Certificate of Occupancy. Thank you. ***

The current schedule of fees state, "Business permits for all construction not obtained in accordance with this ordinance will be increased by 50%."

The undersigned certifies that all information submitted for this application is true and correct to the best of his/her knowledge. **Permit fees are non-refundable or transferable.**

Applicant Signature: _____

Date: _____



ELECTRICAL INSPECTORS

Below is a list of licensed NYS Professional Electrical Inspection firms that have submitted credentials to this department and have been approved to do so in the Town of Cambria.

■ EMPIRE INSPECTIONS

TIM ENDERBY	585-798-1849	tenderby@empireinsp.com
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MIKE REURIC	585-798-1849	mrearic@empireinsp.com
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■ NEW YORK ATLANTIC INLAND, CO.

JOHN GARVIN	716-810-4500	jsgarven@gmail.com
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JOE HOEHMAN	716-868-3219	joehoehman@gmail.com
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■ COMMONWEALTH

JAMES BEVILACQUA	716-903-0346	bevecorp@aol.com
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■ NEW YORK ELECTRICAL INSPECTIONS AGENCY

OFFICE	716-777-2611	office@nyeia.com
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■ EXCELSIOR INSPECTIONS

JEFF LEIDOLPH	716-444-1237	jeff@excelsiorinspection.com
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