

(For Swimming Pool Application)

| Permit #: Pin:   |                    |  |   |                           |  |
|--|--------------------|--|---|---------------------------|--|
| CONSTRUCTION UNDER THIS PERMIT SHALL BE DONE IN ACCORDANCE WITH FBC 2023 8 <sup>TH</sup> EDITION         |                    |  |   |                           |  |
| Site Address:  |                    |  |   |                           |  |
| Legal Description (Section/Block/Lot):   |                    | Parcel ID:   |   |                           |  |
| Owner's Information  |                    |  |   |                           |  |
| Name:  | Email:             |  | Phone:  |                           |  |
| Address:   |                    |  |   |                           |  |
| Contractor's Information   |                    |  |   |                           |  |
| Name:  | Email:             |  | Phone:  |                           |  |
| Address:   |                    | PSL Comp no  | ).  | State License no.         |  |
| PROJECT INFORMATION  |                    |  |   |                           |  |
| Child Safety Barriers must be inspected to verify conformance with the Florida Residential Code 4501.17. |                    |  |   |                           |  |
| Safety barrier height: Is safety barrier removable? 🗌 Yes 🔲 No   |                    |  |   |                           |  |
| Manufactured by:   |                    |  |   |                           |  |
| *See checklist for additional requirements.  |                    |  |   | Total Valuation \$        |  |
| APPLICATION MUST BE SIGNED AND NOTARIZED BY THE CONTRACTOR AND OWNER                                     |                    |  |   |                           |  |
|  |                    | T  |   |                           |  |
| Contractor Simotor   |                    |  | Owner or Owner's Authorized Representative Signature Date |                           |  |
| Contractor Signature Date  |                    |  |   |                           |  |
| Print Name   |                    | Print Name   |   |                           |  |
| Notary Public, State of Florida  |                    | Notary Public, State of Florida                                      |   |                           |  |
|  |                    | Notary Foblic, state of Honad  |   |                           |  |
| STATE OF FLORIDA, County of  |                    | STATE OF FLORIDA, County of  |   |                           |  |
|  |                    |  |   |                           |  |
| [NOTARIAL SEAL]  |                    | [NOTARIAL  | [NOTARIAL SEAL]   |                           |  |
| The foregoing instrument was acknowledged  | before me by       | The foregoin   | na instrument was a                                       | acknowledged before me by |  |
| means of physical presence or online no  | 0                  | means of $\Box$ physical presence or $\Box$ online notarization this |   |                           |  |
| day of, 20,bywho is  |                    | day of, 20,by who is   |   |                           |  |
| personally known to me or has produced   |                    | personally known to me or has produced                               |   |                           |  |
| as identification.   | as identification. |  |   | prodocod                  |  |
| FOR OFFICE USE ONLY  |                    |  |   |                           |  |
|  |                    |  |   |                           |  |
| PERMIT FEE \$ Payment method: Last 4 Digits of Credit Card or Check no.: Receipt no.:                    |                    |  |   |                           |  |
| Application date: Rec'd by:  |                    |  |   |                           |  |



## Building Department CHECKLIST FOR POOL SAFETY BARRIER PERMITS

**PERMIT APPLICATION –** The following information must be completed on the permit application:

- For office use only Permit number and pin number
- Site address
- Legal description
- Parcel ID
- Owner's information
- Contractor's information
- Safety barrier height
- Is safety barrier removable
- Manufactured by
- Valuation
- Notarized Contractor/Homeowner builder signature

## PLANS AND DOCUMENTS - Provide 2 copies:

- Manufacturer's specifications
- Installation instructions
- Plot plan or property survey showing the location of the safety barrier.
- Recorded Notice of Commencement for work valued at \$5,000 or more. (NOC must be submitted to permitting prior to scheduling the first inspection.)
- \*\*If applying for the permit as a homeowner builder, a copy of the recorded warranty deed or property card showing homeowners name from the property appraiser's website must be submitted, along with HOB Affidavit.

## NOTES:

• If the safety barrier is being installed during the construction of a pool, the Child Safety Barrier Permit Application must be submitted with the Pool Permit.

This checklist is intended for Building Department use only. Additional documents may be requested at any time during the permitting process. Any exceptions must be approved by a Supervisor.