Community Development

18400 Murdock Circle | Port Charlotte FL 33948
Building Phone: 941.743.1201 | Building Fax: 941.764.4907
Zoning Phone: 941.743.1964 | Zoning Fax: 941.743.1598
BuildingSvcs@CharlotteCountyFL.gov
www.CharlotteCountyFL.gov

"To exceed expectations in the delivery of public services"

Print Form

For Office Use Only
Permit Number
20 _____
Application Date
_____
CSR _____

RESIDENTIAL POOL/SPA

Florida Building Code Fifth Edition (2014)

This application is for use in the permitting of a Residential Pool/Spa, NOT located in a "V" (velocity) Flood Hazard area and containing No Diving Equipment and or Slides, the maximum width/ length of pool/spa constructed under these standards shall be (36') thirty-six feet. Residential Pool/Spa shall be constructed in accordance with the Florida Building Code-Residential 5th Edition (2014), Chapter 42 and 45. The Florida Building Code is available online @ www.floridabuilding.org. Additionally Residential Pool/Spa shall conform to applicable Charlotte County Codes/Ordinances including those dealing with the maximum amount of on-site Fill for structures located within an SFHA.CharlotteCountyCodes/Ordinances are available on-line @ www.CharlotteCountyFL.gov.

Property Tax ID Number: _____

NOTE: THE REPLACEMENT FOR THE LIGHT IN THE POOL AND POOL PUMP REPLACEMENT REQUIRE A PERMIT.

- ☐ Provide Two Completed Application Forms (for office/contractor copies)
- ☐ Provide Two Sets of Plans
- ☐ Safety Barrier Affidavit
- ☐ Notice of Commencement
- ☐ Provide Two Copies of Pump Flow Capacity Information and TDH Calculations with Pipe Size(s)
- ☐ Sub-Contractor Worksheet
- ☐ Provide Pool Drain(s) Specifications
- ☐ Provide Two Site Plans (Must show all existing & proposed structures, equipment, maintainance, utility, and ROW drainage easements)

Zoning Class: _____ Lot: _____ Block: _____ Sec.:_____ Twn.:_____Range:_____ Subdiv.:_____
Setbacks: Front ____ Rear ____ L-Side ____ R-Side ____ Flood Zone: _____ (Use of Pool/Spa Quick Permit is Prohibited in V-Flood Zone)

Provide Additional Forms as may be required: ☐ Notice of Commencement (required when valuation is greater than $2500.00)

☐ Sub Contractor Worksheet ☐ Owner/Builder Affidavit ☐ Solar Heat ☐ Heat Pump ☐ LP Gas Unit

☐ Master Plan Certificate & Plan with Vendor Letter (for use of Engineered Documents, components, or devices on file)

Scope of Work: *(check all that apply)* ☐ **In-Ground Pool** ☐ **Above-Ground Pool** ☐ **Spa**

☐ **Concrete** ☐ **Vinyl Liner** ☐ **Fiberglass**

Job Site Address: _____
Street City State Zipcode

Owner Name: _____ Phone #: _____ Fax #: _____

Address (if different than job site address above): _____
Street City State Zipcode

Contractor Name: _____ Phone #: _____ Fax #: _____

Address: _____
Street City State Zipcode

The undersigned applicant agrees to comply with the provisions as outlined herein and with all Federal, State, and Local codes. It is further understood that a violatiion of any applicable code may result in a stop work order being issued and a cessation of all work until such violation has been remedied. The undersigned applicant for this building permit does hereby certify that Applicant has or will, prior to the perormance of any work in connection with the authorization granted under this permit, comply with the provisions of the: Florida Workman's Compensation Act; Social Security Act; Florida Child Labor Laws; Contractor's/Employer's Liability Insurance Requirements; and all other applicable Federal, State, and Local laws, a violation of which may invoke penalties.

Contractor Signature: _____ License #: _____

(Owner's signature if owner is acting as contractor. **An Owner/Builder Affidavit will be required)

Job Valuation/Contract Amount: _____

*****A Notice of Commencement and a Construction Permit Application Form are required for Job Valuation/Contracts of $2,500.00 or more.**

NOTICE: All subcontractors must have a Charlotte County Certificate of Competancy. Permit is void if Construction is not started within six months or does not receive an approved inspection within six months from date of issue. An approved inspectiion will extend the permit for an additional six months. Starting work prior to issuance of a permit may result in a penalty fee of up to four times the permit fee.

A recorded Notice Of Commencement is required in the Permitting Office prior to the first inspection

Community Development

18400 Murdock Circle | Port Charlotte FL 33948
Building Phone: 941.743.1201 | Building Fax: 941.764.4907
Zoning Phone: 941.743.1964 | Zoning Fax: 941.743.1598
BuildingSvcs@CharlotteCountyFL.gov
www.CharlotteCountyFL.gov

"To exceed expectations in the delivery of public services"

Print Form

For Office Use Only
Permit Number
20 _____
Application Date
_____
CSR _____

Application for Construction Permit (cont.)

Florida Building Code Fifth Edition (2014)

Name of Fee Simple Titleholder (if not owner) _____

Street _____ City _____ State _____ Zip _____ Phone No _____

Bonding Company Name _____ Street _____ State _____ Zip _____

Architect/Engineer Name _____ Street _____ State _____ Zip _____

Mortgage Lender _____ Street _____ State _____ Zip _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction.

The undersigned applicant for this permit does hereby certify that he/she has or will prior to the performance of any work in connection with the authorization granted under this permit comply with the provisions of the Florida Worker's Compensation Act of Employers Liability Insurance, the Social Security Act, the Florida Child Labor Laws and all other applicable safety and labor laws of the state. Violation will invoke severe penelties.

Owners Affidavit: I hereby certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMNECEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOU LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

NOTICE: In addition to the requirement of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this County, and there may be additional permits required from other governmental entities such as water management districts, state, or federal agencies.

_____ OWNERS/AGENT SIGNATURE

State of Florida County of _____

The foregoing instrument was acknowledged before me this

____ day of _____ 20_____ by _____

_____ who is personally known to me or who

has produced _____ as identification and

who did/did not take an oath.

_____ Signature of Notary

Notaries Printed Name

Commission Number

_____ CONTRACTORS SIGNATURE

State of Florida County of _____

The foregoing instrument was acknowledged before me this

____ day of _____ 20_____ by _____

_____ who is personally known to me or who

has produced _____ as identification and

who did/did not take an oath.

_____ Signature of Notary

Notaries Printed Name

Commission Number

Community Development

18400 Murdock Circle | Port Charlotte FL 33948
Building Phone: 941.743.1201 | Building Fax: 941.764.4907
Zoning Phone: 941.743.1964 | Zoning Fax: 941.743.1598
BuildingSvcs@CharlotteCountyFL.gov
www.CharlotteCountyFL.gov

"To exceed expectations in the delivery of public services"

Print Form

For Office Use Only
Permit Number
20 _____
Application Date
_____
CSR _____

RESIDENTIAL SWIMMING POOL SAFETY ACT AFFIRMATION

Florida Building Code Fifth Edition (2014)

Florida Statutes 515.25 Definitions: Residential Swimming pool means": any structure located in a residential area that is intended for swimming or recreational bathing and contains water over 24 inches deep, including but not limited to, in-ground, above ground and on ground swimming pools; hot tubs; and non-portable spas. In accordance with S. 515.27(2), a person who fails to equip a new residential swimming pool with at least one pool safety feature as required in subsection (1) commits a misdemeanor of the second degree, punishable as provided in S.775.082 or S. 775.083.

We, The undersigned, do hereby affirm that one or more of the following methods will be used to meet the minimum requirements of Chapter 515, Florida Statutes and Florida Building Code.

Check which method(s) to be used for your pool:

- ☐ The pool will be isolated from access to the home by an enclosure that meets the pool barrier requirements of S. 515.29 and current Florida Building Code.
- ☐ The pool will be equipped with an approved safety pool cover that complies with ASTM F 1346.91 (Standard Performance Specifications for safety covers for swimming pools, spas and hot tubs) and Florida Building Code.
- ☐ All doors and windows providing direct access from the home to the pool shall be equipped with an exit alarm that complies with S.515.27(1)(c), and Florida Building Code.
- ☐ All doors providing direct access from the home to the pool will be equipped with self-closing, self-latching devices with release mechanisms placed no lower than 54" above the floor/threshold, as per in Florida Building Codes.
- ☐ For above ground pools only: A removable ladder must be installed.

