

## GROWTH MANAGEMENT DEPARTMENT

205 North Marion Ave Lake City, FL 32055 Phone: (386) 719-5750 Fax: (386) 785-5426 www.lcfla.com

## PERMIT APPLICATION REQUIREMENTS NEW RESIDENTIAL (SFD) POOL

CODES USED: 2017 (6th Edition) FLORIDA BUILDING CODES AND 2014 NEC

#### **MANDATORY DOCUMENTS:**

| 1. <u>COMPLETED</u> RESIDENTIAL (SFD) POOL PERMIT APPLICATION PACKET. ALL APPLICABLE LINE ITEMS MUST BE FILLED OUT. (Check            |
|---|
| all boxes on application that may be applicable regarding: decking, pool barrier, storm water, etc.)                                  |
| (Applications are available online at: www.lcfla.com).  |
| (**************************************   |
| 2. ONE (1) (11X17) AND ONE (1) (24X36) OF POOL SCHEMATIC PLANS AND PROPOSED EQUIPEMENT SCHEDULE.                                      |
|   |
| 3. ONE (1) (11X17) & ONE (1) (24X36) SCALED SITE PLAN OR SURVEY SHOWING LOCATION OF POOL AND DISTANCES IN FEET FROM PROPERTY          |
| <br>LINES AND ALL OTHER STRUCTURES TO WATERS EDGE   |
| ELICE AND ALL OTHER STREET CREED TO WATERS EDGE   |
| A. POOL/DECK/FENCES/ AND ALL OTHER STRUCTURES AND DISTANCES TO THOSE STRUCTURES   |
| B. SETBACKS   |
|   |
| C. STORMWATER   |
| D. PLAN MUST SHOW LOWEST STRUCTURAL HORIZONTAL MEMBER ELEVATION IF IN A (A,AE,AH) FLOOD ZONE  |
|   |
| 4. RECORDED COPY OF "NOTICE OF COMMENCEMENT" (Florida Statutes 713), NOC must be recorded with Okaloosa County Clerk of Court, posted |
| at the job site and at the building department PRIOR to first inspection.   |
|   |
| 5. WARRANTY DEED (Home Owner will need to sign owner affidavit if owner/contractor)   |
|   |
|   |
| 6. FEMA FLOOD ELEVATION CERTIFICATE REQUIRED (A, AE, AH ZONES) before final inspection.(as applicable)                                |

NOTE: All proposed pool shall include a site plan or survey detailing all corresponding requirements such as pool barrier fence, storm water, any impervious pool decking, etc. along with any other general site plan requirements (Setbacks, distances to setbacks, all existing structures and distances to those structures from pool water edge). No permit application for the "pool only" will be accepted until all other corresponding requirements associated with the pool is in place and permitted, such as pool barrier fence, pool decking, etc.

#### **OTHER REQUIREMENTS:**

- a) TRASH AND DEBRIS MUST BE CONTAINED
- b) MAINTAIN EROSION AND SEDIMENT CONTROL DURING CONSTRUCTION OF PROJECT. INSPECTION REQUIRED PRIOR TO BEGINNING CONSTRUCTION.
- c) ALL EXISTING AND PROPOSED STORMWATER FACILITIES SHALL BE SHOWN ON SUBMITTED SITE PLAN.
- d) SITE INSPECTIONS AND ANY RE-INSPECTIONS PAID PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY.

### **REQUIRED POOL INSPECTIONS:**

- POOL FOOTING / STEEL / MAIN DRAINS / SKIMMERS INSPECTION
- ELECTRICAL GROUNDING (This inspection is for the electrical bonding)
- PLUMBING PRESSURE TEST
- GAS ROUGH- PRESSURE TEST (Required for pool heaters)
- PRE-FINAL for ELECTRICAL FINAL AND POOL BARRIER
  - To be performed prior to filling the pool with water
  - Exception: Vinyl and fiberglass pools are required to be filled with water upon installation.
- POOL FINAL INSPECTION (Pool, plumbing, electrical, gas with pool filled with water and pump in operation)
- ALL EXISTING AND PROPOSED TOPOGRAPHY SHALL BE SHOWN ON GRADING PLAN



**Applicants Printed Name** 

## GROWTH MANAGEMENT DEPARTMENT

205 North Marion Ave Lake City, FL 32055 Phone: (386) 719-5750 Fax: (386) 785-5426 www.lcfla.com

| DATE: |  |  |
|-------|--|--|

Date

## **Residential Pool Application**

| JOB SITE<br>ADDRESS:  | NAME OF PROJECT:   |
|---|--|
|   | BLOCK: SUBDIVISION:  |
| OWNER OF PROPERTY:  | CONTRACTOR COMPANY NAME:   |
| ADDRESS:  | QUALIFIER NAME:  |
| CITY, STATE, ZIP:   | STATE LICENSE #:COMP#:   |
| CELL: FAX:  | ADDRESS:   |
| ENGINEER:   | CITY, STATE, ZIP:  |
| ADDRESS:  | PHONE:FAX:   |
| CITY, STATE, ZIP:   | CONTACT PERSON:  |
| CELL: FAX:  | CELL:  |
| EMAIL:  | EMAIL:   |
| (Any items not checked that apply to pool installations, a separate permit must   | UNTAIN DECKING POOL BARRIER STORMWATER  POOL VACUUM SYSTEM OTHER:  |
| TOTAL VALUE (MATERIAL & LABOR): \$  |  |
| <ul> <li>requirements for a pool barrier per Florida Statute Chapter 515:</li> <li>The pool must be isolated from access to a home by an enclosur</li> <li>The pool must be equipped with an approved safety cover.</li> <li>All doors and windows providing direct access from the home trating of 85dB A at 10 feet.</li> <li>All doors providing direct access from the home to the pool mu mechanism placed no lower than 54 inches above the floor.</li> </ul> | tetion, a residential swimming pool must meet one or more of the following re that meets the pool barrier requirements of FL. s. 515.29.  To the pool must be equipped with an exit alarm that has a minimum sound pressure lest be equipped with a self-closing, self-latching device with a release  MITS-Failure to obtain a final inspection may result in legal action. |
| Applicants Signature Date:  | Reviewed By (Permit Official) Date   |

Received by (initials)



## GROWTH MANAGEMENT DEPARTMENT

205 North Marion Ave Lake City, FL 32055 Phone: (386) 719-5750 Fax: (386) 785-5426 www.lcfla.com

**POOL**(Pool Enclosures and Decks Require Separate Permit)

## **Building/Construction Permit Application Supplement**

| JOB SITE ADDRESS:   |                           |   |
|---|---------------------------|---|
| PARCEL ID(S):   |                           |   |
| DESCRIPTION OF WORK (Related to Permit Type):   |                           | _ |
| ADDED IMPERVIOUS AREA: SQ. FT.  • Storm water runoff shall not flow on to adjoining properties  FOR OFFICIAL USE ON | NLY                       | _ |
| FEMA FLOOD Z  | ZONE(S) & BASE FLOOD EL.: | _ |
| WWATER EDGE SETBACKS: PROPERTY LINE:  | BUILDING:                 |   |
| REQUIRED POOL ENCLOSURE SETBACKS: FRONT: SIDE   | E:REAR:                   |   |
| ZONING DISTRICT: REQUIRED SETBACKS: FRONT:  | SIDE:REAR:                | _ |
| Received by Planning: Received by Sto   | torm water:               |   |
| Planning Review:  | Date:                     |   |
| Storm water Review:   | Date:                     |   |
| Flood Provision Review:   | Date:                     |   |
| Right of Way Review   | Date;                     |   |



## GROWTH MANAGEMENT DEPARTMENT

205 North Marion Ave Lake City, FL 32055 Phone: (386) 719-5750 Fax: (386) 785-5426 www.lcfla.com

## PERMIT APPLICATION

## **NOTICE TO OWNER / CONTRACTOR**

| JOB SITE<br>ADDRESS:   |  |  | NAME OF PROJECT:   |                                     |  |
|--|--|--|--|-------------------------------------|--|
| PARCEL ID:   | LOT:   | BLOCK:   | SUBDIVISION:   |                                     |  |
| work or installation has been meet all codes, standards and l insurances for me and any trad | commenced prior to<br>aws governing cons<br>es are in accordance<br>CTRICAL WORK | o issuance struction in e with state <b>X, PLUMB</b> | and installation as indicated. <i>I certify</i> of a permit and that all work will be paths jurisdiction. I also certify that all laws. I understand that a separate per ING, MECHANICAL, ROOFING, | performed<br>required<br>mit must b |  |
|  |  | •  | the foregoing information is accurate alating construction and zoning per St   |                                     |  |
| If the direct contract is greater tha  | n \$2500, the applicant  | owner must   | file a NOTICE OF COMMENCEMENT.   |                                     |  |
| LENDER OR AN ATTORN'<br>OF COMMENCEMENT."  | EY BEFORE CON  | MMENCIN  | NANCING, CONSULT WITH YO IG WORK OR RECORDING YOU lure to obtain a final inspection may result in leary  | IR NOTIC                            |  |
| Signature  |  | <u> </u>   | ignature   |                                     |  |
| Owner or Agent (including co   | ontractor)   |  | Contractor   |                                     |  |
| STATE OF FLORIDA COUNTY OF COLUMBIA Sworn to (or affirmed) and subscribe                     | d before me this   | C  | TATE OF FLORIDA COUNTY OF COLUMBIA worn to (or affirmed) and subscribed before re  | ne this                             |  |
| day of   |  |  | day of,  | 20                                  |  |
| by   |  | -  | <i>I</i>   | <del>.</del>                        |  |
| Personally knownOR   |  |  | ersonally known_OR   |                                     |  |
| Produced Identification  |  | Pi   | roduced Identification   |                                     |  |
| Notary Signature as to Ov  | vner   | _  | Notary Signature as to Contractor  |                                     |  |
| SFAI:  |  | <b>C</b> 1   | FAI.   |                                     |  |



