

Approved:	Permit No
Disapproved:	Fee: \$50.00
Date:	_
ANNUAL SWIMMING POOL/HO	T TUB USE PERMIT APPLICATION
Applicant:	Phone #:
Address:	Email:
Section Block	Lot
STATE OF NEW YORK) : ss. COUNTY OF NASSAU)	
	igned, does hereby state that the maintenance and use of the complies in all respects with
	ols, of Ordinance I, of the Village of Port Washington North, and
_	llations of the Village of Port Washington North, the County of
Nassau and the State of	
New York.	
	(signature)
Sworn to before me this	
Day of, 20	

Please email Michael Mandarino at bldginsp@portwashingtonnorth.org to make an appointment. He will be doing pool inspections on Wednesdays and Fridays.