## **TOWN OF MONTOUR**

135 Havana Glen Road PO Box 579 Montour Falls, NY 14865

607-535-9476 <a href="mailto:mtownhall1@stny.rr.com">mtownhall1@stny.rr.com</a> townofmontourny.com FAX 607-535-8897

## **SWIMMING POOL INSTALLATION PERMIT**

Applicants' name:			
Address:			
Phone numbers: Home:	Cell:	Work:	
		D.I.	
Property owners' name:		Phone:	
Address:			
Name of person responsible for s	upervision & maintena	nce of the pool:	
Address:			
The pool sides will be (check one): S		or ridgidly supported with	metal
or columns and top rail, or in grou			
Pool height: pool			
Address where pool will be locate	ed:		
Installers name:		Phone:	
Address:			
BEFORE YOU DIG OR INSERT	STAKES OR SIMILAR I	TEMS INTO THE GROUND CONT	ACT
	FELY NEW YORK AT 1-		
Permit Applicant: (print name)		affirm ur	nder
Penalty of law that I am authorize	ed to make this applica	tion. And that all statements ma	ade by
me on this application are true.			
Applicants signature:		Date:	