



COMMERCIAL SWIMMING POOL CHECKLIST
BAY COUNTY BUILDERS' SERVICES DIVISION

840 W. 11th St., Panama City, Fl. 32401, Phone: (850) 248-8350 Fax: (850) 248-8384

AVOID PROCESSING DELAYS

Please provide all applicable items listed below.

Note: An application for an operating permit must have been applied for with DOH

Parcel Number (Property ID #) _____

- 1 _____ Planning Approval
- 2 _____ Operating permit application from DOH
- 3 _____ Building permit application (Form B03)
- 4 _____ Two (2) copies of a scaled site plan showing dimensions of property and distance from property lines. Show all buildings and structures on property and indicate all flood hazard areas subject to section 454.1.1 of 5th Edition FBC.
- 5 _____ Complete (Form B54) Data Sheet for public pools
- 6 _____ Receipt from water utility (if municipal water supply) or Water Statement (Form B09)
- 7 _____ Copy of recorded Notice of Commencement (Form B05) prior to 1st inspection
- 8 _____ Pool plans showing compliance with Section 454.1 of 5th Edition FBC.
 (Please note that 3 copies of construction plans are needed. You will need to provide reviewed plans to the DOH for the operating permit)

Applicant's Signature _____ Date _____

Phone # _____ Cell # _____

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 government entities such as water management districts, state agencies, or federal agencies.



Bay County Builders Services
 840 W. 11th ST.
 Panama City, FL 32401
 850-248-8350 Fax: 850-248-8384

Master Permit # _____
 Date: _____

APPLICATION FOR BUILDING PERMIT
Code in effect 5th Edition Florida Building Code

OWNER'S NAME: _____ Phone #: _____
 Address: _____

PROJECT ADDRESS: _____ Parcel ID _____
 Proposed use of site: _____
 Commercial Projects, please list name of business: _____

CONTRACTOR'S NAME: _____
 Address: _____
 Contact Phone #: _____ Cell #: _____ E-mail: _____
 State License #: _____ Competency Card: _____

BUILDING INFORMATION:

Residential Commercial Valuation of Work: \$ _____
 New Addition Alter/Repair Other: _____

Number of Stories _____ Number of Units _____ Square Footage: _____

| | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Dock/seawall | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Storage | <input type="checkbox"/> Doors |
| <input type="checkbox"/> Multi-Family | <input type="checkbox"/> Demolition | <input type="checkbox"/> Vinyl Siding |
| <input type="checkbox"/> Garage/Carport | <input type="checkbox"/> Swimming pool | <input type="checkbox"/> Shutters |
| <input type="checkbox"/> Other (describe) _____ | | |

BONDING COMPANY: _____
 Address: _____
 City, State & Zip Code: _____

ARCHITECT'S/ENGINEER'S NAME: _____
 Address: _____
 City, State & Zip Code: _____

MORTGAGE LENDER'S NAME: _____
 Address: _____
 City, State & Zip Code: _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, and etc.

NOTICE: Bay County Builders' Services Division does not have the authority to enforce deed restrictions or covenants on properties. You are advised to check for any restrictions that may affect your property.

For improvements to real property with a construction cost of \$2,500 or more, a certified copy of the Notice of Commencement is required to be submitted to Builders' Services when application is made for a permit or the applicant may submit a copy of the Notice of Commencement along with an Affidavit attesting to its recording. A certified copy of the Notice of Commencement must be provided to Builders' Services and posted on the jobsite before the first inspection can be performed.

The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of Section 469.003, Florida Statutes, and to notify the Department of Environmental Protection of his or her intentions to remove asbestos, when applicable, in accordance with state and federal law.

IMPORTANT: The building permit is valid as long as there is construction progress and an approved inspection is recorded within each 180 days (6 months) period.

Owner/Agent/Contractor Affidavit

I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

(Print Owner/Agent/Contractor Name)

(Signature of Owner/Agent/Contractor)

STATE OF FLORIDA
COUNTY OF BAY

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____,

by _____.

(Signature of Notary Public - State of Florida)
(Notary Stamp or Seal)

Personally Known ____ OR Produced Identification ____
Type of Identification Produced _____

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 government entities such as water management districts, state agencies, or federal agencies.



