COMMUNITY DEVELOPMENT & BUILDING DEPARTMENT
506 W. BERCKMAN STREET
FRUITLAND PARK, FL 34731
PHONE: (352) 360-6727
FAX: (352) 360-6652
Email: permits@fruitlandpark.org

Portable Spa Permit Checklist

1. A COMPLETED SIGNED AND NOTARIZED PERMIT APPLICATION
2. SPA SPECIFICATION
3. SPA CHECKLIST
4. SPA SAFETY ACT SHEET
5. SPA BARRIER AFFIDAVIT
6. SITE PLAN SHOWING LOCATION AND SETBACKS
7. 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)
8. AN OWNER BUILDER DISCLOSURE **IF PERMIT IS APPLIED FOR BY THE OWNER**
9. PROOF OF PROPERTY OWNERSHIP; PROPERTY RECORD CARD or WARRANTY DEED
   (Property record card can be found at https://www.lakecopropappr.com/)
10. COPY OF ANY ARC, ARB, OR HOA APPROVAL , IF APPLICABLE.

Kindly indicate on the permit application face sheet if there will be any additions of a concrete slab or electrical components.

PLEASE REQUEST INSPECTIONS BY SENDING AN EMAIL TO PERMITS@FRUITLANDPARK.ORG
INSPECTIONS REQUEST WILL NEED TO BE IN BY 4PM FOR NEXT DAY INSPECTIONS TO BE SCHEDULED.

*Please note that this checklist is not intended to be all-inclusive. Due to changes in codes, regulations, and ordinances, other requirements may apply.

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.

Revised & Approved 02/14/2024

To Schedule An Inspection Email: permits@Fruitlandpark.org (352) 360-6727	City of Fruitland Park	**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

Project Address

Applicant Email Address

Project Description

Portable Spa Permit

Owner's Name	Mailing Address	City, State, Zip	Telephone

		ALT KEY #	
CONTRACTOR NAME	ADDRESS	PHONE	LICENSE #

Kindly indicate on the permit application face sheet if there will be any additions of a concrete slab or electrical components

☐ **Electric**

☐ **Concrete Slab**

Signature of Applicant X_____ Date _____

PRINTED NAME OF APPLICANT

YOU MUST CALL FOR A FINAL INSPECTION AFTER COMPLETING THE WORK DESCRIBED IN THIS APPLICATION

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. Permits expire 6 months after issuance. You are responsible for the completion of the permits, inspections, and all re-inspection fees per the City's adopted LDR's Chapter 161 Sec. 161.010 Building and Fire Codes and the Code of Ordinances General Regulations.

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

COMMUNITY DEVELOPMENT
DEPARTMENT

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506 W. BERCKMAN STREET
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PORTABLE SPA CHECKLIST

THIS CHECKLIST IS DESIGNED TO HELP YOU RECEIVE A PERMIT OVER THE COUNTER WITHOUT A REVIEW. AS A PERMIT HOLDER, IT IS YOUR RESPONSIBILITY TO MAKE SURE YOUR PROJECT COMPLIES WITH ALL CODES. THE FOLLOWING LIST IS NOT MEANT TO BE COMPREHENSIVE, BUT USED AS A GUIDE TO HELP YOU PASS THE INSPECTION. THE CODE IS VERY COMPLEX AND EXTENSIVE. THE ITEMS LISTED BELOW ARE TYPICAL DEFICIENCIES FOUND ON FINAL INSPECTIONS, BUT THEY ARE NOT ALL THAT WILL BE CHECKED.

1. SPAS SHOULD BE LOCATED AT LEAST 5' FROM ANY ADJACENT WINDOW, OR THE WINDOWS MUST HAVE TEMPERED GLASS.
2. A CONVENIENCE RECEPTACLE SHOULD BE LOCATED BETWEEN 6 AND 20 FEET OF THE EDGE OF THE SPA.
3. IF EXISTING ELECTRIC IS NOT AVAILABLE, A SEPARATE PERMIT WILL BE REQUIRED.
4. ALL METAL SURFACES WITHIN 5' OF THE WATER'S EDGE MUST BE ELECTRICALLY BONDED TO THE ELECTRICAL SYSTEM USING A MINIMUM SOLID #8 INSULATED COPPER CONDUCTOR.
5. SPA MUST HAVE A SAFETY COVER THAT COMPLIES WITH ASTM F1346-91 PER F.S. 515.37(5).
6. ANY WIRING MUST COMPLY WITH THE MFG INSTALLATION SPECIFICATIONS AND THE LATEST EDITION OF THE NATIONAL ELECTRICAL CODE AS ADOPTED BY THE STATE OF FLORIDA.

APPLICANT: _____ DATE: _____
SIGNATURE

PRINTED NAME: _____

City of Fruitland Park

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.

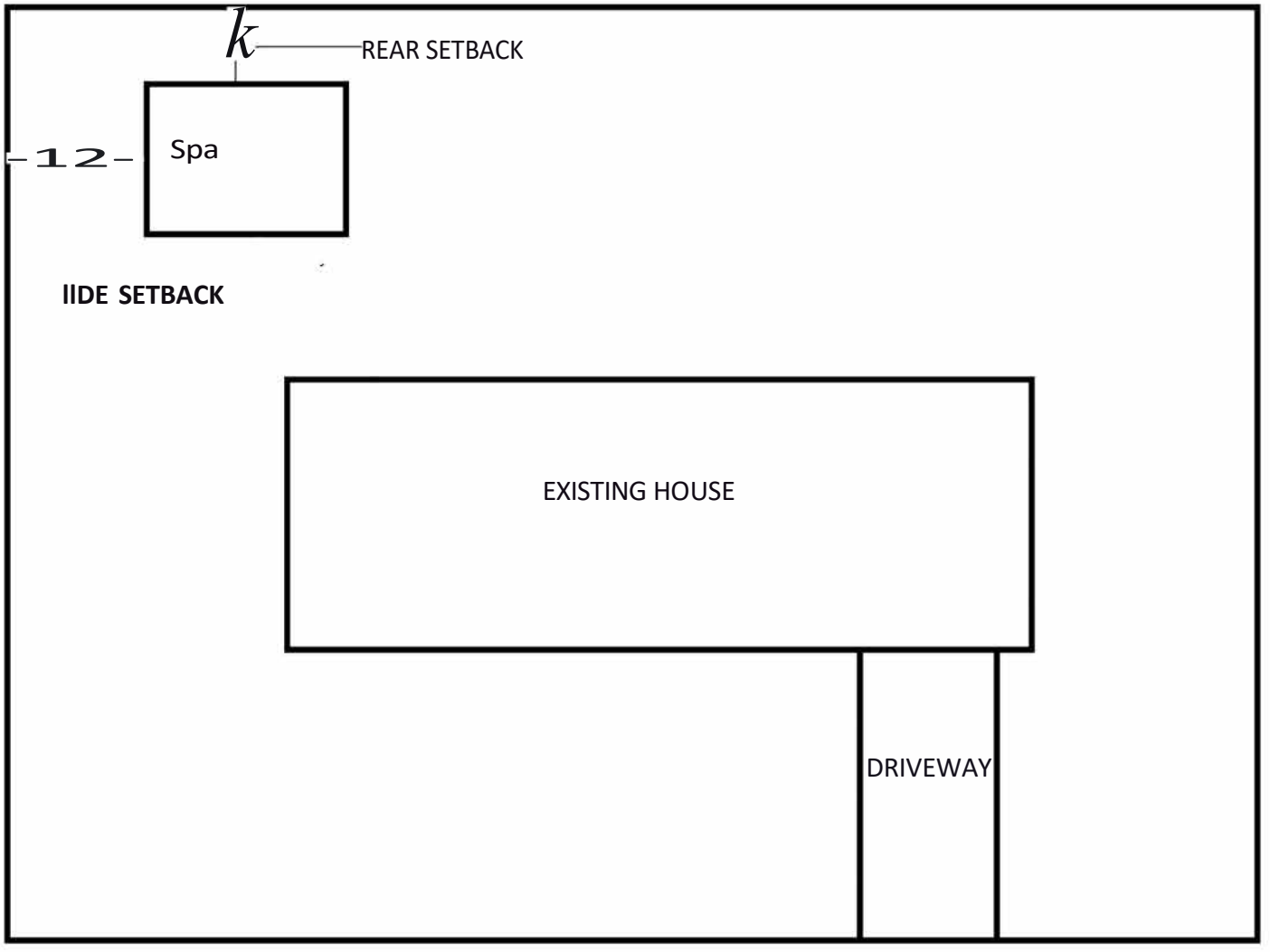
2. All doors providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with positive mechanical latching/locking installed a minimum of 54 inches above the threshold, which is approved by the authority having jurisdiction.

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	Owner's Signature
Date: _____	Date: _____
Notary Public – State of Florida	Notary Public – State of Florida
Personally Known ___ OR Produced ID ___	Personally Known ___ OR Produced ID ___
Type of Identification Produced _____	Type of Identification Produced _____

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



SAMPLE SPA SITEPLAN

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)

Astatula, Clermont, Eustis, Fruitland Park, Howey in the Hills, Groveland, Lady Lake, Lake County, Leesburg, Mascotte, Minneola, Montverde, Mount Dora, Tavares, Umatilla