SEAL:

## GROWTH MANAGEMENT DEPARTMENT

205 North Marion Ave Lake City, FL 32055 Phone: (386) 719-5750 Fax: (386) 785-5426 www.lcfla.com

## RESIDENTIAL SWIMMING POOL SAFETY ACT STATE OF FLORIDA CITY OF LAKE CITY

| , and hereby affirm that on  | pol, spa or hot tub will be constructed or installed at the of the following methods will be used to meet the requirements of  |  |  |  |
|--|--|--|--|--|
| Chapter 515, Florida Statutes. (Please initial the method(s)             | to be used for yourpool)   |  |  |  |
|  | the home by an enclosure that meets the pool barrier   |  |  |  |
| requirements of Florida Statute 515.29;                                  | requirements of Florida Statute 515.29;  |  |  |  |
| The pool will be equipped with an appr                                   | The pool will be equipped with an approved safety pool cover that complies with ASTM F1346-91  |  |  |  |
|  | (Standard Performance Specifications for Safety Covers for Swimming Pools, Spas and Hot Tubs);   |  |  |  |
| All doors and windows providing direct                                   | t access from the home to the pool will be equipped with an  |  |  |  |
| exit alarm that has a minimum sound pr                                   | exit alarm that has a minimum sound pressure rating of 85 decibels at 10 feet;   |  |  |  |
| All doors providing direct access from t                                 | the home to the pool will be equipped with self-closing, self-   |  |  |  |
|  | ms placed no lower than 54" above the floor or deck;   |  |  |  |
|  | of the above installed at the time of final inspection, or when the pool ation of Chapter 515, F.S., and will be considered as committing as established in Chapter 775,F.S. |  |  |  |
| I (We) agree to enclose the pool at                                      | with a fence at least four feet high, with   |  |  |  |
| pickets no greater than four inches apart, with a self-clos<br>the pool. | sing, self-latching gate mechanism, immediately upon completion of   |  |  |  |
|  | ure, a fence is not required. I understand a city permit is required to Building Department at (386) 719-5748 to request a final inspection.                                 |  |  |  |
| Contractor's Name  | Owner's Name   |  |  |  |
| Contractor's Signature   | Owner's Signature  |  |  |  |
| STATE OF FLORIDA   | STATE OF FLORIDA   |  |  |  |
| COUNTY OF COLUMBIA   | COUNTY OF COLUMBIA   |  |  |  |
| Sworn to (or affirmed) and subscribed before me this                     | Sworn to (or affirmed) and subscribed before me this   |  |  |  |
| day of   | day of   |  |  |  |
| by   | by   |  |  |  |
| Personally knownOR   | Personally known_OR  |  |  |  |
| Produced Identification  | Produced Identification  |  |  |  |
| Notary Signature as to Contractor  | Notary Signature as to Owner   |  |  |  |
| riotary Signature as to Contractor                                       | riotary signature as to Owner  |  |  |  |

SEAL:

# LCITY OF CITY OF CITY

## GROWTH MANAGEMENT DEPARTMENT

205 North Marion Ave Lake City, FL 32055 Phone: (386) 719-5750 Fax: (386) 785-5426 www.lcfla.com

## NORMAL SEQUENCE OF POOL INSPECTIONS

- 1. POOL FOOTING / STEEL / MAIN DRAINS / SKIMMERS INSPECTION
- 2. ELECTRICAL GROUNDING
  - This inspection is for the electrical bonding
- 3. PLUMBING PRESSURE TEST
- 4. GAS ROUGH- PRESSURE TEST
  - If Required
- 5. PRE-FINAL for ELECTRICAL AND POOL BARRIER
  - Prior to filling the pool with water
  - Exception: Vinyl and fiberglass pools are required to be filled with water upon installation.
- 6. POOL FINAL INSPECTION
  - Pool, plumbing, electrical, gas with pool filled with water and pump in operation