DATA SHEET FOR PUBLIC SWIMMING POOL PERMIT

BAY COUNTY BUILDERS' SERVICES DIVISION

840 W. 11th St., Panama City, Fl. 32401, Phone: (850) 248-8350 Fax: (850) 248-8384

This form is to be completed and submitted with plans and specifications in minimum of three copies.
 New Construction _____ Revision _____ Modification _____ Operating permit No. _____

1. Name of Project _____

Address of Pool _____ City _____ County _____

2. Name of Owner _____ Phone Number (____) _____

Mailing Address _____ City _____ State _____ Zip _____

3. Pool Type: Conventional _____ Spa _____ Wading _____ Special Purpose _____ Water Recreation Attraction _____

Indoor _____ Outdoor _____ Transient _____ Non-transient _____

4. No. of Units Served: _____ No. of Stories _____ Distance of Farthest Unit from Pool: _____ Elevator: Yes _____ No _____

5. Number of Sanitary Facilities:

| | Water Closets | Urinals | Lavatories | Dressing Rooms | Distance From Pool: _____ |
|--------|---------------|---------|------------|----------------|---------------------------|
| Male | | | | | |
| Female | | | | | |

6. Method of Waste Water Disposal: _____

7. Pool Volume in Gallons: _____ Bathing Load: _____ Water Source: _____

8. Dimensions: Width: _____ Length: _____ Area: _____ Perimeter: _____ Depth: Max. _____ Min. _____ Shape _____

9. Type Construction Material: Shell _____ Finish _____ Color _____

10. Equipment Make and Model:

(A) Recirculation Pump: _____ Flow _____ GPM At _____ TDH _____ HP _____

(B) Filter: _____ Area _____ Sq. Ft. Flow Capacity _____

(C) Disinfection Equipment: _____ Capacity _____ (GPD) or (PPD)

(D) pH Adjustment Feeder: _____ Capacity _____ (GPD)

(E) Test Kit: _____

Permit number (assigned by Building Dept.): _____

Florida licensed design professional must seal and date the plans and this form according to section 105.3.1.2(6) of the 5th Edition FBC. A copy will also be needed for the operating permit from the DOH.

The design engineer certifies that the plans and specifications provided meet the requirements of the Florida Building Code for public pools.

These plans, specifications and related documents are approved and accepted by the owner/owner's representative.

Signature and seal: Engineer registered under Florida Statutes

Signature: Owner/Owner's Representative

Typed Name and Florida registration number _____

Typed Name and Title of Above _____

Phone Number: _____

Phone Number: _____

E-mail Address: _____

E-mail: _____

Address: _____
Street

Address: _____
Street

City State Zip

City State Zip

To be completed by plans examiner licensed under 468 F.S.

These plans for the proposed construction cited in the foregoing application are hereby approved with the following proviso(s):

Construction on this project shall be commenced within 180 days from the date of approval of this application.

This approval is for the functional aspects of this project and is based on the information and data supplied by the applicant or his agent. There may be other local permits, requirements or regulations that must be met prior to the construction of this facility.

Only those applications, plans and specifications that have been stamped "REVIEWED" are included in this approval. Any changes to these applications, plans or specifications may render this approval null and void.

Approval Stamp and Date _____

By: _____
Plans Examiner

Permit number: _____

Print Name



BAY COUNTY BUILDERS' SERVICES DIVISION
STATEMENT FOR WATER

Site Address: _____

By affixing my signature below, I verify that there is:

_____ a working potable water well located on the site which will be used for water supply to the structure. (No public utilities are available)

_____ public utilities are available and will be utilized for water to the structure. (Provide water receipt from serving utility company indicating available service and that all tap and impact fees have been paid.)

Owner's Signature

Date

STATE OF FLORIDA
COUNTY OF BAY

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____.

(Signature of Notary Public - State of Florida)

(Notary Stamp or Seal)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____



NOTICE OF COMMENCEMENT

Permit No. _____
State of Florida
County of Bay

Tax Folio No. _____

To Whom It May Concern:

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.

Description of property (legal description of the property, and street address if available): _____

General description of improvement: _____

Owner Name: _____

Address: _____

Owner's interest in site of the improvement: _____

Fee Simple Titleholder Name: _____

Address: _____

Contractor Name: _____

Address: _____

Phone Number: _____

Payment Bond Surety: _____

Address: _____

Phone Number: _____ Amount of Bond: \$ _____

Lender Name: _____

Address: _____

Phone Number: _____

Person 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: _____

In addition to himself or herself, Owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13(1) (b), Florida Statutes. Phone Number: _____

Expiration date of Notice of Commencement is one (1) year from date of recording unless a different date is specified _____.

Signature of Owner

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____ (name of person making statement).

Signature of Notary Public (State of Florida)

NOTARY SEAL

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROVER 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 ON RECORDING YOUR NOTICE OF COMMENCEMENT.