



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

FENCE and or POOL BARRIER CHECKLIST

A document review will be performed on the following items prior to the submittal of a permit application. Failure to submit these items will result in the application package returned to the applicant until the deficient documents are included. This review sheet must accompany the application submittal.

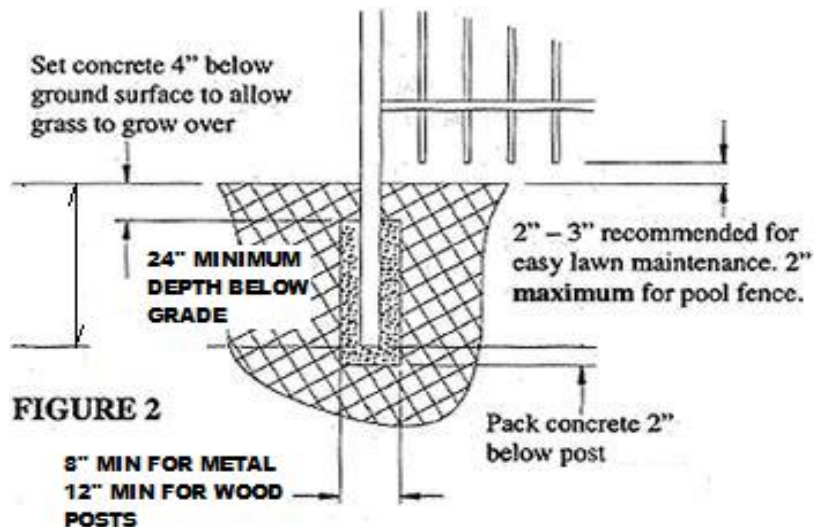
Please make sure you have ALL required copies before submitting permit application

- _____ **1 Copy** Completed permit application
- _____ **1 Copy** Survey or site plan showing the following:
 - All existing structures on property
 - Location of proposed fence
 - Setbacks from the fence to property lines
 - Height & type of fence
 - Location of all easements
 - Street & house number on site plans

DO NOT SUBMIT PREVIOUSLY STAMPED SITE PLANS

- _____ **1 Copy** support post footer sketch indicating size of footers. Fences to be used as a Pool Barrier (other than chain link fence) must include an accurate sketch or drawing indicating barrier requirement compliance.
- _____ **1 Copy**, if fence crosses any easement, Easement agreement from all utility Companies are required. Agreement form included in permit package.
- _____ **1 Copy, Initialed** Pool Barrier Affidavit when fence is used as a Pool Barrier.
- _____ **1 Copy** Notice of Commencement, if replacement value is over \$2500.00. Must be submitted prior to the first inspection.

Typical Fence Footer



Town of Sewall's Point

BUILDING PERMIT APPLICATION

Date: _____ 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: _____

*******PLEASE NOTE - YOUR PERMIT MAY BE REJECTED WITHOUT FILLING IN ALL ENTRIES - INCLUDING THE SCOPE OF WORK**********SCOPE OF WORK (PLEASE 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 a 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, \$7,500 on HVAC change out)
** Is subject property located in flood hazard area? VE8 ___ VE7 ___ AE8 ___ AE7 ___ AE6 ___
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): 2017
National Electrical Code: 2014, Florida Energy Code: 2017, Florida Accessibility Code: 2017, Florida Fire Prevention Code: 2017****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 2007 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. CONTRACTOR/OWNER'S INITIALS _____****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) - PLEASE PICK UP YOUR PERMIT PROMPTLY!

AFFIDAVIT FOR POOL BARRIER

R4501.17.1 Outdoor swimming pools. Outdoor swimming pools shall be provided with a barrier complying with R4501.17.1.1 through R4501.17.1.14.

R4501.17.1.1 The top of the barrier shall be at least 48 inches (1219 mm) above grade measured on the side of the barrier which faces away from the swimming pool. The maximum vertical clearance between grade and the bottom of the barrier shall be 2 inches (51 mm) measured on the side of the barrier which faces away from the swimming pool. Where the top of the pool structure is above grade the barrier may be at ground level or mounted on top of the pool structure. Where the barrier is mounted on top of the pool structure, the maximum vertical clearance between the top of the pool structure and the bottom of the barrier shall be 4 inches (102 mm).

R4501.17.1.2 The barrier may not have any gaps, openings, indentations, protrusions, or structural components **that could allow a young child to crawl under, squeeze through, or climb over the barrier as herein described below.***** One end of a removable child barrier shall not be removable without the aid of tools. Openings in any barrier shall not allow passage of a 4-inch-diameter (102 mm) sphere.

R4501.17.1.3 Solid barriers which do not have openings shall not contain indentations or protrusions except for normal construction tolerances and tooled masonry joints.

R4501.17.1.4 Where the barrier is composed of horizontal and vertical members and the distance between the tops of the horizontal members is less than 45 inches (1143 mm), the horizontal members shall be located on the swimming pool side of the fence. Spacing between vertical members shall not exceed 13/4 inches (44 mm) in width. Where there are decorative cutouts within vertical members, spacing within the cutouts shall not exceed 13/4 inches (44 mm) in width.

R4501.17.1.5 Where the barrier is composed of horizontal and vertical members and the distance between the tops of the horizontal members is 45 inches (1143 mm) or more, spacing between vertical members shall not exceed 4 inches (102 mm). Where there are decorative cutouts within vertical members, spacing within the cutouts shall not exceed 1 3/4 inches (44 mm) in width.

R4501.17.1.6 Maximum mesh size for chain link fences shall be a 2 1/4 inch square (57 mm) unless the fence is provided with slats fastened at the top or bottom which reduce the openings to no more than 1 3/4 inches (44 mm).

R4501.17.1.7 Where the barrier is composed of diagonal members, the maximum opening formed by the diagonal members shall be no more than 1 3/4 inches (44 mm).

R4501.17.1.8 Access gates, when provided, shall be self-closing and shall comply with the requirements of Sections R4501.17.1.1 through R4501.17.1.7 and shall be equipped with a self-latching locking device located on the pool side of the gate. Where the device release is located no less than 54 inches (1372 mm) from the bottom of the gate, the device release mechanism may be located on either side of the gate and so placed that it cannot be reached by a young child over the top or through any opening or gap from the outside. Gates that provide access to the swimming pool must open outward away from the pool. **The gates and barrier shall have no opening greater than 1/2 inch (12.7 mm) within 18 inches (457 mm) of the release mechanism.**

*****PLEASE NOTE: ALL POOL BARRIERS MUST BE ABLE TO PREVENT PASSAGE OF A 4" PLASTIC SPHERE WHEN APPLIED AT A REASONABLE HAND PRESSURE**
PLEASE INITIAL HERE AND SUBMIT WITH PERMIT WHEN FENCE IS USED AS A POOL BARRIER, AND YOU HAVE READ AND UNDERSTOOD THE BARRIER REQUIREMENTS

EASEMENT AGREEMENT

Date: _____

Gentlemen:

I propose to apply for a Town of Sewall's Point permit to erect a _____

In the (utility/drainage) easement on my property located at _____

LEGAL DESCRIPTION: LOT _____, BLOCK _____, SUBDIVISION _____

(Give a brief description of dimensions and location from property lines)

In the event you have no objection to this project, please complete this form and return to me at:

Address: _____

City: _____ State: _____ Zip: _____

I understand your company will not be responsible in any way for repair or replacement of any portion of This _____ and that any removal or replacement of such, necessary for your use of this easement will be done at my expense.

I acknowledge that I will be responsible for any damage caused to your facilities in this (utility/drainage) easement by the construction or maintenance of this structure.

Signed: _____ Phone: _____

THE FOLLOWING IS TO BE COMPLETED BY UTILITY COMPANY***

We agree to the proposed construction under the circumstances described above.

Company: _____

By: _____

Title: _____

Company records indicate that a potential conflict DOES DOES NOT exist.

The conflict consists of: _____

UTILITY CONTACT LIST

MARTIN COUNTY UTILITIES: JIM CHRIST 772-320-3034 - FAX: 221-1447 EMAIL: JCHRIST@MARTIN.FL.US

FLORIDA POWER AND LIGHT: ROB MORRIS 772-223-4215 – FAX: 772-223-4221 EMAIL: ROB.MORRIS@FPL.COM

COMCAST: ANTHONY (TONY) SPRINGSTEEL 772-692-6010 ANTHONY_SPRINGSTEEL@CABLE.COMCAST.COM OR WADE_HAGERTY@CABLE.COMCAST.COM

AT&T: JAMES VIRGA 772-692-2774 FAX: 772-692-9937 EMAIL: JV3965@ATT.COM *SKETCH OR SURVEY SHOWING FENCE REQUIRED

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 STATUTES:

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 _____ TYPE OF AUTHORITY _____ FOR _____ PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED
NAME OF PERSON

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION _____ TYPE OF IDENTIFICATION PRODUCED _____

NOTARY SIGNATURE/ SEAL