TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
One S. Sewall's Point Road
Sewall's Point, Florida 34996
Tel 772-287-2455 Fax 772-2204765

SWIMMING POOL, DECK, AND SPA CHECKLIST
2014 FLORIDA BUILDING CODE

_____**1 Copy** completed permit application.

_____**1 Copy** complete sets of plans signed and sealed by an architect or engineer.
Maximum size plans are 24" x 36".

_____**1 Copy** survey showing the following:

- ALL EXISTING STRUCTURES ON PROPERTY
- LOCATION OF PROPOSED POOL AND POOL DECK
- SETBACKS FROM POOL AND DECK TO PROPERTY LINES
- LOCATION AND TYPE OF ANY EXISTING FENCING
- LOCATION OF ALL EASEMENTS
- LOCATION OF FLOOD ZONE LINES
- STREET & HOUSE NUMBER ON SITE PLANS
- LOCATION OF ANY OVERHEAD ELECTRICAL LINES
- ALL FOUR BUILDING SETBACKS LINES.
- INDICATE THE SIZE, SPECIES AND LOCATION OF ANY TREES TO BE REMOVED, RELOCATED OR PLANTED
- STORMWATER POLLUTION/EROSION PREVENTION PLAN

DO NOT SUBMIT PREVIOUSLY STAMPED SITE PLANS.

_____**1 Copy** Residential Swimming Pools, Spa & Hot Tub Safety Act Certification Forms.
_____**1 Copy** signed and Sealed V-ZONE Certification for Pools located in the VE-10 Flood Zone
_____**1 Copy** Pool subcontractors list with Municipal or State Certification numbers. Must be signed and notarized by license holder.
_____ **1 Copy** Compaction report and form board tie-in survey (for pool shell) prior to deck inspection Pool and deck elevation must be indicated on all river front lots.

Pool only permits require a deck permit submittal or affidavit prior to issuance. Separate pool deck permits need to have a pool permit number before issuance. Failure to comply with the above and any other requirements will result in a delay of the issuance of the permit.

POOLS THAT ARE DESIGNED TO BE 4' 11" DEEP MUST INDEPENDENTLY VERIFIED FOR MAXIMUM WATER DEPTH BY AN ARCHITECT, ENGINEER OR LAND SURVEYOR REGISTERED IN THE STATE OF FLORIDA PRIOR, TO FINAL INSPECTION.

APPLICATIONS, PLANS AND DOCUMENTS FOR FENCE, BARRIER, AND/OR SCREEN ENCLOSURE MUST BE SUBMITTED PRIOR TO ISSUANCE OF POOL PERMIT.

Town of Sewall's Point

Date: _____ BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/LESSEE NAME: _____ Phone(Day) _____ Fax _____

Job Site Address:_____ City:_____ State: _____ Zip:_____

Legal Description: _____ Parcel Control Number:_____

Fee Simple Holder Name:_____ Address:_____

City:_____ State:_____ Zip:_____ Telephone:_____

* SCOPE OF WORK (BE SPECIFIC):

WILL OWNER BE THE CONTRACTOR?
(If yes, Owner Builder questionnaire must accompany application)
YES _____ NO_____
Has a Zoning Variance ever been granted on this property?
Yes_____ Year_____ No_____
(Must include copy of all variance approvals with application)

COST AND VALUES: **(Required on ALL permit applications)**

Estimated Value of Improvements: $_____
(Notice of Commencement required when over $2500 prior to first inspection, $7500 on HVAC Change out)

** Is subject property located in flood hazard area? VE8__VE7__AE8__AE7__AE6__ X__ X500__

FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:

Estimated Fair Market Value prior to improvement: $_____
(Fair Market Value of the primary structure only. Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: _____Phone:_____ Fax: _____

Qualifiers name:_____ Street: _____City:_____ State: _____Zip: _____

State License Number: _____ **OR:** Municipality: _____ License Number: _____

LOCAL CONTACT: _____ Phone Number: _____

DESIGN PROFESSIONAL:_____ Fla. License#_____

Street: _____City:_____State:_____Zip:_____ Phone Number:_____

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____

Carport: _____ Total under Roof_____ Elevated Deck: _____ Enclosed area below BFE*:_____

* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2014 National Electrical Code: 2011, Florida Energy Code: 2014, Florida Accessibility Code: 2014, Florida Fire Prevention Code: 2014

WARNINGS TO OWNERS AND CONTRACTORS:

1. **YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.**
2. **IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.**
3. **BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.**
4. **THIS PERMIT WILL BECOME *NULL AND VOID* IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2014 SECT. 105.4.1, 105.4.1.1 - .5.**

*****A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS******

AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN OF SEWALL'S POINT.

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
X_____
State of Florida, County of:_____
On This the _____day of _____,20___
by _____who is personally
known to me or produced _____
As identification. _____
Notary Public
My Commission Expires: _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
X_____
State of Florida, County of:_____
On This the _____day of _____,20___
by _____who is personally
known to me or produced _____
As identification. _____
Notary Public
My Commission Expires: _____

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) – PICK UP YOUR PERMIT PROMPTLY!

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
One S. Sewall's Point Road
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PERMIT #_____

RESIDENTIAL SWIMMING POOLS, SPA AND HOT TUB SAFETY ACT
AFFIDAVIT OF REQUIREMENT COMPLIANCE

I (We) acknowledge that a new swimming pool, spa or hot tub has been constructed or installed at **(Print street address)_____** , and hereby affirm that one of the following methods has been used to meet the requirements of Chapter 515, Florida Statutes and 2010 Florida Building Code.
Please check your choice of compliance.

Residential swimming pool safety feature options:

In order to pass final inspection and receive a certificate of completion, a residential swimming pool must meet the following requirements relating to pool safety features:

PLEASE NOTE THAT IF THE ALARM OPTION IS SELECTED, THIS AFFIDAVIT MUST BE ACCOMPANIED BY A LETTER OF CERTIFICATION FROM A FLORIDA LICENSED ALARM CONTRACTOR, ARCHITECT, OR ENGINEER STATING FULL COMPLIANCE WITH 2010 FBC R4501.17.1.9. PLEASE INDICATE BY INITIALING THE FOLLOWING:

_____ (a) The pool/spa must be equipped with an approved safety pool cover (4501.17 exceptions, no other barrier feature required).

_____ (b) The pool/spa must be isolated from access by an enclosure that meets the pool barrier requirements of section (R4501.17.1 thru R4101.17.14)

_____ (c) Where a wall of a dwelling serves as part of the barrier one (1) of the following shall apply: (R4101.17.1.9)

1. All doors and windows providing direct access from the home to the pool shall be equipped with an exit alarm complying with UL 2017 that has a minimum sound pressure rating of 85 dB A at 10 feet (3048 mm). Any deactivation switch shall be located at least 54 inches (1372 mm) above the threshold of the access. Separate alarms are not required for each door or window if sensors wired to a central alarm sound when contact is broken at any opening.

Exceptions:

a. Screened or protected windows having a bottom sill height of 48 inches or more measured from the interior finished floor at the pool access level.
b. Windows facing the pool on floor above the first story.
c. Screened or protected pass-through kitchen windows 42 inches or higher with a counter beneath. (R4501.17.1.9 (1)

2. All doors providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with positive mechanical latching/locking installed a minimum of 54 inches above the threshold, which is approved by the authority having jurisdiction. (R4501.17.1.9 (2)

PLEASE SEE FENCE PERMIT FOR COMPLETE POOL BARRIER REQUIREMENTS

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AFFIDAVIT OF REQUIREMENT COMPLIANCE

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 Chapter 515, F.S. and will be considered as committing a misdemeanor of the second degree, punishable as established in the Florida Statute.

_____
CONTRACTOR'S SIGNATURE & DATE

NOTARY AS TO CONTRACTOR:

STATE OF_____

COUNTY OF _____

ON THIS____DAY OF _____

BEFORE ME PERSONALLY APPEARED:

_____

TO ME KNOWN TO BE THE PERSON WHO EXECUTED THE FORGOING INSTRUMENT AND ACKNOWLEDGED THAT HE / SHE EXECUTED THE SAME AS HIS / HER FREE ACT AND DEED.

SEAL (SIGNED)_____

_____
OWNER'S SIGNATURE & DATE

NOTARY AS TO OWNER:

STATE OF_____

COUNTY OF _____

ON THIS____DAY OF _____

BEFORE ME PERSONALLY APPEARED:

_____

TO ME KNOWN TO BE THE PERSON WHO EXECUTED THE FORGOING INSTRUMENT AND ACKNOWLEDGED THAT HE / SHE EXECUTED THE SAME AS HIS / HER FREE ACT AND DEED.

SEAL (SIGNED)_____

THIS FORM MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO SCHEDULING THE FINAL INSPECTION.

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THIS FORM MUST BE SUBMITTED WITH THE BUILDING PERMIT APPLICATION

SWIMMING POOL AND SPA SUBCONTRACTORS LIST

Applicant's Name _____ Permit #_____

Mailing Address_____ City_____ State_____ Zip_____

Please provide a subcontractors list for verification. Any changes to this list must be provided prior to final inspection. Using unlicensed contractors or subcontractors may prevent you from being eligible for inspections. For further information, please contact the Town of Sewall's Point Building Department at 772-287-2455.

Please include all Competency Card or State Certification numbers. Do not use occupational license numbers.

CONTRACTOR/TRADE **COMPANY NAME** **LICENSE #**

CONCRETE POOL DECK _____

DECK FINISH_____

MASTER ELECTRICIAN_____

POOL GUNITE _____

INTERIOR POOL FINISH _____

POOL STEEL _____

BARRIER/ALARM _____

I certify that the above information is accurate and that all work will be performed by eligible competency card holders or State Certified contractors.

I understand that a complete notarized subcontractors list is required prior to final inspection.

_____
Signature of applicant

Sworn to and subscribed before me this _____day of 20_____ by

_____
Notary Public, State of Florida, County of Martin
____ Personally Known ____ Produced Identification

Type of ID Produced:_____

NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS $2,500.00 ($7,500 Mechanical)

PERMIT #: _____ **TAX FOLIO #:** _____

STATE OF FLORIDA COUNTY OF **MARTIN**

THE UNDERSIGNED HEREBY GIVES NOTICE THAT IMPROVEMENT WILL BE MADE TO CERTAIN REAL PROPERTY, AND IN ACCORDANCE WITH CHAPTER 713, FLORIDA STATUTES, THE FOLLOWING INFORMATION IS PROVIDED IN THIS NOTICE OF COMMENCEMENT.

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE):
_____

GENERAL DESCRIPTION OF IMPROVEMENT: _____

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT
NAME:_____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
INTEREST IN PROPERTY**:** _____

NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER):
_____

CONTRACTOR: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)_____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13 (1) (b) , FLORIDA STATUTES:

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES _____ OF_____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUES:

PHONE NUMBER: _____FAX NUMBER: _____**EXPIRATION DATE OF NOTICE OF COMMENCEMENT**: _____

EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

_____
SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT

SIGNATORY'S TITLE/OFFICE_____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____DAY OF_____, 20____

BY: _____ AS_____FOR_____
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION _____TYPE OF IDENTIFICATION PRODUCED_____

_____
NOTARY SIGNATURE/ SEAL