



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

Form B53

SWIMMING POOL CHECKLIST

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 _____ Completed, notarized permit application (B03)
- 2 _____ Pool plans showing compliance with the Florida Building Code
- 3 _____ Notice to Swimming Pool Owners handout (B30)
- 4 _____ Recorded Notice of Commencement (B05)
5. _____ Statement for Water (B09) *including water receipts if applicable*
- 6 _____ Completed Data Sheet for public pools (B54) (**commercial only**)
- 7 _____ Operating Permit from DOH (**commercial only**)

| | | | |
|------------------------|-------|---------------|-------|
| Applicant Signature | _____ | Date | _____ |
| Phone | _____ | Cell phone | _____ |
| Fax | _____ | Email | _____ |

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.



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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: _____

INTENDED OCCUPANCY:

Public Lodging Establishment* Single Family Residence Commercial

BUILDING INFORMATION:

Residential Commercial Valuation of Work: \$ _____

New Addition Alter/Repair Other: _____

Number of Stories _____ Number of Units _____ Square Ft. – U.R.: _____
 Square Ft. – H/C: _____

| | | | | | |
|--------------------------|------------------|--------------------------|---------------|--------------------------|--------------|
| <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) | | | | |

***Pursuant to Fla. Stat. §509.013, public lodging establishment means any unit, group of units, dwelling, building, or group of buildings within a single complex of buildings which is rented to guests more than three times in a calendar year for periods of less than 30 days or 1 calendar month, whichever is less, or which is advertised or held out to the public as a place regularly rented to guests. Included in this definition are vacation rentals.**

A change of occupancy or use of a building may require the owner to make application to the Building Official and obtain the required permit for the new occupancy.



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.



BAY COUNTY BUILDERS' SERVICES DIVISION
STATEMENT FOR WATER

Site Address: _____

_____ **WELL** A working potable water well located on the site which will be used water supply to the structure. (no public utilities are available)

_____ **SEPTIC TANK** A new or existing septic system located on the site will be used. (Provide a current septic permit or existing system letter from the Bay County Health Department before building permit can be issued.

_____ **PUBLIC UTILITIES – WATER** Are available and will utilized for water to the structure. (Provide water receipt from serving utility company indicating available service and that all tap fees and impact fees have been paid)

_____ **PUBLIC UTILITIES – SEWER** Are available and will be utilized for sewer to the structure. (Provide sewer receipt from serving utility company indicating available services and that all tap fees have been paid)

Owner/Agent/Contractor Signature

Date



NOTICE TO SWIMMING POOL OWNERS REGARDING PENALTIES FOR NOT PROVIDING POOL BARRIER

I, (property owner's name) _____,

at (address of pool) _____,

on this date _____, **have read and understand this pool barrier notice and understand the penalties for not complying with Florida Law. I have been informed that, prior to filling pool with water, I will need approved inspections and a barrier as required by [515 Florida Statutes](#) and section R4501.19 of the 5th Edition FBC.**

The Code requires pools to be protected by a barrier (an approved wall, fence or other substantial structure). The barrier shall completely protect the pool and is intended to prevent unauthorized and/or unsupervised access to the pool. Effective March 1, 2002, jurisdictions cannot approve a final inspection for a pool unless it meets the following pool safety barrier requirements.

NOTE: An effective pool barrier must be provided. **One, or a combination** of the following methods, must be employed to provide the barrier. Please read **all** of the following, as some of the methods inter-relate to each other.

- The pool may be isolated from access by a fence type barrier. If so, it shall be at least 4 feet (48") high and installed around the perimeter of the pool. Any openings in the barrier (railing, spacing, etc.) shall be less than 4" (inches). It must be designed to discourage climbing from the outside (www.floridabuilding.org link to the code). It must be placed far enough away from the water's edge to prevent a person from falling into the pool should the fence type barrier be climbed or fallen over.
- Gates or doors located near the pool must open outwards, away from the pool, and be self-closing and self-latching. The latch must be inside, or if outside, at least 54" (inches) high.
- A wall or other similar structure that meets the requirements could form the barrier. Reinforced screen pool enclosures are an example, as are typical walls of homes.
- If the wall of the home is part of the required barrier, any doors or windows in that wall must be equipped with an alarm that has a minimum sound pressure rating of 85 decibels at 10 feet and comply with UL 2017. A delay/muting switch, at least 54 inches high, shall be provided for each door with an alarm (except as noted in the next paragraph).
- The alarms on the doors may be omitted if the doors are equipped a self-closing, self-latching device with the release mechanism located at least 54 inches above the floor. Windows still need the alarms.
- The required pool barrier could be a **safety cover** complying with the specifications of American Society for Testing and Materials **Standard F-1346**. This is a substantial structural cover, and is not the same as a standard cover or heating blanket. Fencing, window alarms, and high door latches would not necessarily be required with the **safety cover** barrier method.

Property Owner's Signature

Date



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 | |
|--------|---------------|---------|------------|----------------|---------------------------|
| Male | | | | | Distance From Pool: _____ |
| 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