



SWIMMING POOL PERMIT APPLICATION

City of West Melbourne
2240 Minton Rd
West Melbourne, FL 32904
(321) 837-7776 Phone
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buildingpermits@westmelbourne.gov

FOR OFFICE USE ONLY

Tax ID# _____

Permit # _____

Entered by: _____

Application Date: _____

Job Name: _____ Address: _____

Owner's Name: _____ Phone: _____

Address: _____ Zip Code: _____

Contractor's Firm: _____ Qualifier's Name: _____

Address: _____ City: _____ Zip Code: _____

License #: _____ Phone #: _____ Email: _____

Swimming Pool: In-ground Above Ground Spa Resurface # of Gallons: _____ SF: _____

Notice of Commencement, if over \$5,000.00 Value of Work: \$ _____

Description of Work: _____

One of the following must be used to meet the requirements of Chapter 515, Florida Statutes:

The pool will be isolated from access to the home by an enclosure that meets the pool barrier requirements.

The pool will be equipped with an approved safety pool cover that complies with ASTM F1346-91.

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 providing direct access from the home to the pool will be equipped with a self-closing, self-catching device with a release mechanism placed no lower than 54" above the floor deck.

A swimming pool alarm that, when placed in a pool, sounds an alarm upon detection of an accidental or unauthorized entrance into the water. Such pool alarm must meet and be independently certified to ASTM Standard F2208, titled "Standard Safety Specification for Residential Pool Alarms", which included surface motion, pressure, sonar, laser and infrared alarms.

Fee Simple Title Holder: _____ Phone: _____

Address: _____ Zip Code: _____

Bonding Company: _____ Phone: _____

Address: _____ Zip Code: _____

Architect/Engineer: _____ Phone: _____

Address: _____ Zip Code: _____

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If property is adjacent to a Melbourne-Tillman water canal, a permit is required for temporary access of right of way use. The following link is to the application and can be found under Miscellaneous Fees.

https://melbournetillman.org/wp-content/uploads/2022/11/Form_01R_Application_for_permit_revised_10-27-22.pdf

Construction/Debris Removal: _____ State Reg./Cert. No. _____
Address: _____ Zip Code: _____ Phone: _____
Valuation: _____ Signature: _____

Electrical: _____ State Reg./Cert. No. _____
Address: _____ Zip Code: _____ Phone: _____
Valuation: _____ **Sub-Contractor Authorization Form must be submitted**
<https://westmelbourne.gov/DocumentCenter/View/10798/Sub-Contractor-Authorization-Form>

Plumbing: _____ State Reg./Cert. No. _____
Address: _____ Zip Code: _____ Phone: _____
Valuation: _____ **Sub-Contractor Authorization Form must be submitted**
<https://westmelbourne.gov/DocumentCenter/View/10798/Sub-Contractor-Authorization-Form>

APPLICANT’S AFFIDAVITS

Application is hereby made to obtain a permit to do the work and installation as indicated. The Building Code in effect at the time of this application is the Florida Building Code 2023 - 8th Edition. I understand that all permits require inspections as indicated. **This permit application is valid for 180 days from date of submission.**

I certify that **no** work or installation has commenced prior to the issuance of a permit. By signing, applicant affirms that all above is true and correct and that he/she is an authorized agent of the Contractor/Owner and has the authority to apply for this permit.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY 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 RECORDING YOUR NOTICE OF COMMENCEMENT.

PROPERTY OWNER SIGNATURE
STATE OF FLORIDA
COUNTY OF BREVARD

QUALIFIER’S SIGNATURE
STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ___ day of _____, 20___ by

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ___ day of _____, 20___ by

who is personally known to me, or has produced

as identification.

who is personally known to me, or has produced

as identification.

Notary Signature as to Property Owner

Notary Signature as to Qualifier



RESIDENTIAL SWIMMING POOL, SPA AND HOT TUB SAFETY ACT

Building Permit Number

Property Owner and Site Address

First Name Last Name Phone Number

Street City State Zip Code

We acknowledge the new swimming pool, spa, or hot tub will be constructed or installed at the above referenced property and hereby affirm one of the following methods will be used to meet the minimum requirements of Chapter 515, Florida Statutes.

- The pool will be isolated from access to the home by an enclosure that meets the pool barrier requirements of Florida Statute 515.29.
- The pool will be equipped with an approved safety pool cover that complies with the Standard Performance Specifications 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 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 inches above the floor or deck.

I understand 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, Florida Statutes, and will be considered as committing a misdemeanor of the second degree, punishable by fines up to \$500.00 and/or up to 60 days in jail as established in Chapter 775, Florida Statutes.

Signature of Contractor

Date

Signature of Property Owner

Date