

**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 an exit alarm that is 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 house shall be equipped with self-closing self-latching devices with release mechanisms, placed no lower than 54'' above the threshold. All doors and windows providing direct access from the home to the pool shall be equipped with an exit alarm that is 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 \_\_\_\_\_ 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	
Applic #: _____	Permit # BP: _____
Approved by: _____	Date: _____
Permit Fee: \$ _____	
Receipt #: _____	Issued: _____

**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 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:**

- |  |        |
|--|--------|
| <input type="checkbox"/> NEW/ OR REPLACEMENT SWIMMING POOL | \$ 360 |
| <input type="checkbox"/> NEW/ OR REPLACEMENT SPA           | \$ 360 |
| <input type="checkbox"/> POOL SAFETY BARRIER               | \$ 60  |
| <input type="checkbox"/> RESURFACE POOL                    | \$ 60  |
| <input type="checkbox"/> 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: