

Building Permit No. \_\_\_\_\_

Date of Application: \_\_\_\_\_

# Application for Public or Private Swimming Pool Permit

Town of East Lyme Building Department, 108 Pennsylvania Avenue, Niantic, CT 06357  
Telephone: (860) 691-4114 Fax: (860) 691-0351

**Application must be filled out completely in ink**

<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> OTHER
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Job Location: \_\_\_\_\_ Assessor's Map \_\_\_\_\_ Lot \_\_\_\_\_

Property Owner's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Property Owner's Address \_\_\_\_\_

Contractor's Name \_\_\_\_\_ TEL No. \_\_\_\_\_ STATE LICENSE No. \_\_\_\_\_

Contractor's Address \_\_\_\_\_ City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Above Ground <input type="checkbox"/> Size: _____	In-ground <input type="checkbox"/> Size _____
Will Pool have underwater lighting Yes <input type="checkbox"/> or <input type="checkbox"/>	

**Engineered Pool Diagram must accompany this application. *This is available from your pool supplier***

Protection of Pool and all sources of entry must be provided in accordance with Section AG105 of the 2003 IRC. Pools are not to be excavated and filled with water until such protection is in place.

A complete pool barrier plan must be provided with this application.

**Pool entry Alarm is REQUIRED as of 10/01/1999**

***Applicant must call to schedule inspections including trench for underground wiring and gas piping.***

CERTIFICATION: I HEREBY CERTIFY THAT:  I AM THE OWNER OF RECORD OF THE NAMED PROPERTY OR  THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND/OR I HAVE BEEN AUTHORIZED TO MAKE THIS APPLICATION AS AN AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS, REGULATIONS AND ORDINANCES. ALL INFORMATION CONTAINED WITHIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Estimated Value of Work: \$ \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

State Education Fee: \$ \_\_\_\_\_

Total Due \$ \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

(building official)

CRS# \_\_\_\_\_

BUILDING PERMIT NO. \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

# Application for Electrical Permit

Town of East Lyme Building Department, 108 Pennsylvania Avenue, Niantic, CT 06357

Telephone: (860) 691-4114

Fax: (860) 691-0351

**Application must be filled out completely in ink**

<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> OTHER
--------------------------------------	-------------------------------------	-------------------------------------	--------------------------------

**JOB LOCATION:** \_\_\_\_\_ Assessor's Map \_\_\_\_\_ Lot \_\_\_\_\_

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

Property Owner's Address \_\_\_\_\_

Contractor's Name \_\_\_\_\_ TEL No. \_\_\_\_\_ ST LICENSE No. \_\_\_\_\_

Contractor's Address \_\_\_\_\_ City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Description of work to be performed: \_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION: I HEREBY CERTIFY THAT:  I AM THE OWNER OF RECORD OF THE NAMED PROPERTY OR  THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND/OR I HAVE BEEN AUTHORIZED TO MAKE THIS APPLICATION AS AN AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS, REGULATIONS AND ORDINANCES. ALL INFORMATION CONTAINED WITHIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

*Applicant must call to schedule inspection AFTER permit is issued, including trench for underground service*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Please Print Name \_\_\_\_\_ Tel. No. \_\_\_\_\_

\_\_\_\_\_

If not a prepaid application as indicated by the Building Permit number above, please provide an:

Estimated Value of Work \$ \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_

State Education Fee \$ \_\_\_\_\_

Total Due \$ \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
*(building official)*

\*\*\*\*\*Town of East Lyme

P.O. BOX 519  
Niantic, CT 06357  
(860) 691-4114

Zoning Permit # \_\_\_\_\_

Date Entered into ZP Log \_\_\_\_\_

Fax: (860) 691-0351

ZONING PERMIT

Date: \_\_\_\_\_ Assessor's Map/Lot/Unit #: \_\_\_\_\_

Affected Property Address: \_\_\_\_\_

Type of Project {Description of Work}: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

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

Applicant's Address: \_\_\_\_\_

**PLEASE COMPLETE THE BACK OF THE FORM NOW, THEN, SIGN BELOW!!!**

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Site plan/Plot Plan attached?      YES    NO

CERTIFICATION:

*I HEREBY CERTIFY THAT:*

\_\_\_\_ I AM THE OWNER OF RECORD OF THE NAMED PROPERTY OR  
\_\_\_\_ THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND/OR I HAVE  
BEEN AUTHORIZED TO MAKE THIS APPLICATION AS AN AUTHORIZED AGENT, AND WE AGREE  
TO CONFORM TO ALL APPLICABLE LAWS, REGULATIONS AND ORDINANCES. ALL  
INFORMATION CONTAINED WITHIN IS TRUE AND ACCURATE TO THE BEST OF MY  
KNOWLEDGE AND BELIEF.

Owner's Signature: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Permit Fee:    \$ \_\_\_\_\_

State Fee:     \$ \_\_\_\_\_

Total:         \$ \_\_\_\_\_

*Approval is based on documentation provided by the applicant. Applicant is responsible to provide accurate and true documentation on plot plan/site plan.*

Zone \_\_\_\_\_ Use \_\_\_\_\_ Lot Coverage \_\_\_\_\_  
Height \_\_\_\_\_ Front Yard \_\_\_\_\_ Side Yard \_\_\_\_\_ Rear Yard \_\_\_\_\_

Primary Aquifer? YES \_\_\_\_\_ NO \_\_\_\_\_

Secondary Aquifer? YES \_\_\_\_\_ NO \_\_\_\_\_

CAM-within boundary? YES \_\_\_\_\_ NO \_\_\_\_\_

Review Required \_\_\_\_\_ Exemption \_\_\_\_\_

Flood HAZARD-FIRM Community Map Panel No. \_\_\_\_\_ FIRM Zone \_\_\_\_\_

Site Plan Review Req. {CA-CB-CM} by Zoning Commission \_\_\_\_\_ ZEO \_\_\_\_\_ N/A \_\_\_\_\_

D.O.T. Traffic Generator Certification Required? YES \_\_\_\_\_ NO \_\_\_\_\_

Soil Erosion and Sediment Control: \_\_\_\_\_

\*\*\*\*\*

*Application is:            APPROVED                            DENIED*

Comments/Conditions:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
East Lyme Zoning Enforcement Officer

Date: \_\_\_\_\_

# East Lyme Conservation Commission

## Swimming Pool Permit Conditions

### Potential Environmental Impacts:

Chlorine and other chemicals (bromine) used in maintaining pools and spas often include acidic or alkaline cleaning compounds that can have a negative impact on marine and aquatic life if mismanaged.

Even at extremely low levels, chlorine can be toxic to life in lakes, ponds, and coastal basins. Swimming pool wastewater can also contain solids and harmful bacteria.

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### Permit Conditions:

#### Private Residential Pools Discharge

The permittee may discharge swimming pool wastewater from a private residential pool provided that the following conditions are met:

- 1) The pH of the discharge shall be between **6.5 and 8.0** standard units.
- 2) For swimming pool draining and cleaning wastewater, total residual bromine or chlorine shall be **less than 1.0 mg/liter** as determined by a test kit commonly used in the pool industry.
- 3) For swimming pool filtration backwash wastewater, total residual bromine or chlorine shall be **less than 3.0 mg/liter** as determined by a test kit commonly used in the pool industry
- 4) The permittee shall *not* discharge swimming pool pressure wash, acid cleaning, draining water or backwash wastewater directly to any storm drain, lake, pond, stream, river or wetland. All wastewater shall have the required reduced chemical amounts and shall be drained onto vegetation or lawn to allow for ground seepage prior to entering any wetland or waterbody.
- 5) There shall be no foaming or discoloration of the receiving waters.

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#### Definitions:

**Backwash Wastewater:** wastewater generated by backwashing a pool filtration system

**Draining Water:** wastewater generated by draining a swimming pool

**Pressure Wash Wastewater:** wastewater generated by pressure washing a swimming pool

**Acid Cleaning Wastewater:** wastewater generated by the acid cleaning of a swimming pool

Legal Requirements, Connecticut DEP Swimming Pools General Permit

**2006**

**Portable Swimming Pools - A Message from the State Building Inspector**



STATE OF CONNECTICUT  
Department of Public Safety  
1111 Country Club Road  
Middletown, Connecticut 06457

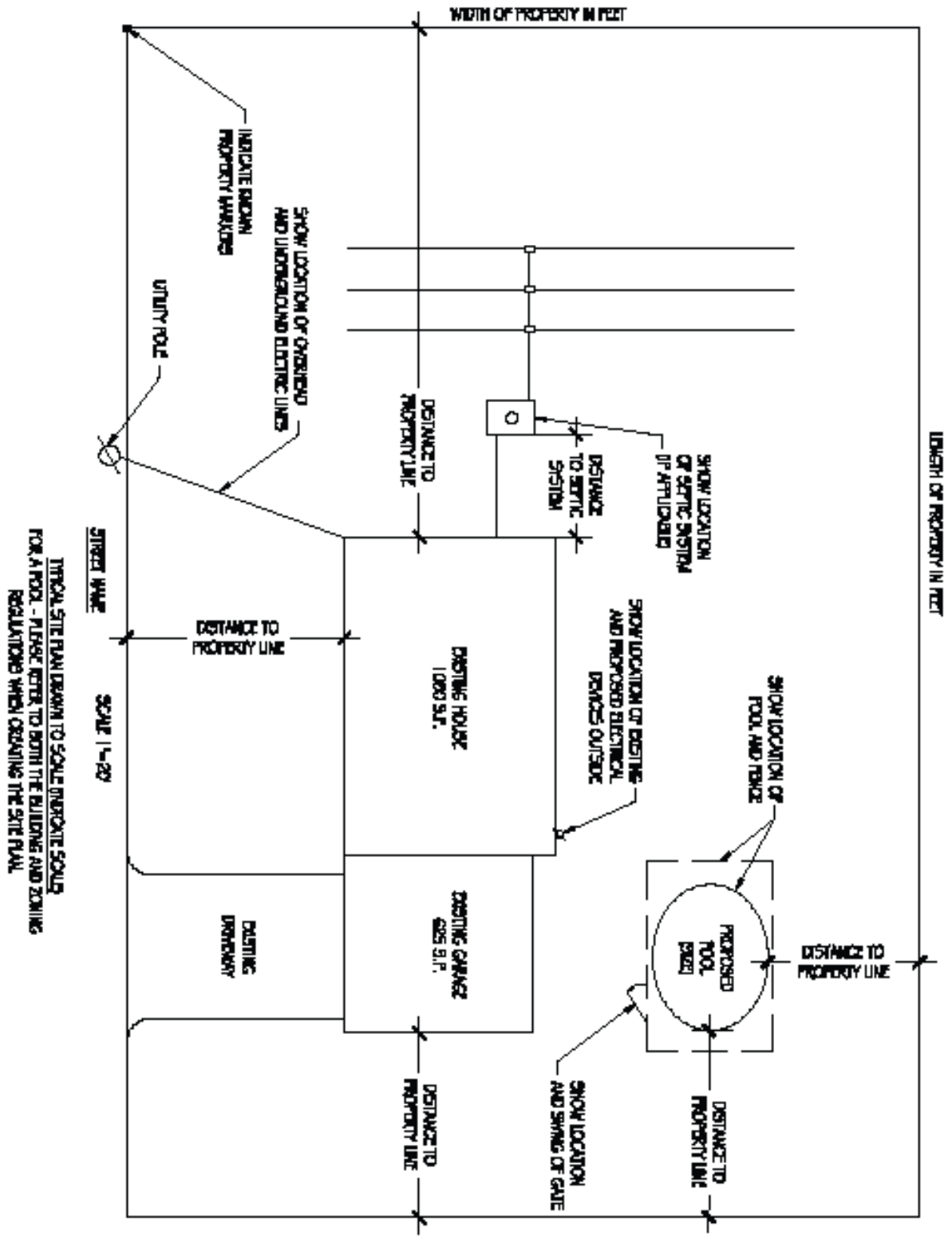
Contact:  
860-685-8230  
[pio.dps@po.state.ct.us](mailto:pio.dps@po.state.ct.us)

FOR IMMEDIATE RELEASE

**PORTABLE SWIMMING POOLS AND THE STATE BUILDING CODE**

Now that the summer months are upon us, we're all trying to find a way to beat the heat. With the cost of energy these days, a reasonable solution seems to be a portable swimming pool for the kids to splash around in. A variety of retail establishments sell portable pools these days and they seem to be a cheap solution to providing comfort and recreation. Problem is, if the pool is capable of holding more than 24 inches of water, the State Building Code requires a permit and a code-compliant barrier around the pool. Since very few retail establishments advertise this, you may be in for a big surprise when your local building official tells you that the \$ 179 blow-up pool you just bought requires a barrier around it that also includes alarms on the doors to your home if the wall of the house is part of the barrier. Since the physical characteristics of a pool barrier differ greatly from the average back-yard fence, don't assume a fenced yard lets you off the hook. Every year a child drowns in a tragic accident involving an unprotected pool. Avoid a needless tragedy, make sure your pool is protected! For answers to your questions, consult your local building department or call the office of the State Building Inspector at (860) 685-8310.

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ZONE R-12	FRONT SIDE	REAR
SETBACK REQUIRED	90	15
SETBACK PROVIDED	57	30
MAX. LOT COVERAGE	25% = 3750 S.F.	
PROPOSED LOT COVERAGE	13% = 1948 S.F.	