

**TOWN OF LONGBOAT KEY
BUILDING DIVISION**

501 Bay Isles Road
Longboat Key, FL 34228
Phone: 941-316-1966 FAX: 941-316-1970



**SWIMMING POOL, SPA & HOT TUB
PERMITTING & INSPECTION GUIDELINES**

BUILDING PLANS: Three (3) sets of plans (and product specification, as applicable) are required to be submitted with the Swimming Pool, Spa, & Hot Tub Permit application. Submittal must demonstrate clearly how the proposed construction will comply with the Florida Building Code (angle of repose; electrical bonding of shell, deck and pool equipment; anti-entrapment, etc.).

In addition, plans must clearly show what Pool Safety Act devices will be used and will be located in order to protect the entire perimeter of the pool/spa area and where these devices will be located. Also, the Swimming Pool, Spa & Hot Tub Safety Act Notice of Requirements Form will be required upon submission of the application.

ZONING: All materials are to be submitted in triplicate. In conjunction with the Swimming Pool, Spa, & Hot Tub Permit review, all swimming pool/spa applications shall be reviewed by Zoning Staff in order to ensure compliance with the Town's zoning and related land-use codes.

Staff shall verify compliance through the review of *plans signed and sealed by a design professional*. All *signed/sealed, to-scale site plans* shall include the Lot Coverage and Non-Open Space calculations for the property and shall be consistent with all previous permitting.

PERMITS REQUIRED: Building, Electrical and Plumbing permits must have been issued before any inspections will be scheduled or conducted. A licensed pool contractor may pull the Swimming Pool, Spa & Hot Tub AND Plumbing permits; a licensed electrical contractor only may pull the Electrical permit.

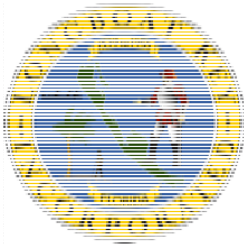
INSPECTION AND PHASING REQUIREMENTS: Unless authorized AND SCHEDULED by the Building Inspector in advance, the following inspections must be scheduled and approved in the phasing order shown below.

1. Prior to shell pour
 - Plumbing Anti-entrapment
 - Plumbing Pressure Test – skimmer shall be in place
 - Electrical Shell Bonding
 - Building Pool Steel
2. Prior to installation of deck
 - Electrical Deck Bonding
 - Building Pool Deck
3. Electrical Pool Final
4. Zoning, Building, and Plumbing Final.

Pool Safety Act Compliance will be inspected as part of final inspections.

The Residential Swimming Pool, Spa & Hot Tub Safety Act Notice of Requirements Form will be completed and provided upon application.

New residential construction final will be conducted at the same time as the pool final to ensure compliance with the Pool Safety Act.



**TOWN OF LONGBOAT KEY
BUILDING DEPARTMENT**

501 Bay Isles Road
Longboat Key FL, 34228
Phone: 941-316-1966
Fax: 941-316-1970

Site Address: _____
_____ Unit #: _____

Residential Swimming Pool, Spa & Hot Tub Safety Act

Notice of Requirements

I / We acknowledge that a new swimming pool, spa and/or hot tub will be constructed or installed at the location of _____, and hereby affirm that one, or more, of the following methods will be used to meet the requirements of Chapter 515, Florida Statutes and the Florida Building Code (FBC) Current Edition.

Please initial the method(s) to be used for said pool:

- _____ The pool may be completely isolated from access from the home and yard, by a barrier that meets the pool barrier requirements of Florida Statute 515.29 and FBC R4501.17
- _____ The pool may be equipped with an approved pool safety cover that complies with ASTM F1346-91 (Standard Performance Specifications for Safety Covers for Swimming Pools, Spas and Hot Tubs)
- _____ If a screened enclosure, compliant with R4501.17, is provided: All doors providing direct access to the pool area shall be equipped with self-closing self-latching devices with release mechanisms, placed no lower than 54'' above the threshold and open away from the pool. All doors and windows providing direct access from the home to the pool shall be equipped with exit alarms that are in compliance with FBC R4501.17.1.9
- _____ If a pool barrier using part of the house is provided: All doors providing direct access to the pool area from the yard shall be equipped with self-closing self-latching devices with release mechanisms, placed no lower than 54'' above the threshold and open away from the pool. All doors and windows providing direct access from the home to the pool shall be equipped with exit alarms that are in compliance with FBC R4501.17.1.9

Note: One (1) copy of this form must be attached to each set of plans. Copies of specs for method(s) used must be onsite for the inspector.

