

Town/Village of Hannibal

Code Enforcement Office

Drawer B

Hannibal, NY. 13074

Office 315-564-6037

Cell 315-591-8318

Application: Pool Permit

Permit No. _____ Tax Map Number _____
Project Address _____
Mailing Address _____
Name of Owner _____
Phone # (Home) _____ (Work) _____ (Cell) _____
Email (optional) _____
Contractor _____ Phone # _____
Cost of Project _____

Required information:

Proof of Workers Comp. Form C-105.2 or U-26.3

Plot map of property showing location of the pool; setbacks from center of road, both side and rear property lines

Above Ground Pool

Length _____ Width _____ Depth _____

*Above Ground Pools are required by law to have walls
that are a minimum of 4' high or must be fenced in.

In Ground Pool

Length _____ Width _____ Depth _____

Deck on Pool

Length _____ Width _____

Signature of Applicant _____

Inspector _____

Permit notes: