

SWIMMING POOL PERMIT APPLICATION



City of West Melbourne
2240 Minton Road
West Melbourne, FL 32904
321-837-7776—Phone
321-952-9542—Fax

Tax ID# _____
Permit # _____
Entered By: _____
Application Date: _____

Job Name: _____
Address: _____ Zip Code: _____
TWP: ____ RNG: ____ SEC: ____ BLK/PAR: ____ LOT: ____ COUNTY: BREVARD

Owners Name: _____ Phone: _____
Address: _____ Zip Code: _____

Contractor's Firm: _____
Qualifier's Name: _____ License #: _____
Address: _____ Zip Code: _____
Phone #: _____ Fax #: _____ Email: _____

Fee Simple Title Holder: _____ Phone: _____
Address: _____ Zip Code: _____
Bonding Company: _____ Phone: _____
Address: _____ Zip Code: _____
Architect/Engineer: _____ Phone: _____
Address: _____ Zip Code: _____

Swimming Pool: ____ Spa: ____ Resurface: ____ Above Ground: ____ In Ground: ____ # of Gallons: _____ SF: _____
____ Notice of Commencement, if over \$2500.00 OR ____ Affidavit of Notice of Commencement Filing

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 or 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 includes surface motion, pressure, sonar, laser and infrared alarms.

Not having one of the above installed at the time of final inspection will be violation of Chapter 515 F.S., and will be considered as committing a misdemeanor of the second degree, punishable as provided in section 775.085 or 775.83 F.S.

Description of Work: _____
Value of Work: _____

City of West Melbourne
 SUB-CONTRACTOR INFORMATION:

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

Plumbing: _____ State Reg./Cert. No. _____
 Address: _____ Zip Code: _____ Phone: _____
 Valuation: _____ Signature: _____

Mechanical: _____ State Reg./Cert. No. _____
 Address: _____ Zip Code: _____ Phone: _____
 Valuation: _____ Signature: _____

Roofing: _____ State Reg./Cert. No. _____
 Address: _____ Zip Code: _____ Phone: _____
 Valuation: _____ Signature: _____

Electrical: _____ State Reg./Cert. No. _____
 Address: _____ Zip Code: _____ Phone: _____
 Valuation: _____ Signature: _____

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 2017 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.

 OWNER'S/AGENTS SIGNATURE:
 STATE OF FLORIDA
 COUNTY OF BREVARD
 The foregoing instrument was acknowledged
 Before me this ____ day of _____, 20____
 By _____ who is
 Personally known to me, or has produced
 _____ as identification
 And who did not take an oath

 Notary as to Owner or Agent
 Seal

 CONTRACTOR'S SIGNATURE:
 STATE OF FLORIDA
 COUNTY OF BREVARD
 The foregoing instrument was acknowledged
 Before me this ____ day of _____, 20____
 By _____ who is
 Personally known to me, or has produced
 _____ as identification
 And who did not take an oath

 Notary as to Qualifier
 Seal