

Swimming Pool Packet



Checklist

****Incomplete Packets will not be accepted****

- Completed Permit Application Packet
 - Residential Building Permit Application
 - Notice of Commencement
 - Declaration of Construction Debris Disposal

- Affidavits (Notary Required)
 - Requirements – Pool, Spa, Hot Tub Safety Act
 - Requirements Addendum
 - Affidavit Acknowledging Receipt of F.S. 515

- Two Sets of Structural Plans to Include
 - Electrical Plan & Equipment
 - Plumbing Plan w/ Flow Test
 - Barrier Plan

- Plan Review Fees (Will Cost of Job)

MADISON COUNTY BUILDING DEPARTMENT
BUILDING PERMIT APPLICATION

Application Date: _____/_____/_____

Project Address: _____

Parcel ID#: _____

Applicant/Prime Contractor Company Name: _____

Mailing Address: _____

Phone: _____ Fax: _____ Cell: _____

Contact Person Name: _____ E-mail _____

DBPR Florida License No.: _____ Expiration: _____

Property Owner's Name: _____

Mailing Address: _____

Phone: _____ Cell: _____

Email: _____

Architect (if applicable): Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

FL. Dept. of Business & Professional Regulation License No.: _____

License Holder's Name: _____

Engineer (if applicable): Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

FL. Dept. of Business & Professional Regulation License No.: _____

License Holder's Name: _____

For Addition and New Construction Projects all plans and specifications are required to be sealed by an architect and/or engineer showing seal and signature with license number.

- | | | |
|--|---|--|
| <input type="checkbox"/> Two Sets of Plans (2)** | <input type="checkbox"/> Site Plan (2) | <input type="checkbox"/> Septic/Sewer Permit |
| <input type="checkbox"/> Wind Load Analysis (2) | <input type="checkbox"/> Zoning Compliance | <input type="checkbox"/> Driveway Permit |
| <input type="checkbox"/> Florida Energy Form (2) | <input type="checkbox"/> Notice of Commencement | <input type="checkbox"/> Lease Agreement* |
| <input type="checkbox"/> Truss Layout (2) | <input type="checkbox"/> Warranty Deed | <input type="checkbox"/> Utility Agreement* |

***Commercial Projects Only**

****For Commercial Projects Submit Four (4) Sets of Plans**

If indicated provide two (2) copies, one will be returned with building permit noting any required corrections

Permit Information:

Type of Work: Residential Commercial

Utility Company: DUKE TCEC

Class of Work: New Repair Alteration Addition Demolition

Value of Work: \$ _____ Sq. Footage: _____ Heated Space _____ Unheated Space

Scope of Work: _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to issuance of a permit and that all work will be performed to meet the standards of all laws regulation construction in this jurisdiction.

OWNER'S/CONTRACTOR'S AFFIDAVIT: I Affirm that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws, regulations, construction, and zoning. This statement is made under oath and subject to the penalties for perjury.

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.

<p>Signature of Owner/Agent _____ Date _____</p> <hr/> <p>Printed Name of Owner/Agent _____</p> <p>STATE OF FLORIDA, COUNTY OF _____</p> <p>SWORN to (or affirmed and subscribed before me this _____ day of _____, 20____,</p> <p>by _____,</p> <p>who is personally known to me <input type="checkbox"/> or has produced (type of identification) _____ as identification.</p> <p>Notary Signature: _____</p> <p>My Commission Expires: _____</p> <p>Stamp: _____</p>	<p>Signature of Contractor _____ Date _____</p> <hr/> <p>Printed Name of Contractor _____</p> <p>STATE OF FLORIDA, COUNTY OF _____</p> <p>SWORN to (or affirmed and subscribed before me this _____ day of _____, 20____,</p> <p>by _____,</p> <p>who is personally known to me <input type="checkbox"/> or has produced (type of identification) _____ as identification.</p> <p>Notary Signature: _____</p> <p>My Commission Expires: _____</p> <p>Stamp: _____</p>
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Subcontractor Information:

Electrical Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Plumbing Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Mechanical Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Roofing Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Other Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

Other Subcontractor Name: _____
Mailing Address: _____
Phone Number: _____ Mobile: _____
FL. Dept. of Business & Professional Regulation License No.: _____
License Holder's Name: _____

NOTICE OF COMMENCEMENT

State of: **FLORIDA**

County of: **MADISON**

City of: **MADISON**

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:

Street Address: _____

Parcel ID# _____

Subdivision: _____ Lot: _____ Block: _____

GENERAL DESCRIPTION OF IMPROVEMENT:

OWNER INFORMATION

Owner(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

CONTRACTOR INFORMATION

Contractor Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

LENDER INFORMATION

Lender Name: _____ Contact: _____

Address: _____

Phone: _____

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 is one (1) year from date of recording unless otherwise specified.

