



## COMMUNITY DEVELOPMENT & BUILDING DEPARTMENT

506 W. BERCKMAN STREET

FRUITLAND PARK, FL 34731

PHONE: (352) 360-6727

FAX: (352) 360-6652

Email: [permits@fruitlandpark.org](mailto: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 IF JOB EXCEEDS \$5,000.  
<https://cdn.lakecountyfl.gov/media/lbrbgx41/bf29-notice-of-commencement-ada.pdf>  
(Email a copy of the recorded NOC to [PERMITS@FRUITLANDPARK.ORG](mailto: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. JOB COST VALUE SHEET
11. 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](mailto: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.

To Schedule An Inspection Email:  
permits@Fruitlandpark.org  
(352) 360-6727



**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

Estimated Cost of Project

\$

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  
FRUITLAND PARK, FL 34731  
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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: \_\_\_\_\_  
SIGNATURE

DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_



## RESIDENTIAL SWIMMING POOL, SPA AND HOT TUB SAFETY ACT

### NOTICE OF REQUIREMENTS

I (we) acknowledge that a new swimming pool, spa or hot tub will be constructed or installed at \_\_\_\_\_, Fruitland Park, 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.)

*(PLEASE INITIAL THE METHOD(S) TO BE USED FOR YOUR POOL)*

\_\_\_\_ 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 is hard wired and has a minimum sound pressure rating of 85 decibels at 10 feet;

\_\_\_\_ All doors providing direct access from the home to the pool will be equipped with self closing, self-latching devices with release mechanisms placed no lower than 54" above the floor or deck;

I understand that not having one of the above safety devices, installed at the time of final inspection, or when the pool is completed for contract purposes, will constitute a violation of Chapter 515m, 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 SIGNATURE & DATE

\_\_\_\_\_  
OWNER SIGNATURE & DATE

\_\_\_\_\_  
CONTRACTOR NAME (PLEASE PRINT)

\_\_\_\_\_  
OWNER NAME (PLEASE PRINT)



## **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.

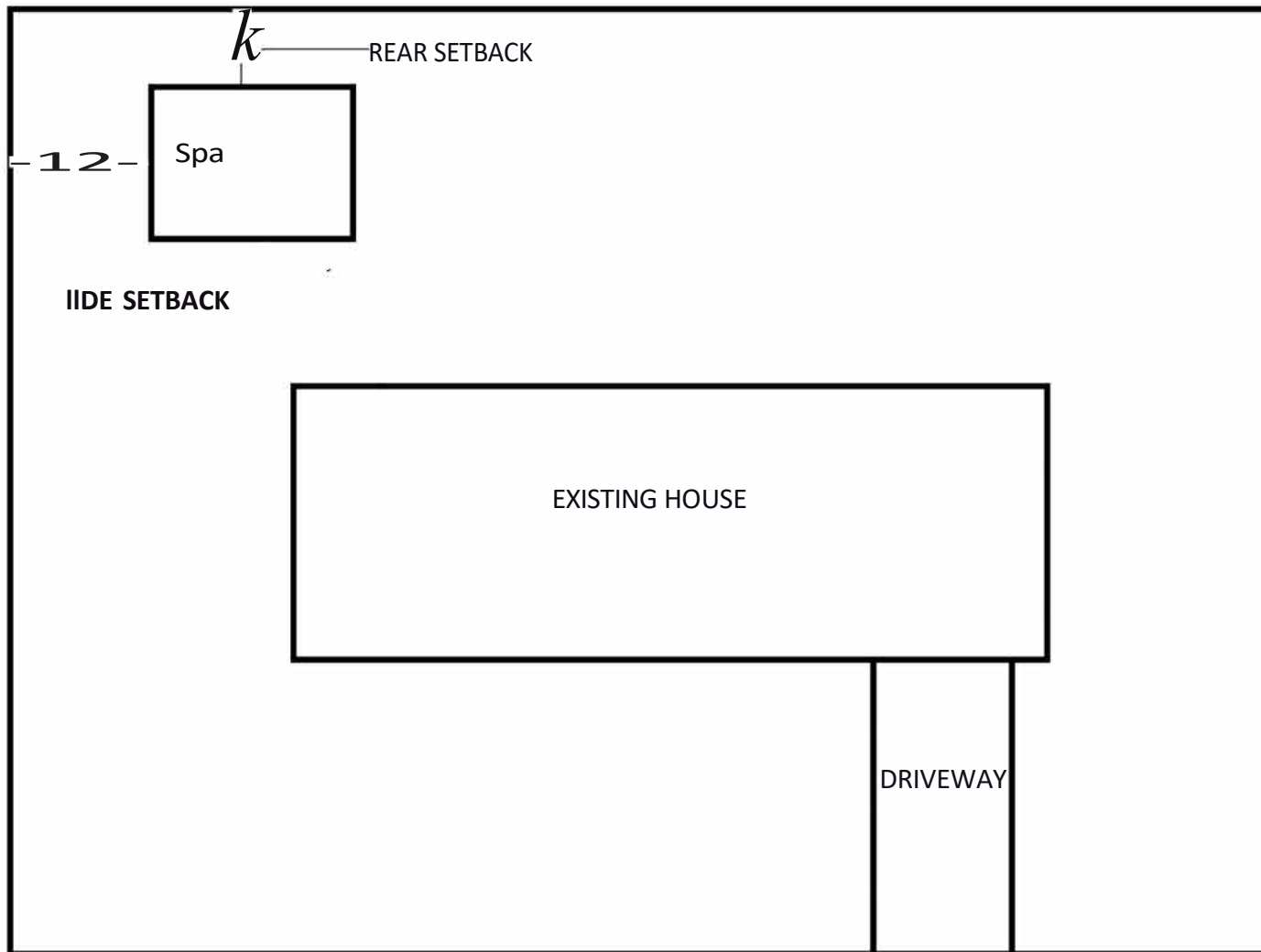
Property Owner Signature: \_\_\_\_\_

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



SAMPLE SPA SITEPLAN



## COMMUNITY DEVELOPMENT & BUILDING DEPARTMENT

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### Owner Builder Disclosure Statement

(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:

\_\_\_\_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





## Community Development & Building Department

506 West Berckman Street  
Fruitland Park, Florida 34731  
(Tel.) 352.360.6727  
(Fax) 352.360.6686  
[Permits@fruitlandpark.org](mailto:Permits@fruitlandpark.org)

RESOLUTION 2019-065 - A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF FRUITLAND PARK, FLORIDA, ADOPTING A FEE SCHEDULE FOR BUILDING AND ZONING FEES.

Residential fees per Exhibit A have fees to be charged based on job value. To determine these fees, WHEREAS, the City is authorized pursuant to Chapter 166, Florida Statutes and Sec. 99.30 of the City of Fruitland Park Code of Ordinances to impose fees to cover the costs associated with regulation of an activity or property use, and WHEREAS, the City Commission desires to recover expenses incurred to regulate an activity or property use (Resolution 2019-065) please fill out the form below.

The permits for which the city shall charge a fee and the amount of the fee for each permit are as follows on resolution 2019-065 Exhibit A pg. 3-7.

### JOB COST VALUE

Owner's Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Property Alt. Key/Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Material Cost: \$ \_\_\_\_\_ (Attach receipt if applicable)

Material List: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(If applicable please fill out Product Approval Specification Sheet )

Labor Fees: \$ \_\_\_\_\_

If labor is being done by owner please add the fee you would value your labor to be.

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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)*