



City of Alachua

BUILDING DEPARTMENT
 PO BOX 9
 ALACHUA, FL 32616
 PHONE: (386)418-6120 * FAX: (386)418-6130

SWIMMING POOL/SPA PERMIT APPLICATION

*****PERMIT EXPIRES 180 DAYS FROM DATE OF ISSUE*****

Florida Building Code, Eighth Edition (2023), 2020 NEC

		TYPE OF PERMIT: SWIM POOL	Date:		Permit #:
Applicant/Contractor:		Address:		Phone:	License #:
Applicant Email:					
Property Owner Name:		Address:		Phone:	
Job Address:			Unit #:	Block#:	Building #:
Subdivision:		Parcel #:	Lot:	Section, Township, Range:	Project Name:
Type of Pool/Spa: Gunitite [] Concrete [] Plastic [] Metal []		Patio/Deck Material:		Area: Sq. Ft.:	No. of Gallons:
Full Description of Work to be Done:					
Driving Directions to the Job Site:				Zoning:	Valuation of Work:
WARNING TO OWNER: Your failure to record a Notice of Commencement may result in you paying twice for improvements to your property. If you intend to obtain financing, consult with your lender or an attorney before recording your Notice of Commencement.					
1. Application is hereby made to obtain a permit to do the work as indicated. I certify that no work has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction.					
2. Contractor / Owner's Affidavit: I 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.					
3. You must call for a final inspection when work is complete. If you fail to have a final inspection before the permit expires, it may result in you having to pay for the permit twice.					
4. I hereby certify that I understand and agree to comply with the Zoning regulations pertaining to the property.					
5. I hereby certify that I understand the City Utility departments will decide the location of water, sewer, gas and electrical entrances and that the entire sewer line from the building to the street connection must be exposed until after it has been inspected and that this is not approval of drainage or flood conditions.					
6. I hereby certify that I understand and agree that I am responsible for the repair of any damages to utilities such as water, sewer, gas and electric lines, telephone and cable TV, etc occurring during this work.					
7. I hereby certify that I understand and agree that before work is considered complete, all rubbish and unused materials due to or connected with construction must be removed and premises left in satisfactory condition to the City.					
8. A completed Certified Copy of the Notice of Commencement must be attached if construction value is more than \$5,000.00 or \$15,000.00 per F.S. §713.135					
9. Notice: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.					

Signature of Contractor / Owner _____ Date _____

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me by means of ___ physical appearance or ___ online

notarization this ___ day of _____, 20___, by _____, who

is ___ personally known to me, or ___ who produced _____ as identification.

(Seal)

Notary Public, State of Florida

PERMIT COST: _____
PLAN REVIEW: _____
ZONING COST: _____
SURCHARGE: _____
TOTAL: _____

PERMIT APPROVED BY: _____

Building Department Signature

Date

Planning & Zoning Signature

Date



CITY OF ALACHUA BUILDING DEPARTMENT

Instructions for filling out the Swimming Pool Permit Application

1. Fill in the Type of Permit: Swim Pool, Pool Enclosure
2. In the Applicant/Contractor box, put in the Contractor Company Name with a contact person's name if job is to be done by a contractor. If Owner/Builder, put Owner's name as applicant. In the Applicant/Contractor Address box, put in the Contractor's mailing address, including city, state and zip code. In the Applicant/Contractor Phone, please list an office number as well as a cell number for the contact person. In the License # box, please write in the Contractor's State License Number.
3. In the Property Owner Name, please write the property owner's name. In the Property Owner's Address box, please list the property owner's mailing address, including city, state, and zip code, so a copy of the Construction Lien Law can be mailed to the property owner. In the Property Owner Phone, please list a telephone number for the property owner.
4. In the Job Address box, please list the physical address of the job site, if known. If there is a Unit #, Building #, or Phase #, please list in the appropriate boxes.
5. List the Subdivision, Block #, Lot #, in the appropriate boxes.
6. If the Section, Township and Range are known, please list in the box. If there is a Project Name, please list.
7. Please mark the appropriate type of pool/spa: Please fill in the type of patio or deck material to be used. Please fill in the total square foot size of construction. If pool, please provide total number of gallons.
8. Fully describe all work to be done at the job site.
9. In the Driving Directions to Job Site box, please give specific driving directions to the job site from the City of Alachua Building Department.
10. Please provide written documentation to support the Valuation of Work and cost of materials and labor.
11. You must sign the application in front of a notary.
12. You must call the City of Alachua Building Department to schedule inspections done. You must have a final inspection to close your permit and/or to receive a Certificate of Completion.



City of Alachua Application for Certificate of Land Development Regulations (LDR) Compliance

FOR OFFICE USE ONLY	
<input type="checkbox"/> Approved	Planner Signature: _____
<input type="checkbox"/> Denied	_____
<input type="checkbox"/> Approved with conditions listed below	
Amount Paid: _____	Receipt Number: _____

You must have all information for your application to be considered complete. Incomplete applications will not be accepted.