NOTE: ALL residential pools must follow the ANSI/APSP 7 Suction Entrapment Avoidance Standard, which is consistent with the new federal law. Florida Building Code-Residential, 5th Edition (2014) R-4501.6.6

I understand that not having one of the above installed at the time of final inspection, or when the pool is completed for contract purposes, will constitute a violation of Florida Statute, Chapter 515 and Florida Building Code Section 424. This violation is a misdemeanor of the second degree, punishable by fines up to $500 and/or up to 60 days in jail as established in Chapter 775.082 or Section 775.083, F.S.

_____		_____
Contractor's Signature and Date		Owner's Signature and Date
	and	
_____		_____
Contractor's Name (Please Print)		Owner's Name (Please Print)
_____		
License #		

Community Development

18400 Murdock Circle | Port Charlotte FL 33948
Building Phone: 941.743.1201 | Building Fax: 941.764.4907
Zoning Phone: 941.743.1964 | Zoning Fax: 941.743.1598
BuildingSvcs@CharlotteCountyFL.gov
www.CharlotteCountyFL.gov

"To exceed expectations in the delivery of public services"

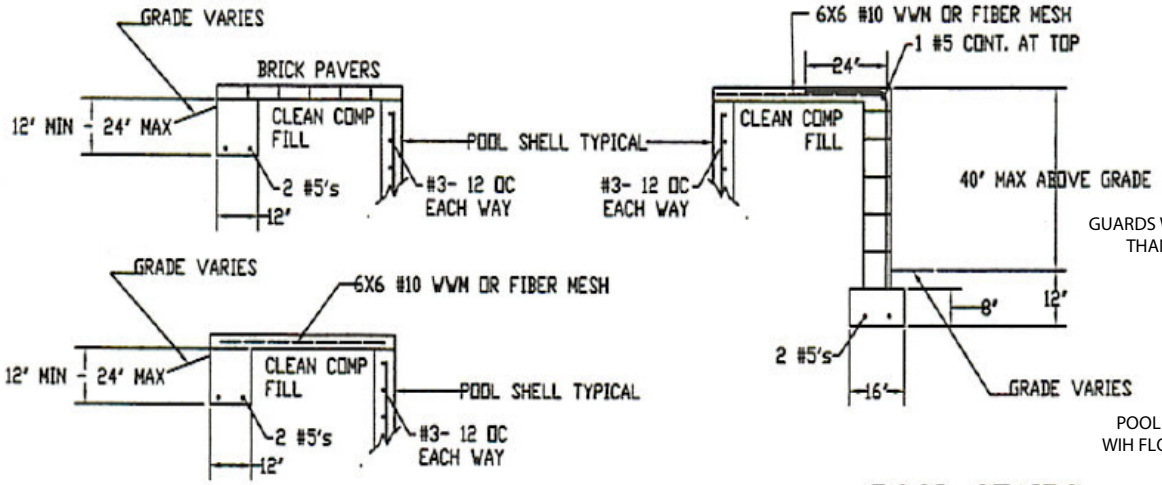
Print Form

For Office Use Only
Permit Number 20 _____
Application Date _____
CSR _____

Residential Pool/Spa - Fact Sheet
Florida Building Code Fifth Edition (2014)

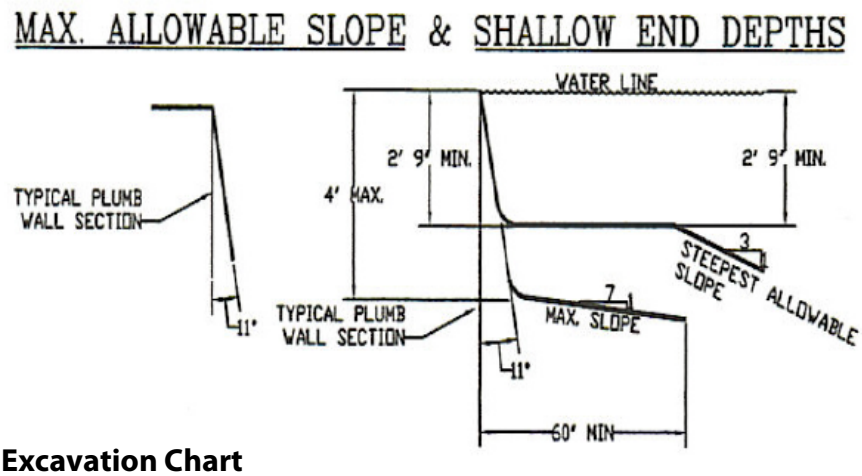
ANSI/APSP/ICC-5, 17 Safety Features. 17.1 Handholds shall be provided around the pool edge in any area where the water depth exceeds 4 ft.

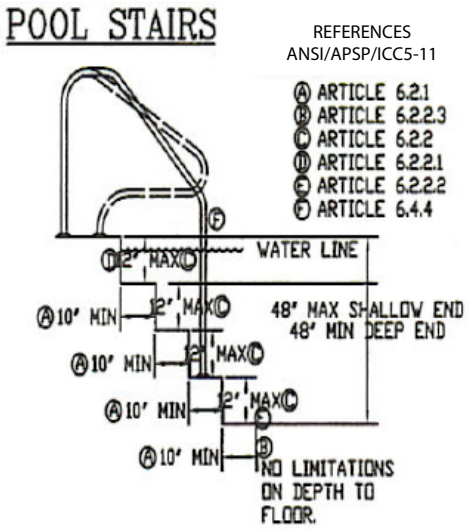
Applicant is responsible for compliance with all applicable Federal, State, and Local codes; some common code articles have been included for applicant's convenience; compliance shall be determined by in-field inspections.



GUARDS WILL BE REQUIRED IF MORE THAN 30 IN. ABOVE GRADE

POOL CONSTRUCTION MUST COMPLY WIH FLORIDA BUILDING CODE, ANSI, NSPI AND APSP STANDARDS

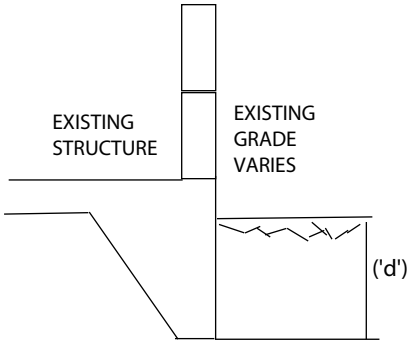




Excavation Chart

As applicable, **check one box** which represents the worst case site condition for minimum required distance away from bottom of existing foundation and the maximum allowable depth of excavation below the existing foundation. Interpretation between values is acceptable.

Required distance away from bottom of existing foundation>	12"	18"	24"	30"	36"	42"	48"	54"	60"	66"	72"
Check one box>	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Maximum allowed depth of excavation below bottom of existing foundation>	14"	21"	29"	36"	43"	50"	57"	64"	72"	79"	86"



The total depth of excavation (dig-out) is determined by adding ('d') depth of foundation below grade, to maximize allowable depth of excavation below bottom of existing foundation taken from chart.

Community Development

18400 Murdock Circle | Port Charlotte FL 33948
Building Phone: 941.743.1201 | Building Fax: 941.764.4907
Zoning Phone: 941.743.1964 | Zoning Fax: 941.743.1598
BuildingSvcs@CharlotteCountyFL.gov
www.CharlotteCountyFL.gov
"To exceed expectations in the delivery of public services"

Print Form

For Office Use Only
Permit Number
20 _____
Application Date
_____
CSR _____

Subcontractor Worksheet

This form is to be submitted at the time of Permit Application and must be completed with all information.
Changes in subcontractors are allowed by submitting a Change in Subcontractor form.

Permit Number _____

Address: _____ Building #: _____ Unit #: _____

Contractor Name _____ Contractor's Certification or Registration No. _____

Trade	Subcontractor Company Name	Subcontractor Telephone No.	Subcontractor License No.
A/C and Heating			
Electric			
Plumbing			
Roofing			

_____
Contractor Signature

Date

A recorded Notice of Commencement is required in the Permitting Office prior to the first inspection.

04/14/2016 jg