

Pool Spa Permit Building Permit Florida Building Code 8th Edition (2023)

Florida Fire Prevention Code 8th Edition

Job Information	Application Date:	Est. cost:	Permit #:
Parcel ID #:		Job Address:	
Legal: Sub/Unit/B	Blk/Lot:		
Owner's Name:			
Primary Contrac	ctor Information		
•		State Cert/CC Co	omp Card #:
	•		
Work being perfo			
New Pool □ Nev	w Spa □ Fountain □ A	Alteration \square Square Footage (not in	ncluding deck):
Size of footing and	d reinforcing if screen enclo	sure is anticipated:	
Safety option to be	e installed:		
Sub-Contractor	intormation (Enter Compa	any Name, License Number, and Add	ress.)
Electric:			
Pool Sub:			
	by the Electrical Contract		anel: amps
_	pool pump motor:		BTU's:
	house:		
	owers:		<u></u>
1			
			eed restrictions. It is incumbent upon the
			operty. Questions regarding deed restrictions
should be directe	ed to the Marco Island Civ	ic Association (MICA) at (239) 642-7	778.
The following mu	ust be included with the ap	oplication	
		elevation, seawall elevation and location	on of pool equipment.
		Tub Safety Act Notice of Requirements	
a commercial poo	1.		-
☐ An electronic s	set of signed and sealed engi	ineered pool plans or,	
☐ An electronic o	copy of signed and sealed en	ngineered mastered typical pool plan on	file with building department.
☐ Plan showing r	outing gas line and method	of venting and provision for combustio	n air if a gas pool heater is to be installed.
☐ Designate safe	ty option to be installed.		

Job Info	rmation	Address:		Permit #:	
City of Ma	rco Island,	Building Services			
Permit #:					
			Residential Swimmin	_	
			Spa and Hot Tub Safe	ety Act	
			Notice of Requiren	nents	
			_		
I (we) ackı	nowledge t		g pool, spa or hot tub will be		
requireme	ents of Cha	npter 515, Florida St		ne of the following methods will be	used to meet the
-					
Please initi	ial the met	thod(s) to be used fo	r your pool:		
S	Specificatio	ons for Safety Covers	for Swimming Pools, Spas and		
	The pool with th		ccess to the home by an enclosu	are that meets the pool barrier requir	rements of the Florida
Where a w R4501.17.		velling serves as par	t of the barrier, at least one o	f the following must also be select	ed (FBC
			g direct access from the home the rating of 85 decibels at 10 f	o the pool with an exit alarm that co	omplies with UL 2017
	All doors pi	roviding direct access		l be equipped with self-closing, self-	-latching devices with
e "	ntrance int	to the water. Such poor safety Specification for	ol alarm must meet and be inde	alarm upon detection of an accident pendently certified to ASTM Standa hich includes surface motion, pressu	ard F2208, titled
and will be	considere			ool with water, will constitute a viole, punishable by fines up to \$500 an	
Contractor	's Signatur	e & Date	_	Owner's Signature & Date	
Contractor ³	's Name (P	rint)	_	Owner's Name (Print)	

Job Information	Address:	Permit #:
Regulations and Info	<mark>ormation</mark>	
the code or to pu 2. Visit www.cityo 3. Please be advised property owner to be directed to Ma 4. Gas for pool hear and FBC R4501. 5. State of Florida, pools, and a copy	rchase the code, visit https://florida.com/CSS for more in a that significant portions of the Ci or research deed restrictions that material significant portions of the Ci or research deed restrictions that material significant (2) ters, Fencing and Screen Enclosure expool with water, the final electrical significant properties of Health (D.O.H) properties of the D.O.H issued operating per significant properties.	information about how to submit for permit. ty of Marco Island are subject to deed restrictions. It is incumbent upon the applicable to their property. Questions regarding deed restrictions should 39) 642-7778.
See Marco Island 8. One application 9. The fee for a conper sq ft for new 10. The fee for a sing	disturbed by construction activity Administrative Construction Codmust be filled out with the original numercial pool, spa, or fountain is \$ construction or \$0.20 per sq ft for gle-family pool is \$445.00, including	signature of the qualifier pulling the permit. 0.82 per square foot for the pool, minimum \$587.00 plus electric fee of \$0.25 alteration work, minimum fee of \$77.00.
Design Professional	Information (Enter Name, Licen	ise Number, and Address.)
Architect:		
Engineer:		
Miscellaneous Infor	<mark>mation</mark> (Enter Company Name a	and Address.)
Fee Simple Title Hole	der:	
Bonding Company:		
Additional Portal A	ccess Permission	
		, and/or permitting services to this permit via the Citizens Self Service Portal. I acknowledge that I am
	managing any/all permits applied	
Voluntary Owner C	ontact Info	
<u> </u>		opied on City emails related to this permit add their email here. Owner's Email
Address:		

Job Information Address:		Permit #:		
Job Information Address: Owner's Affidavit I certify that all applicable laws regulating construct		accurate and that all work will be	done in compliand	ce with all
WARNING TO OWNER COMMENCEMENT MA TO YOUR PROPERTY. POSTED ON THE JOB S OBTAIN FINANCING, COMMENCING WORK	AY RESULT IN YOU A NOTICE OF CON SITE BEFORE THE CONSULT WITH Y	JR PAYING TWICE FO MMENCEMENT MUST FIRST INSPECTION. I OUR LENDER OR AN	OR IMPROV BE RECOR F YOU INTE ATTORNEY	DED AND END TO BEFORE
Print Name of Owner or Agent for O	Owner	Signature of Owner or Agent for	or Owner	
State of County of				
The foregoing instrument was acknowledged	owledged before me this	day of	, 20	,
by	, who is □personally ki	nown to me, or □has produced		as identification,
by means of □physical presence or				
Signature, Notary Public – State of	Florida	(Seal)		
Printed, Typed, or Stamped Name of	f Notary			
Contractor's Affidavit				
• See Section 105.5 of the Marco	ce until the building permit led if work is started without des that only licensed contract occupancy is issued. Island Administrative Const	NAL INSPECTION of the work that been issued.	permitted herein. e structure shall no	Compliance will t be used or expiration date.
Print Name of Licensed Contractor		Signature of Licensed Contractor	or	
State of County of				
The foregoing instrument was acknowledged		day of	, 20	,
by	, who is □personally k	nown to me, or □has produced		as identification,
by means of □physical presence or				
Signature, Notary Public – State of	Florida	(Seal)		
Printed, Typed, or Stamped Name of	f Notary			