



Town of Wallkill Building Dept.  
99 Tower Dr., Bldg A  
Middletown, NY 10941  
845-692-7807  
[building@townofwallkill.com](mailto:building@townofwallkill.com)

Albert Vance, Building Inspector

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## Pools, Spas, and Hot Tubs

- 1.) Submit all together: completed application, applicable fee, pool type specs or descriptive booklet, pool alarm mfr. specs complying with ASTM F2208, contractors insurance certificate, pdf of OC electrician's license and pool location map. Pool decks are additional fees and requirements.
- 2.) Work covered by this application may not begin until pool application is reviewed, plans are approved, and a permit is issued and signed for.
- 3.) Approved specs and location map to be kept on the project site for reference, and the permit number must be mounted at the front street side of the project site with 6" numbers to be seen from the road. (Make your own sturdy, legible sign) Your permit # is needed for all inquiries and inspection requests.
- 4.) Request your inspections by email to: [inspectionrequest@townofwallkill.com](mailto:inspectionrequest@townofwallkill.com) with the permit # in the subject line—by 3pm for the following business day. ***Before you request a final inspection, please check that you had a final electric inspection and have sent email with completed final paperwork. (2 pages)***

### A.) Contractor insurance requirements:

*If Homeowner = contractor*

- 1.) Provide pdf or photocopy of your homeowner's insurance declarations page for the project address
- 2.) Fill out/notarize affidavit of insurance form

---OR---

Pool contractor (paid contractor)

- 1.) Provide **C105.2** or **U26.3** NYS Worker Comp certificate made out to the Town of Wallkill

OR

Self-employed contractor submit Exemption form from NYS WC website-[wcb.ny.gov](http://wcb.ny.gov)

**B.) Pool Placement:** See Town of Wallkill Zoning Code for setbacks for your property's zone

Provide photocopy of survey with drawn *proposed* new pool location and measurements to property lines. If you cannot locate your survey, hand-drawn map to scale showing measurements can be submitted.

**C.) Pool Specifications:** Pool specs and pool alarm specs will be reviewed by the inspector you *may need to revise* your pool choice or pool alarm choice before a pool application can be approved.

**D.) Inspections:** schedule inspections for your pool project including final electrical inspection, submit final paperwork and request final certificate inspection.

**Electric Inspections are done by one of the Town-approved electrical inspectors:**

Frank Schmaus ----- 845-800-6909  
Adam Frank ----- 845-494-6255  
John Taylor ----- 845-597-5072  
Chris Peone-----845-853-3202  
Ernie Bello ----- 845-569-1759  
John Wierl ----- 845-343-6934  
Jerry Caliendo ----- 845-294-7695  
John Hamilton ----- 845-549-0708  
Alfred Shauger-----845-800-6038

***Final inspection request:***

email [inspectionrequest@townofwallkill.com](mailto:inspectionrequest@townofwallkill.com) by 3pm for the next business day to:

- a.) **Permit# in the subject line**
- b.) **attach PDF final paperwork**
- c.) **request to schedule a final certificate inspection** –include date and morning or afternoon time window. There is a 2-3 hr window for inspections. *A responsible adult over the age of 18 needs to be on site to demonstrate the pool alarm for the inspector.*

**POOL, SPA, and HOT TUB PERMIT APPLICATION**

Application # PA- \_\_\_\_\_ Building Permit # BP- \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Date examined \_\_\_\_\_ Date Approved \_\_\_\_\_ Date Disapproved \_\_\_\_\_

**\*\*ALL permits require INSPECTIONS or A VIOLATION will be served\*\***

Applicant's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Applicant Type (Owner, Builder, Agent, Tenant) \_\_\_\_\_

Applicant email address: \_\_\_\_\_

\*\*\*Please print clearly, your permit will be sent to this email address\*\*\*

Property Owner's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Location of Land (Address # and Street Name) \_\_\_\_\_

Estimated Cost of Project Construction \$ \_\_\_\_\_

Dimensions of Pool: Round: \_\_\_\_\_ ft. Rectangular: \_\_\_\_\_ ft. X \_\_\_\_\_ ft.

Above ground pool or In-ground pool or hot tub

Above ground pool or hot tub fee due----\$95.00 + \$50 cert fee = \$145

or

Any type of In-ground pool fee--- \$250 plus \$50 cert fee = \$300

CORNER LOT (Y/N) \_\_\_\_\_ ZONE \_\_\_\_\_

Pool Contractor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Pool contractor must provide NYS WC certificate to Town of Wallkill, or submit an exemption form

Pool Contractor Address: \_\_\_\_\_ Email: \_\_\_\_\_

\*\*\*Orange Co. Electrician: \_\_\_\_\_ O.C. Lic. # \_\_\_\_\_ License Exp. Date: \_\_\_\_\_

\*\*\**Electrical contractor MUST provide a photocopy of Orange County Electrical License*\*\*\*

**Town of Wallkill Electrical Inspector list**

Frank Schmaus ----- 845-800-6909

Adam Frank ----- 845-494-6255

John Taylor ----- 845-597-5072

Chris Peone-----845-853-3202

Ernie Bello ----- 845-569-1759

John Wierl ----- 845-343-6934

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Alfred Shauger-----845-800-6038

2022- pool appl

Application # \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

**TOWN OF WALLKILL  
COUNTY OF ORANGE  
OFFICE OF THE BUILDING INSPECTOR**

**AFFIDAVIT OF OWNER**

Premises \_\_\_\_\_

\_\_\_\_\_ Being duly sworn, deposes and says that he/she is  
(Name of Property Owner as per recorded deed)

the owner above named.

He/She is the **OWNER** and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his/her knowledge and belief and that the work will be performed in the manner set forth in the application and in the plans and specification filed therewith.

Deponent alleges that 1) the provisions of the Worker's Compensation Law does not apply in this case in that he/she will do all required work on the premises and will imply no labor thereat, OR 2) owner alleges that contractor performing work, will provide required NYS Worker's Compensation Insurance wherefore, deponent requests approval of said plan and application and issuance of a PERMIT to commence work.

Signed \_\_\_\_\_  
(Signature of Property Owner)

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

2022 pool appl

**Pool permit FINAL PAPERWORK pg1**

PERMIT # \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

**TOWN OF WALLKILL  
COUNTY OF ORANGE  
OFFICE OF THE BUILDING INSPECTOR  
AFFIDAVIT OF SUPERINTENDENT**

I, \_\_\_\_\_, the person observed the work for which a Certificate of Occupancy/Compliance is being sought, hereby certifies that the building constructed under Town of Wallkill Building Permit Number \_\_\_\_\_ has been constructed as per plans and specifications accepted for the Building Permit, and that all work and materials meet the standards and specifications for which they were designed and that the building is safe for human occupancy/use.

Signed \_\_\_\_\_  
Superintendent (General Contractor)

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

2022 gc final ppwk

(To be filed upon completion of work)  
Pool FINAL PAPERWORK pg2

PERMIT # \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

**TOWN OF WALLKILL  
COUNTY OF ORANGE  
OFFICE OF THE BUILDING INSPECTOR  
AFFIDAVIT OF FINAL COST OF CONSTRUCTION**

I, \_\_\_\_\_ being duly sworn, deposes and says he/she is the applicant/agent named in the Building Permit dated \_\_\_\_\_, 20\_\_ relating to construction or other work having been performed in the Town of Wallkill.

Filed Cost of Construction \_\_\_\_\_

Final Cost of Construction \_\_\_\_\_

Permit Fee Paid \_\_\_\_\_

Additional Fee Due \_\_\_\_\_

(Costs for the work described in the application for building permit include the cost of all the construction and other work done in connection therewith, exclusive of the cost of land. )

2022 final cost