A. PROCESS

1. Zoning Approval (Certificate of LDR Compliance)
2. Building Department Approval (Building Permit, Change of Use Permit, Change of Occupancy, and/or Local Business Tax Registration Form, as required for type of development activity).
3. Pay Local Business Tax, if applicable.

B. PERMIT/LICENSE/RECEIPT TYPE (CHECK ALL THAT APPLY):

- | | | |
|--|--|---|
| <input type="checkbox"/> Local Business Tax Registration | <input type="checkbox"/> Commercial New | <input type="checkbox"/> Residential New |
| <input type="checkbox"/> Mobile Home Install | <input type="checkbox"/> Commercial Addition | <input type="checkbox"/> Residential Addition |
| <input type="checkbox"/> Pool/Spa Install | <input type="checkbox"/> Manufactured Home | <input type="checkbox"/> Screen/Glass Enclosure |
| <input type="checkbox"/> Storage Shed | <input type="checkbox"/> Barn | <input type="checkbox"/> Other: _____ |

PROJECT

1. Project/Business Name (if applicable): _____
2. Current Occupant: _____
3. Address of Subject Property: _____
4. Parcel ID Number(s): _____
5. Subdivision: _____ Unit: _____ Block: _____ Lot: _____
6. Existing Use of Property: _____
7. Proposed Use of Property: _____
8. Type of Construction Proposed: _____
9. Number of Existing Structures on the Property: _____
10. Number of Striped Parking Spaces on Site: _____
11. Gross Square Footage of Building, Pool, etc.: _____
12. Unit/Suite Square Footage: _____

C. APPLICANT

1. Name of Applicant(s) or Contact Person(s): _____ Title: _____
 Company (if applicable): _____
 Mailing address: _____
 City: _____ State: _____ ZIP: _____
 Telephone: () _____ FAX: () _____ e-mail: _____

I/We certify and acknowledge that:

1. Prior to receiving a final certificate of occupancy I /We must comply with the current Florida Building Code through the Building Department and obtain any necessary permits.
2. I/We must comply with the requirements of the Alachua County Fire Marshall.
3. I /We must obtain a Local Business Tax Receipt.
4. I/We must meet parking standards and any use specific standards for the zoning district
5. Falsifying information on this Application for Certificate of LDR Compliance may result in the Certificate of LDR Compliance being revoked.

Signature of Applicant

Signature of Co-applicant

Typed or printed name and title of applicant

Typed or printed name of co-applicant

Date

Date

State of _____

County of _____

The foregoing application is acknowledged before me by means of ___ physical appearance or ___ online notarizaiton this _____ day of _____, 20__, by _____, who is ___ personally known to me or ___ who has produced _____ as identification.

Notary Public Signature

(SEAL)

Office Use Only:

Review Date: _____

FLUM: _____

Tax Parcel Number: _____

Zoning District: _____

Setbacks: F _____ R _____ SR _____ SL _____ Not Applicable: _____

Parking Standard for Use Type: _____

Number of Parking Spaces Provided: _____

Use Specific Standards Applicable: Yes No

If yes, LDR Section Number: _____

Accessory Use Standards Applicable: Yes No

If yes, LDR Section Number: _____

Previous Site Plan Approval: Yes No

If yes, Date of Approval: _____

Home Occupation: Yes No

If yes, has "Home Occupation Addendum" to LBT Application been submitted?

Alcoholic Beverage License Required: Yes No

Change of Use Permit Required: Yes No

Flood Zone: _____ BFE _____ FFE _____

Located in Wellfield Protection Zone: Yes No

Comments/Conditions of Approval: _____

Sign and fill in the box located at the top right corner of page one (1).



BUILDING DEPARTMENT
15100 NW 142nd Ter.
Post Office Box 9
Alachua, Florida 32615
Phone: (386) 418-6120
Fax: (386) 418-6130

NOTICE TO SWIMMING POOL OWNERS

I, _____ residing at _____

on this date _____ hereby request a permit to build a swimming pool.

Contractor's Name/Company: _____

Address: _____

I have been informed by my contractor that prior to the final inspection and use of my pool, I will need all inspections and fencing required in accordance with applicable regulations. The private residential swimming pool specifications of the Florida Building Code requires a residential swimming pool, hot tub, or non-portable spa containing water over 24 inches deep meet the following pool barrier safety feature requirements.

Unless the pool is equipped with a safety cover complying with the specifications of American Society for Testing and Materials standard F-1346-91, the pool must be isolated from access to the home by a barrier at least 4 feet high installed around the perimeter of the pool. The barrier shall not have any gaps or openings that can allow a child to crawl under, squeeze through or climb over the barrier and must be placed no less than 20 inches from the waters edge. Gates located in the pool barrier must open outwards away from the pool and be self-closing and self-latching. The barrier must be separate from any fence, wall, or other enclosure surrounding the yard unless the fence, wall or other enclosure or portion thereof is situated on the perimeter of the pool and meets the pool barrier requirements. Where a wall of a dwelling serves as part of the barrier **one** of the following shall apply. All doors and first floor windows with a sill height of less than 48 inches providing direct access from the home to the pool must be equipped with a hard wired or plug in type exit alarm that has a minimum sound pressure rating of 85 decibels at 10 feet, the alarm shall sound immediately upon opening the window or door unless the temporary bypass mechanism is activated, **or**; All doors providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with a release mechanism located at least 54 inches above the floor.

According to Florida statutes, failure to comply with these requirements is a misdemeanor of the second degree, punishable by imprisonment for up to 60 days or a fine of up to \$500, except that no penalty shall be imposed if within 45 days after arrest or issuance of a summons or notice to appear, the pool is equipped with the aforementioned safety features and the responsible person attends a drowning prevention education program developed by the Florida Department of Health. I also understand that a rough inspection (including plumbing pressure test) is required in addition to a final inspection.

Owner's Signature

Date

SWIMMING POOL CONTRACTOR

This pool will be constructed in accordance with an approved plan.

Submittal of 2 complete sets of plans, to include a plan view, cross section, wall section, bottom configuration, diving board specifications, plumbing layout (including anti-entrapment provisions), site plan, and related information to demonstrate compliance with the Florida Building Code.

Contractor's Signature

Date



BUILDING DEPARTMENT
15100 NW 142nd Ter.
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Alachua, Florida 32615
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Residential Swimming Pool, Spa and Hot Tub Safety Act Notice of Requirements

I (We) acknowledge that a new swimming pool, spa or hot tub will be constructed or installed at: (list address)
_____, and hereby affirm that one 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 your pool)

- _____ The pool will be isolated from access to the home by an enclosure that meets the pool barrier requirements of Florida Statutes 515.29.

- _____ The pool will be equipped with an approved safety pool cover that complies with ASTM F 1346-91 (Standard Performance Specification for Safety Covers for Swimming Pools, Spas and Hot Tubs).

- _____ All doors and windows providing direct access from the home to the pool will be equipped with an exit alarm that has a minimum sound pressure rating of 85 decibels at 10 feet.

- _____ All doors and first floor windows providing direct access from the home to the pool will be equipped with a self-closing, self-latching device with release mechanisms placed no lower than 48' above the floor or deck.

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 by up to 60 days in jail and/or \$500 in fines as established in Chapter 775 F.S.

Contractor's Signature Date

Owner's Signature Date

Please print Contractor's Name

Please Print Owner's Name



City of Alachua

SUBCONTRACTOR VERIFICATION

PERMIT NUMBER: _____

The City of Alachua issues combination permits where one permit covers all trades doing work at one site. It is necessary that we have documentation of the subcontractors who actually did the trade specific work under the general contractor's permit.

This form shall be submitted to the Building Department prior to issuance of a Certificate of Occupancy.

GENERAL CONTRACTOR:

SIGNATURE

LICENSE

COMPANY NAME: _____

ELECTRIC CONTRACTOR:

SIGNATURE

LICENSE

COMPANY NAME: _____

HVAC CONTRACTOR:

SIGNATURE

LICENSE

COMPANY NAME: _____

PLUMBING CONTRACTOR:

SIGNATURE

LICENSE

COMPANY NAME: _____

ROOFING CONTRACTOR:

SIGNATURE

LICENSE

COMPANY NAME: _____

GAS CONTRACTOR:

SIGNATURE

LICENSE

COMPANY NAME: _____

PERMIT # _____

NOTICE OF COMMENCEMENT

STATE OF FLORIDA COUNTY OF ALACHUA CITY OF ALACHUA

THE UNDERSIGNED hereby gives notice that improvement(s) 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.

DESCRIPTION OF PROPERTY:

LOT _____ BLOCK _____ SECTION _____ TOWNSHIP _____
RANGE _____ TAX PARCEL # _____
SUBDIVISION: _____
PLATBOOK: _____ MAP PAGE# _____
STREET ADDRESS: _____

GENERAL DESCRIPTION OF IMPROVEMENT:

TO CONSTRUCT: _____

OWNER INFORMATION:

OWNER (S) NAME: _____
ADDRESS: _____ PHONE NUMBER _____
CITY: _____ STATE _____ ZIP CODE _____
INTEREST IN THE PROPERTY: _____
FEE SIMPLE TITLEHOLDER NAME: _____
FEE SIMPLE TITLEHOLDER ADDRESS: _____
(IF OTHER THAN OWNER)

CONTRACTOR NAME: _____
ADDRESS: _____ PHONE NUMBER _____
CITY: _____ STATE _____ ZIP CODE _____

BONDING COMPANY: _____
ADDRESS: _____ PHONE NUMBER _____
CITY: _____ STATE _____ ZIP CODE _____

LENDER NAME: _____
ADDRESS: _____ PHONE NUMBER _____
CITY: _____ STATE _____ ZIP CODE _____

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) (a) 7., Florida Statutes.

NAME: _____ ADDRESS _____
In addition to himself, Owner designates _____
Of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

Expiration date is 1 year from date of recording unless a different date is specified.

SIGNATURE OF OWNER _____

SWORN to and subscribed before me this _____ day of _____ A. D. 20 ____.
Notary Public _____ My commission expires _____
Signature

*****WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, 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.**