



**CITY OF PUNTA GORDA  
SWIMMING POOL AND SPA  
PACKAGE**



## **CITY OF PUNTA GORDA**

### **Checklist for Swimming Pools and Spas**

The following is required to make your application to the City of Punta Gorda:

#### **1. Application Forms (Contractors)**

- A) Permit Application
- B) Certified copy of the Notice of Commencement if valuation is over \$5000.00\*
- C) Owner/Builder Disclosure Statement (if required)
- D) Commercial Pools - Copy of Health Department Application per FBC 105.1.4

#### **2. Pool Barrier Form**

- A) Must be signed by the contractor and property owner.

#### **3. Suction Outlet Safety Compliance Data Sheet**

- A) One sheet for each pump in the system.

#### **4. Two Surveys**

- A) Signed and Sealed.

#### **5. Two Plot Plans**

- A) Must show the setbacks.

#### **6. Three Complete Sets of Drawings**

**\*If a pool or spa is being constructed at the same time as a new house, and the pool/spa is included on the contract and notice of commencement for the house, another one is not required.**

***Separate permits required for: enclosures, fences, solar and electric.***

# CITY OF PUNTA GORDA

## POOL PERMIT APPLICATION

DATE:	PERMIT#:
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JOB ADDRESS:	UNIT #:	BUILDING #:	PHASE #:
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PARCEL ID:
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OWNER NAME:	MAILING ADDRESS	ZIP	PHONE
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CONTRACTOR'S BUSINESS NAME:	MAILING ADDRESS	ZIP	PHONE
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CONTRACTOR'S STATE REGISTRATION NO.:	CONTRACTOR'S CITY CERTIFICATE NO.:	EMAIL ADDRESS:
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ARCHITECT:	ENGINEER:
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USE OF BUILDING: SINGLE FAMILY	DUPLEX	MULTI-FAMILY	COMMERCIAL(DESCRIBE)
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<b>POOL SAFETY FEATURE (Check One)</b>	SELF-CLOSING LATCHING DOORS POOL COVER REMOVABLE LADDERS (FOR ABOVE GROUND POOLS)
BARRIER	
ALARMS	

DESCRIPTION OF WORK – SPECIFICALLY:

RESIDENTIAL HOUSE PERMIT #:	VALUATION OF WORK:
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<b>POOL CONSTRUCTION DRAWINGS</b>	<input type="checkbox"/> A-Ground Retaining Wall? Y or N
<input type="checkbox"/> Mastered? Y or N	<input type="checkbox"/> Pool Electrical Contractor? Y or N City Cert #: _____
<input type="checkbox"/> Site Specific? Y or N	
<input type="checkbox"/> Pool Elec By House Electrician? Y or N	
<input type="checkbox"/> Pool / Spa Type? Fiberglass or Masonry	

**\*\*ALL SUBMISSIONS REQUIRES A MINIMUM OF (2) COPIES FOR RESIDENTIAL & (3) FOR COMMERCIAL\*\***

POOL MASTER #:	PERMIT FEE	TOTAL ALL FEES
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SUPPLIMENTAL INFORMATION:
<input type="checkbox"/> Commercial? Y or N <input type="checkbox"/> Master Site? Y or N <input type="checkbox"/> Health Department Approval? Y or N

<p style="text-align: center;"><b>NOTICE</b></p> <p>Separate permits are required for electrical, plumbing, heating, ventilating, air conditioning, roofing, and lawn sprinklers. This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced.</p> <p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>ACCEPTED BY:</td><td>DATE</td></tr> <tr><td>PLANS CHECKED BY:</td><td>DATE</td></tr> <tr><td>APPROVED FOR ISSUANCE BLDG:</td><td>DATE</td></tr> <tr><td>SPECIAL APPROVALS:</td><td>DATE</td></tr> <tr><td>APPROVED R.O.W. CONST.:</td><td>DATE</td></tr> <tr><td>APPROVED FIRE DEPT.:</td><td>DATE</td></tr> <tr><td>APPROVED ZONING:</td><td>DATE</td></tr> <tr><td>APPROVED HISTORIC:</td><td>DATE</td></tr> </table>	ACCEPTED BY:	DATE	PLANS CHECKED BY:	DATE	APPROVED FOR ISSUANCE BLDG:	DATE	SPECIAL APPROVALS:	DATE	APPROVED R.O.W. CONST.:	DATE	APPROVED FIRE DEPT.:	DATE	APPROVED ZONING:	DATE	APPROVED HISTORIC:	DATE
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CONTRACTOR (QUALIFIER) SIGNATURE _____	DATE _____																
SIGNATURE OF OWNER (IF OWNER/BUILDER) _____	DATE _____																

*FAILURE TO READ AND UNDERSTAND THE CONDITIONS, GENERAL PROVISIONS, AND SPECIAL PROVISIONS, ON THE BACK HEREOF, DOES NOT RELIEVE THE APPLICANT FROM HIS OBLIGATIONS AS STATED ABOVE. IF ANY CONDITION OR PROVISION IS NOT FULLY UNDERSTOOD, THE APPLICANT SHOULD REQUEST CLARIFICATION BEFORE SIGNING THIS APPLICATION.*

PERMIT VALIDATION CK# _____	RECEIPT: _____	CASH: _____	DATE: _____
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**NOTICE OF COMMENCEMENT**

State of Florida

Permit Number: \_\_\_\_\_

County of Charlotte

Tax Folio or Parcel Number: \_\_\_\_\_

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 Property** (a complete legal description or parcel number; and a complete street address with city/state/zip code, if available):  
\_\_\_\_\_

2. **General Description of Improvement:** \_\_\_\_\_

3. **Owner Information:**

a. **Name:** \_\_\_\_\_

b. **Address:** \_\_\_\_\_ **City/State/Zip Code:** \_\_\_\_\_

c. **Interest in Property:** \_\_\_\_\_

d. **Name and Address of Fee Simple Title Holder** (if different from the Owner listed above): \_\_\_\_\_

4. **Contractor Information:**

a. **Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

b. **Address:** \_\_\_\_\_ **City/State/Zip Code:** \_\_\_\_\_

5. **Surety Information:**

a. **Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

b. **Address:** \_\_\_\_\_ **City/State/Zip Code:** \_\_\_\_\_

c. **Bond Amount: \$** \_\_\_\_\_

6. **Lender Information:**

a. **Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

b. **Address:** \_\_\_\_\_ **City/State/Zip Code:** \_\_\_\_\_

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/Address/Phone Number:** \_\_\_\_\_

8. **In addition to himself/herself, Owner designates the following to receive a copy of Lienor's Notice as provided in Section 713.13(1)(b) Florida Statutes:**

**Name/Address/Phone Number:** \_\_\_\_\_

9. **Expiration Date of Notice of Commencement** (the expiration date is one year from the recording date unless a different date is specified here):  
\_\_\_\_\_

**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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

Under penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief (Section 92.525, Florida Statutes).

\_\_\_\_\_  
or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager Printed Name

\_\_\_\_\_  
Signature of Owner  
\_\_\_\_\_  
Company  
Name and Title

State of \_\_\_\_\_, County of \_\_\_\_\_ Sworn to (or affirmed) and subscribed before me, by means of

physical presence or online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ by \_\_\_\_\_,  
(name of person making statement)

personally known, or produced identification with type of identification \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed or Stamped Commissioned Name of Notary Public



Punta Gorda

FLORIDA

CITY OF PUNTA GORDA

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 \_\_\_\_\_, Punta Gorda, FL, 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.

- \_\_\_\_\_ The pool will be isolated from access to the home by an enclosure/baby barrier 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 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 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;
\_\_\_\_\_ A pool alarm which must 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 (We) understand that not having one of the above 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 60 days in jail as established in Chapter 775, Florida Statutes.

Contractor's Signature and Date

Owner's Signature and Date

Contractor's Printed Name

Owner's Printed Name



**Suction Outlet Safety Compliance Data Sheet**  
(One Sheet For Each Pump In The System)

Job Name: \_\_\_\_\_

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

**Suction Outlet(s)**

Are there drains?      YES \_\_\_      NO \_\_\_ (If no, go to trunk & return pipe size)

Single Unblockable \_\_\_\_\_      Two or More \_\_\_\_\_  
(If Single Unblockable, indicate Make, Model & Flow Rating then go to Trunk & Return Pipe Size)  
Drain Make & Model \_\_\_\_\_      Cover Flow Rate \_\_\_\_\_ GPM

**System Flow Rate**

System Flow Rate \_\_\_\_\_ GPM

Method of determining System Flow (Circle One):

- A.      Total Dynamic Head Calculation (attach calculation sheet)
- B.      Simplified Total Dynamic Head (attach pipe length + filter + heater resistance)
- C.      Maximum Flow from the Pump Curve

**Pump Selection**

Pump Make & Model \_\_\_\_\_  
(attach pump performance curve, indicating flow as calculated above)

**Pipe Sizes**

Branch Piping Size \_\_\_\_\_ inch @ 6 FPS or lower  
Trunk Line Piping Size \_\_\_\_\_ inch @ 8 FPS or lower  
Return Line Piping Size \_\_\_\_\_ inch @ 10 FPS or lower

# OWNER BUILDER STATEMENT/AFFIDAVIT

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 any applicable restrictions and responsibilities.

## OWNERS MUST PERSONALLY APPEAR AT THE BUILDING DIVISION TO SIGN THIS DOCUMENT

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 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.
	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 Florida and to list his or her license numbers on all permit 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 in 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 individual 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 ordinance.
	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.
	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 must provide workers' compensation for the employee.</u> I understand that my failure to follow these laws may subject me to serious financial risk.
	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.
	I am of aware of construction practices and I have access to the Florida Building Code.
	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 1-850-487-1395 or at <a href="http://www.myflorida.com/dbpr/pro/cilb/">www.myflorida.com/dbpr/pro/cilb/</a> for more information about licensed contractors.
	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 address listed below.
	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.
	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 workers' compensation coverage.

Property Address: \_\_\_\_\_

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 \_\_\_\_\_  
(Must be 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.**