Signature of Owner: _____ Print Name: _____

Sworn to and subscribed before me this _____ day of _____, 20____

Notary Public: _____ My Commission Expires: _____

DECLARATION OF CONSTRUCTION DEBRIS DISPOSAL

DATE: _____ PROPERTY ID#: _____

NAME: _____

ADDRESS: _____

BUSINESS NAME: _____

ANY CONSTRUCTION RELATED DEBRIS GENERATED DURING THE SCOPE OF THIS PROJECT WILL BE DISPOSED OF AS FOLLOWS (PLEASE CHECK THE APPROPRIATE METHOD YOU PLAN TO USE):

- COUNTY SUPPLIED TILT DUMPSTER
- PRIVATE SUPPLIED TILT DUMPSTER

COMPANY: _____ PHONE: _____

- HAULED BY PROPERTY OWNER TO LANDFILL
- HAULED BY CONTRACTOR TO LANDFILL
- NO DEBRIS

Print Name

Signature

Date

COUNTY ORDINANCES NO. 93-56, NO. 96-56 AND NO. 99-98 PROHIBITS THE DISPOSING OF CONSTRUCTION RELATED DEBRIS IN THE COUNTY MAINTAINED GREEN BOX PUBLIC GARBAGE COLLECTION SITES.

WE APPRECIATE YOUR COOPERATION IN ASSISTING US TO ASSURE COMPLIANCE WITH THESE ORDINANCES FOR THE BENEFIT OF THE CITIZENS OF MADISON COUNTY.

OWNER BUILDER STATEMENT / AFFIDAVIT

Madison County Building Department

Owner: _____

Site Address: _____

City _____ State _____ Zip Code _____

Parcel ID: _____

Florida Statutes are quoted here in part for your information to indicate the authority for exemptions for homeowners from qualifying as contractors and to express the applicable restrictions and responsibilities.

BY SIGNING THIS STATEMENT, I ATTEST THAT: (Initial to the left of each statement)

	I understand that state law requires construction to be done by a licensed contractor and I am applying for an owner-builder permit under an exemption from that law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.
	I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.
	I understand that as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in the State of Florida and to list his or her license numbers on all permits and contracts.
	I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within one (1) year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates this exemption.
	I understand that as the owner/builder, I must provide direct, onsite supervision of the construction.
	I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and county ordinances.
	I understand that it is a frequent practice of unlicensed persons to have the property owner obtain an owner/builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner/builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner/builder and am aware of the limits of my insurance coverage for injuries to workers on my property.

	<p>I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. <u>Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and these laws may subject me to serious financial risk.</u></p>
	<p>I agree that as the party, I am legally and financially responsible for this proposed construction activity. I will abide by all applicable laws and requirements that govern owner/builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.</p>
	<p>I am aware construction practices and I have access to the Florida Building Code.</p>
	<p>I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at (850) 487-1395 or at www.myflorida.com/dbpr/pro/cilb/ for more information about licensed contractors.</p>
	<p>I agree to notify the Building Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure or in the permit application package.</p>
	<p>Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board, the Department of Business and Professional Regulation, and the Building Department may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner/builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's liability and worker's compensation coverage.</p>

OWNER BUILDER AFFIDAVIT CERTIFICATION

I, _____, do hereby state that I am qualified and capable of performing the requested construction involved with the permit application filed and agree to the conditions specified above.

Signature of Owner/Builder Date

Form of Identification: _____
Photo ID

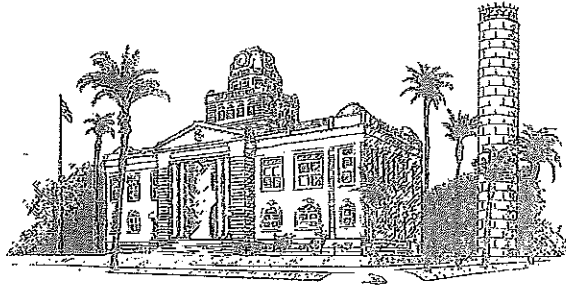
A violation of this exemption is a misdemeanor of the first degree punishable by a term of imprisonment not exceeding 1 year and a \$1,000.00 fine in addition to any civil penalties. In addition, the local permitting jurisdiction shall withhold final approval, revoke the permit, or pursue any action or remedy for unlicensed activity against the owner and any person performing work that requires licensure under the permit issued.

Notary Public State of Florida: _____

Commission Expiration: _____

Notary Seal:

Board of County Commissioners Madison County, Florida



Madison County is an Equal Opportunity Employer

MADISON COUNTY BUILDING DEPARTMENT
Phone 850-973-6785 • Fax 850-973-6727
bldgadmin@madisoncountyfl.com
www.madisoncountyfl.com

NOTICE OF REQUIREMENTS

Residential Swimming Pool, Spa, and Hot Tub Safety Act

PERMIT #

I (We) acknowledge that a new swimming pool, spa, or hot tub will be constructed or installed at _____

(Please Print Street 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. In order to pass final inspection and receive a certificate of completion, you must select at least one of the following requirements relating to pool safety features:

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

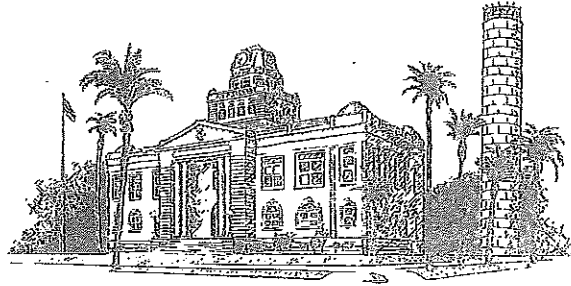
_____ The pool will be equipped with an approved safety pool cover that complies with ASTM F1346-91 (Standard Performance Specifications for Safety Covers for Swimming Pools, Spas, and Hot Tubs);

_____ 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 85dB A at 10 feet;

_____ All doors providing direct access from the home will be equipped with a self-closing, self-latching device with a release mechanism placed no lower than 54 inches above the floor;

_____ 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 will 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. I understand that the term "swimming pool alarm" does not include any swimming protection alarm device designed for individual use, such as an alarm attached to a child that sounds when the child exceeds a certain distance or becomes emerged in water.

Board of County Commissioners Madison County, Florida



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Residential Swimming Pool, Spa, and Hot Tub Safety Act

Affidavit

I _____ understand that not having one of the above
(Print Name)
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 fines up to \$500
and/or up to 60 days in jail as established in Chapter 775 F.S.

Contractor's Signature

Date

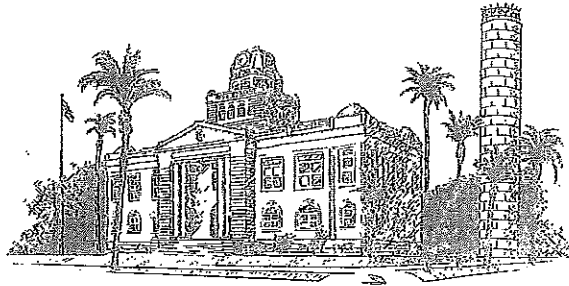
Owner's Signature

Date

Notary

Notary Seal:

Board of County Commissioners
Madison County, Florida



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Addendum to Notice of Requirements / Swimming Pool Safety Act

I _____ have read the Notice of
(PRINT NAME)

Requirements for Residential Swimming Pools. I am aware of the requirements of Chapter 515 F.S. By signing below, I acknowledge that I was given a copy of the Florida Statute discussing the Residential Swimming Pool Safety Act. I further understand that violation of this statute is considered a misdemeanor of the second degree and is punishable by fines up to \$500 and / or up to 60 days in jail.

SIGNATURE OF HOME OWNER

DATE

NOTARY OR BLDG. DEPT. STAFF

DATE

Select Year: 2016 ▼ Go

The 2016 Florida Statutes

[Title XXXIII](#)[Chapter 515](#) [View Entire Chapter](#)
REGULATION OF TRADE, COMMERCE, INVESTMENTS, RESIDENTIAL SWIMMING POOL
AND SOLICITATIONSSAFETY ACT

CHAPTER 515 RESIDENTIAL SWIMMING POOL SAFETY ACT

- 515.21 Short title.
- 515.23 Legislative findings and intent.
- 515.25 Definitions.
- 515.27 Residential swimming pool safety feature options; penalties.
- 515.29 Residential swimming pool barrier requirements.
- 515.31 Drowning prevention education program; public information publication.
- 515.33 Information required to be furnished to buyers.
- 515.35 Rulemaking authority.
- 515.37 Exemptions.

515.21 Short title.—This chapter may be cited as the “Preston de Ibern/McKenzie Merriam Residential Swimming Pool Safety Act.”

History.—s. 1, ch. 2000-143.

515.23 Legislative findings and intent.—The Legislature finds that drowning is the leading cause of death of young children in this state and is also a significant cause of death for medically frail elderly persons in this state, that constant adult supervision is the key to accomplishing the objective of reducing the number of submersion incidents, and that when lapses in supervision occur a pool safety feature designed to deny, delay, or detect unsupervised entry to the swimming pool, spa, or hot tub will reduce drowning and near-drowning incidents. In addition to the incalculable human cost of these submersion incidents, the health care costs, loss of lifetime productivity, and legal and administrative expenses associated with drownings of young children and medically frail elderly persons in this state each year and the lifetime costs for the care and treatment of young children who have suffered brain disability due to near-drowning incidents each year are enormous. Therefore, it is the intent of the Legislature that all new residential swimming pools, spas, and hot tubs be equipped with at least one pool safety feature as specified in this chapter. It is also the intent of the Legislature that the Department of Health be responsible for producing its own or adopting a nationally recognized publication that provides the public with information on drowning prevention and the responsibilities of pool ownership and also for developing its own or adopting a nationally recognized drowning prevention education program for the public and for persons violating the pool safety requirements of this chapter.

History.—s. 1, ch. 2000-143.

515.25 Definitions.—As used in this chapter, the term:

(1) “Approved safety pool cover” means a manually or power-operated safety pool cover that meets all of the performance standards of the American Society for Testing and Materials (ASTM) in compliance with standard F1346-91.

History.—s. 1, ch. 2000-143; s. 14, ch. 2016-129.

515.29 Residential swimming pool barrier requirements.—

(1) A residential swimming pool barrier must have all of the following characteristics:

(a) The barrier must be at least 4 feet high on the outside.

(b) The barrier may not have any gaps, openings, indentations, protrusions, or structural components that could allow a young child to crawl under, squeeze through, or climb over the barrier.

(c) The barrier must be placed around the perimeter of the pool and 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, is being used as part of the barrier, and meets the barrier requirements of this section.

(d) The barrier must be placed sufficiently away from the water's edge to prevent a young child or medically frail elderly person who may have managed to penetrate the barrier from immediately falling into the water.

(2) The structure of an aboveground swimming pool may be used as its barrier or the barrier for such a pool may be mounted on top of its structure; however, such structure or separately mounted barrier must meet all barrier requirements of this section. In addition, any ladder or steps that are the means of access to an aboveground pool must be capable of being secured, locked, or removed to prevent access or must be surrounded by a barrier that meets the requirements of this section.

(3) Gates that provide access to swimming pools must open outward away from the pool and be self-closing and equipped with a self-latching locking device, the release mechanism of which must be located on the pool side of the gate and so placed that it cannot be reached by a young child over the top or through any opening or gap.

(4) A wall of a dwelling may serve as part of the barrier if it does not contain any door or window that opens to provide access to the swimming pool.

(5) A barrier may not be located in a way that allows any permanent structure, equipment, or similar object to be used for climbing the barrier.

History.—s. 1, ch. 2000-143.

515.31 Drowning prevention education program; public information publication.—

(1) The department shall develop a drowning prevention education program, which shall be made available to the public at the state and local levels and which shall be required as set forth in s. 515.27(2) for persons in violation of the pool safety requirements of this chapter. The department may charge a fee, not to exceed \$100, for attendance at such a program. The drowning prevention education program shall be funded using fee proceeds, state funds appropriated for such purpose, and grants. The department, in lieu of developing its own program, may adopt a nationally recognized drowning prevention education program to be approved for use in local safety education programs, as provided in rule of the department.

(2) The department shall also produce, for distribution to the public at no charge, a publication that provides information on drowning prevention and the responsibilities of pool ownership. The department, in lieu of developing its own publication, may adopt a nationally recognized drowning prevention and responsibilities of pool ownership publication, as provided in rule of the department.

History.—s. 1, ch. 2000-143.

515.33 Information required to be furnished to buyers.—A licensed pool contractor, on entering into an agreement with a buyer to build a residential swimming pool, or a licensed home builder or developer, on entering into an agreement with a buyer to build a house that includes a residential swimming pool, must give the buyer a document containing the requirements of this chapter and a copy of the publication produced by the department under s. 515.31 that provides information on drowning prevention and the responsibilities of pool ownership.

History.—s. 1, ch. 2000-143.

515.35 Rulemaking authority.—The department shall adopt rules pursuant to the Administrative Procedure Act establishing the fees required to attend drowning prevention education programs and setting forth the information required under this chapter to be provided by licensed pool contractors and licensed home builders or developers.