



COMMUNITY DEVELOPMENT & BUILDING DEPARTMENT

506 W. BERCKMAN STREET

FRUITLAND PARK, FL 34731

PHONE: (352) 360-6727

FAX: (352) 360-6652

Email: permits@fruitlandpark.org

Pool Permit Checklist

1. A COMPLETED SIGNED AND NOTARIZED PERMIT APPLICATION
2. PLANS REQUIRED:
 - A site plan showing the location of the pool, deck, screen enclosure, pool barrier and distance from property lines
 - A plan view showing equipment location, pipe sizes and distances from drains to equipment etc
 - A plan view of the pool, deck and all existing and proposed electrical including convenience receptacle.
 - A dynamic head calculation worksheet with figures that match the plan view of the equipment.
 - A complete set of pool construction plans signed and sealed by a design professional with adequate details to verify compliance with the Florida Building Code.
 - Commercial pools must provide a letter from the health Department showing that this project has already been approved or reviewed by the department.
 - Please note that some coordination between the pool deck and any proposed screen enclosure must be shown on the plans. If a screen enclosure foundation plan is not submitted by default, a 8x8 thickened edge with a 5 re-bar must be shown on the plans
3. POOL BARRIER AFFIDAVIT
4. POOL SAFETY ACT AFFIDAVIT
5. A NOTICE OF COMMENCEMENT MUST BE RECORDED WITH LAKE COUNTY AND DISPLAYED UPON FIRST INSPECTION. <https://cdn.lakecountyfl.gov/media/lbrbgx41/bf29-notice-of-commencement-ada.pdf>
(Email a copy of the recorded NOC to PERMITS@FRUITLANDPARK.ORG)
6. PROOF OF PROPERTY OWNERSHIP; PROPERTY RECORD CARD or WARRANTY DEED
(Property record card can be found at <https://www.lakecopropappr.com/>)
7. COPY OF ANY ARC, ARB, OR HOA APPROVAL , IF APPLICABLE.

Please remember that the list above is only a general list of requirements. There may be specific requirements that are not Listed. In any event, full compliance with the Florida Building Code and applicable statutes and standards will be enforced in both the review and the inspections

PLEASE REQUEST INSPECTIONS BY SENDING AN EMAIL TO PERMITS@FRUITLANDPARK.ORG
INSPECTIONS WILL BE PROCESSED AS QUICKLY AS POSSIBLE, TYPICALLY THE NEXT BUSINESS DAY.

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 governmental entities, such as water management districts, state agencies, or federal agencies.

Pool Permit

To Schedule An Inspection - email: permits@fruitlandpark.org		Permit Application		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 governmental entities, such as water management districts, state agencies, or federal agencies.		Permit Number 			
You must submit 1 notarized copy if signed prior to coming to City Hall or permits@fruitlandpark.org				Project Address					
				Project Description					
Property ID Key/Number				Parcel Number					
Owner's Name		Mailing Address		City, State, Zip		Telephone			
						Email			
General Contractor		Mailing Address		City, State, Zip		Telephone			
						GC License #			
Construction Contractor		Mailing Address		City, State, Zip		Telephone			
						Construction License #			
Electrical Contractor		Mailing Address		City, State, Zip		Telephone			
						Electrical License #			
Plumbing Contractor		Mailing Address		City, State, Zip		Telephone			
						Plumbing License #			
Legal Description									
Bonding Company									
Bonding Company Address									
Architect's Name									
Architect's Address									
Project Information									
Flood Zone									
Setbacks Provided over Required (ft)									
Front		Rear		Side		Corner			
Project		Area		Electrical		Hvac			
				Service Size		Water			
New		Living				Type		Meter	
Alteration		Garage						Size	
Addition		Porch(s)				Efficiency		Plumbing	
Repair		Other				Airhandler		Sewer	
Other		Total		Condenser		Septic			
Garage		Number of Bedrooms		Square Footage:		Code In Effect			
Attached									
Detached									
Applicant Signature		Date _____							
WARNING TO OWNER: Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. If you intend to obtain financing, consult with your lender or an attorney before recording your Notice of Commencement. The issuance of a building permit does not assure the building setbacks have been met or that the structure does not encroach on an easement. The owner and/or contractor have the sole responsibility of determining compliance with setbacks and non-encroachment of easements. Permits expire 6 months after issuance. You are responsible for the completion of the permit, inspections, and all Re-Inspection Fees.									
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 ____ or did not ____ take an oath.									
(Seal) Notary Public									
Revised & Approved 9/13/2021									



SWIMMING POOL/SPA BARRIER AFFIDAVIT

Project Address: _____

Property Owner: _____
(printed)

It's understood and agreed that the undersigned is responsible for enclosing the pool/spa area in accordance with the applicable Florida Statutes and the latest edition of the Florida Building Code, Section 454.2.17.1. It shall be the duty and responsibility of the owner or custodian of the swimming pool/spa issued under this permit to install and maintain a safety barrier in accordance with applicable requirements. Failure to do so may result in penalties, code enforcement actions, and final pool inspection being denied.

Property Owner Signature: _____

Date: _____

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 ____ or did not ____ take an oath.

Signature of Notary Public – State of FL

Printed Name of Notary Public



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Owner Builder Disclosure Statement

(Not applicable for properties owned by a Corporation per F.S. 489.103(7))

(Initial to the left of each statement)

___ 1. I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the 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.

___ 2. 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.

___ 3. 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 Florida and to list his or her license numbers on permits and contracts.

___ 4. 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 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.

___ 5. I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.

___ 6. 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 by county or municipal ordinance.

___ 7. 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.

___ 8. 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. 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 must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.

___ 9. I agree that, as the party 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.

___ 10. 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 <https://www.contractorlicensing.com/florida/contractors-licenses.html> for more information about licensed contractors.

____11. I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address:

Address of Proposed Construction

____12. I agree to notify City of Fruitland Park immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.

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 and Department of Business and Professional Regulation 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 workers' compensation coverage.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the permit. A copy of the property owner's driver license, the notarized signature of the property owner, or other type of verification acceptable to the local permitting agency is required when the permit is issued.

Signature: _____

Printed Name: _____

Date: _____

State of Florida

County of _____

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 or did not take an oath

(Notary Seal)

Notary Public - State of Florida

Commission No _____

My Commission Expires _____

Signature

Printed Name



PERMIT # _____

Residential Swimming Pools, Spa and Hot Tub Safety Act

POOL SAFETY ACT AFFIDAVIT

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

_____, and hereby affirm that one of the following methods will be installed prior to the final pool inspection to meet the requirements of Chapter 515, Florida Statutes and Florida Building Code 8th Edition (2023) (FBC) effective December 31, 2023. Please check your choice of compliance. **Residential swimming pool safety feature options;**

In order to pass final inspection and receive a certificate of completion, a residential swimming pool must meet the following requirements relating to pool safety features:

- ☐ (a) The pool must be equipped with an approve safety pool cover complying with ASTM F 1346 per R4501.17 (exception). No other barrier feature required with this option.
- ☐ (b) The pool must be isolated from access to a home by an enclosure that meets the pool barrier requirements of section R4501.17.
- ☐ (c) Where a wall of a dwelling serves as part of the barrier, one (1) of the following shall apply: R4501.17.1.9
 - 1. All doors and windows providing direct access from the home to the pool shall be equipped with an exit alarm complying with UL 2017 that has a minimum sound pressure rating of 85dB A at 10 feet (3048 mm). Any deactivation switch shall be located at least 54 inches (1372) mm) above the threshold of the access. Separate alarms are not required for each door or window if sensors wired to a central alarm sound when contact is broken at any opening.

POOL SAFETY ACT AFFIDAVIT

Exceptions:

- a. Screened or protected windows having a bottom sill height of 48 inches or more measured from the interior finished floor at the pool access level.
 - b. Windows facing the pool one floor above the first story.
 - c. Screened or protected pass-through kitchen windows 42 inches or higher with a counter beneath.
2. All doors providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with positive mechanical latching/locking installed a minimum of 54 inches above the threshold, which is approved by the authority having jurisdiction.

I understand that not installing a pool safety barrier complying with the FBC 8th Edition (2023) Residential R4501.17 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 as established in the Florida Statute.

***Many types/models of alarms are not acceptable.
Please check with the Building Department.***

Contractor's Signature

Date: _____

Owner's Signature

Date: _____

Notary Public – State of Florida

Personally Known ____ OR Produced ID ____

Type of Identification Produced _____

Notary Public – State of Florida

Personally Known ____OR Produced ID ____

Type of Identification Produced _____

THIS FORM MUST BE SUBMITTED TO THE BUILDING DEPARTMENT AT THE TIME OF APPLICATION SUBMITTAL.

After recording, return to:

Permit No.: _____
Tax Folio No.: _____

Notice of Commencement

State of Florida | County of Lake

The undersigned hereby gives notice that improvement 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.

1. Description of the Property: *(legal description of the property and street address if available)*

Legal Description: _____

Street Address: _____

2. General Description of Improvement

3. Owner's Information or Lessee information if the lessee contracted for the improvement:

Name: _____

Address: _____

Interest in Property: _____

Name & Address of fee simple titleholder *(if different than owner)*: _____

4. Contractor Information

Name: _____ Phone No.: _____

Address: _____

5. Surety *(if applicable, a copy of the payment bond must be attached)*:

Name: _____ Phone No.: _____

Address: _____ Amount of Bond: \$ _____

6. Lender Information:

Name: _____ Phone No.: _____

Address: _____

7. 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: _____ Phone No.: _____

Address: _____

8. In addition to himself or herself, Owner designates _____ of _____
to receive a copy of the following Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes: Phone No.: _____

9. Expiration date of notice of commencement *(the expiration date will be 1 year from the date of recording unless a different date is specified)*.

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN 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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

Signatory's Title/Office

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, as _____ for _____ who

Type of authority (i.e. officer, trustee, attorney in fact)

Name of party on behalf of whom instrument was executed

is personally known or produced _____ as type of identification.

Signature of Notary Public – State of Florida (print, type or stamp commissioned name of Notary Public)