I understand that not having one of the above installed at the time of final inspection will constitute a violation of Chapter 515, Florida Statutes and will be considered as committing a misdemeanor of the second degree, punishable by fines up to \$500.00 and/or up to 60 days in jail as established in Chapter 775, Florida Statutes.

Owner Signature Date

Print Name of Owner

**The Signature of the Contractor must be notarized by a State of Florida Notary Public*

*Contractor Signature

Print Name of Contractor

NOTARY of the State of Florida County of _____ . The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me or who has produced _____ as identification.

Signature of Notary Public, State of Florida
Revised 03/14/17

Seal:

**TOWN OF LONGBOAT KEY
PLANNING, ZONING AND BUILDING
DEPARTMENT**

501 Bay Isles Road
Longboat Key, FL 34228
Phone: 941-316-1966 FAX: 941-316-1970



**SWIMMING POOL, SPA & HOT TUB
PERMIT APPLICATION**

Application must be completed in ink or typed. All signatures must be notarized. All sections of the application must be accurately completed including the Work Description with a thorough description of all work proposed by this application. All required supporting documents, engineering, plans, etc., must be submitted for the application to be valid for review.

OFFICE USE ONLY

PERMIT #: _____

Fees Due: \$ _____

Receipt #: _____

REVIEWED UNDER FLORIDA BUILDING CODE FIFTH EDITION AND STATE STATUTES

JOB SITE

PROJECT/COMPLEX NAME (IF ANY): _____

STREET ADDRESS: _____ UNIT #: _____

COUNTY: MANATEE SARASOTA LOT (S) #: _____ PARCEL ID #: _____

POOL PERMIT APPLICANT

NOTE: Registered Contractor must be licensed in the county project is located

LICENSES: STATE #: _____ MANATEE CO: _____ SARASOTA CO: _____

APPLICANT/QUALIFIER NAME: _____ PHONE: _____

COMPANY NAME: _____ FAX: _____

STREET: _____ OTHER: _____

CITY: _____ STATE: _____ ZIP: _____

PROPERTY OWNER (required)

NAME AS ON PROPERTY RECORD: _____ PHONE: _____

STREET: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____

CONTRACTUAL DESCRIPTION

Amount of contract: \$ _____ If contract price is \$2,500 or more, a recorded Notice of Commencement is required to be submitted prior to the issuance of _____ of the _____ permit.

WARNING TO OWNER: Your failure to record a notice of commencement may result in you 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.

WORK DESCRIPTION: _____

FEES FOR SWIMMING POOL, SPA & HOT TUB PERMIT:

- NEW/ OR REPLACEMENT SWIMMING POOL \$ 360
- NEW/ OR REPLACEMENT SPA \$ 360
- POOL SAFETY BARRIER \$ 60
- RESURFACE POOL \$ 60
- OTHER: _____ \$ 60

STATE OF FLORIDA SURCHARGE

3% of subtotal or \$4, whichever is greater. Effective 10/01/10, per F.S. 468.631 and 553.721.

TOTAL PERMIT FEE DUE = \$ _____

Applicant's Affidavit: I certify that all the information is accurate and complete. I further certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed in accordance with the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for applicable independent trade work associated with the building permit. **Note:** If owner is applying for this permit as a contractor under F.S. 489.103 (and applicable Florida Building Code), said owner must personally appear at the Town Planning, Zoning and Building Department to sign this application form and submit a completed Owner Affidavit Form.

Signature: _____ Print Name: _____

NOTARY of the State of Florida County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,
by _____ who is personally known to me or who has
produced _____ as identification.

Signature of Notary Public, State of Florida SEAL: