



## POOLS AND SPA PERMIT PACKET

Before any development activity occurs on a piece of property, a permit must be obtained. All construction or permitted uses **MUST** meet the current Building Code for the State of Florida. The inspector will perform inspections and provide approval based on these codes.

Below are a list of items required at time of application submittal. Please note that incomplete applications will **NOT** be accepted.

- Complete permit application, notarized by all applicable parties.
- Copy of signed contract, if applicable.
- Owner-Building Affidavit, unless contractor is performing work.
- Proof of ownership (i.e. Current tax notice, Homestead Exemption notice, Recorded Deed).
- Three copies of the site plan, drawn to scale.
- Three complete sets of signed and sealed construction drawings and supporting documentation
- Pool Safety Sheet Filled out completely
- Copy of State Contractors or Installers License and proof of Liability Insurance Certificate listing the City of Eustis as the Certificate Holder if contractor is performing work.
- Signed and recorded Notice of Commencement (required for all work exceeding \$2,500).



# CITY OF EUSTIS -- BUILDING PERMIT APPLICATION

111 E. Orange Avenue, P. O. Drawer 68, Eustis, FL 32727-0068

Telephone: 352-483-5462---Fax: 352-589-2651

**Code in Effect: FLORIDA BUILDING CODE 2023, 8<sup>th</sup> Edition**

Property Owner \_\_\_\_\_

Contractor(Applicant)\_\_\_\_\_

Mailing Address \_\_\_\_\_

License Holder \_\_\_\_\_

Phone \_\_\_\_\_

License Number \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Project Address \_\_\_\_\_ Alt. Key # \_\_\_\_\_

Subdivision \_\_\_\_\_ Phase \_\_\_\_\_ Blk \_\_\_\_\_ Lot \_\_\_\_\_

Responding to a Code Violation?  Yes  No Within a Historic District?  Yes  No

Is property in a Floodplain?  Yes  No If "Yes" Base flood elevation must be provided on your Site Plan.

Contract Price/Value: \$ \_\_\_\_\_ Proposed Project Description/Scope: \_\_\_\_\_

It is agreed that in all respects the work will be performed & completed in accordance with the permitted and applicable codes of the local jurisdiction. This permit may be revoked at any time upon violation of any of the provisions of said laws, ordinances, or rules & regulations, or upon any unauthorized change in the original approved plans. This permit becomes invalid if an inspection for permanent construction is not requested within 180 days or more than 6 months has elapsed between inspections.

**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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

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 county, and there may be additional permits required from other government entities, such as water management districts, state agencies, or federal agencies.

I certify that, per Chapter 469, F.S., Asbestos Abatement, I will contact FDEP and provide the Notice of Asbestos Renovation or Demolition Form, and will comply with all requirements, including, but not limited to, conducting a thorough asbestos inspection prior to the commencement of demolition or renovation.

I DO HEREBY SWEAR THAT THE INFORMATION CONTAINED HEREIN AND THE ATTACHMENTS HERETO ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

*SIGNATURE (Contractor/Applicant)* \_\_\_\_\_ *DATE* \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

CONTRACTOR—PLEASE COMPLETE INFORMATION AND SIGN IN APPROPRIATE BLOCK BELOW. BY SIGNING BELOW, I HEREBY SWEAR THAT I AM IN COMPLIANCE WITH FLORIDA’S WORKER’S COMPENSATION LAW AND THAT I HAVE SECURED COVERAGE OR HAVE A VALID CERTIFICATE OF EXEMPTION.

**Building Contractor:** \_\_\_\_\_  
State/Cert/Reg # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_

**M/H Set-up Contractor:** \_\_\_\_\_  
State/Cert/Reg # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_

**Plumb Contractor:** \_\_\_\_\_  
State/Cert/Reg # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_

**HVAC Contractor:** \_\_\_\_\_ (\*)  
State/Cert/Reg # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_

**Elec. Contractor:** \_\_\_\_\_  
State/Cert/Reg # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_

**LP Gas Contractor:** \_\_\_\_\_  
State/Cert/Reg # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_

**Specialty Contractor:** \_\_\_\_\_  
State/Cert/Reg # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_

**Engineer/Architect:** \_\_\_\_\_  
State/Cert/Reg # \_\_\_\_\_

**(\* NOTE TO HVAC CONTRACTOR: FLORIDA BUILDING CODE – ENERGY EFFICIENCY, REQUIRES THAT THE CONTRACTOR PROVIDE MANUAL J & MANUAL N ON ALL NEW CONSTRUCTION AND REPLACEMENT HVAC SYSTEMS ; CONTRACTOR MUST ALSO PROVIDE CERTIFICATION THAT ALL DUCTWORK HAS BEEN INSPECTED AND ALL NECESSARY REPAIRS/TAPING HAVE BEEN COMPLETED.**

**Approved by** \_\_\_\_\_ **Date:** \_\_\_\_\_



Permit Number: \_\_\_\_\_

**Important!**

Yes  No  (Check one) I am filling and /or excavating the property.

If yes, provide the Finish Floor Elevation (FFE) , lot corner elevations and drainage plan for the site. Depending on the type of development, not all information will be required. Note: Failure to respond correctly will make you personally liable for future damages.

III. OWNER & LENDER INFO			
<b>A. OWNER OR LESSEE</b>		EMAIL ADDRESS	FAX NO.
NAME		TELEPHONE NO.	
MAILING ADDRESS	CITY	STATE	ZIP CODE
<b>B. BONDING/MORTGAGE NAMES</b>			
Fee Simple Titleholder, Bonding Company, Mortgage Lender and Design Professional information is required when the aggregate value (total cost of all improvements and not just work authorized by the individual permit) is \$2,500 or more (except HVAC repair/replacement > \$7,500).			
NAME	ADDRESS,	CITY,	STATE & ZIP TELEPHONE NO.
FEE SIMPLE TITLEHOLDERS (IF OTHER THAN OWNER)		<input type="checkbox"/> SAME AS OWNER	
BONDING COMPANY <input type="checkbox"/> NOT APPLICABLE			
MORTGAGE LENDERS <input type="checkbox"/> NOT APPLICABLE			
DESIGN PROFESSIONAL	LICENSE #		
		PRIMARY CONTACT EMAIL ADDRESS	PRIMARY CONTACT CELL PHONE NO.



# City of Eustis

## Development Services Department

P.O. Drawer 68 • Eustis, Florida 32727-0068 • (352) 483-5460

### RESIDENTIAL SWIMMING POOL, SPA & 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 \_\_\_\_\_, and hereby affirm that one of

*(Please print street address)*

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 and shall meet the requirements of the 2020 (7th Edition) Florida Building Code – Building, Section 454.2.17 and the 2020 (7th Edition) Florida Building Code – Residential, Section R4501.17

\_\_\_\_\_ The pool will be equipped with an approved safety pool cover that complies with ASTM F1346-91 (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 and shall meet the requirements of the 2020 (7th Edition) Florida Building Code, Building Section 454.2.17 and 2020 (7th Edition) Florida Building Code, Residential, Section R4501.17.

\_\_\_\_\_ 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" above the floor or deck; and shall meet the requirements of the 2020 (7th Edition) Florida Building Code – Building Section 454.2.17 and 2020 (7th Edition) Florida Building Code – Residential, Section 4501.17.

**I understand that not having one of the above 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 and/or up to 60 days in jail as established in Chapter 775, Florida Statutes, per the 2020 (7th Edition) Florida Building Code, Residential Section R4501.17, the final electrical, and barrier code inspection shall be completed prior to filling the pool with water. (Exception: Vinyl liner and fiberglass pools are required to be filled with water upon installation).**

\_\_\_\_\_  
CONTRACTOR'S SIGNATURE / DATE

\_\_\_\_\_  
OWNER'S SIGNATURE / DATE

\_\_\_\_\_  
CONTRACTOR'S NAME (PLEASE PRINT)

\_\_\_\_\_  
OWNER'S NAME (PLEASE PRINT)