



**APPLICATION FOR RESIDENTIAL SWIMMING POOL PERMIT**

CITY OF OLDSMAR- PLANNING & REDEVELOPMENT  
100 STATE STEET WEST, OLDSMAR, FL 34677-3655  
PHONE: (813) 749-1124 FAX: (813) 855-2730

PERMIT NO. \_\_\_\_\_

PERMIT FEES DUE: \$ \_\_\_\_\_

RECEIPT NO: \_\_\_\_\_

DATE: \_\_\_\_\_

Review Fee \_\_\_\_\_ Receipt No. \_\_\_\_\_ Total Amount Rec'd \_\_\_\_\_ Credit Card Authorization \_\_\_\_\_

**6th EDITION (2017) FLORIDA BUILDING CODE APPLIES**

**Inspections called in before 3:30PM will be performed the following business day.**  
**Automated inspection line 813-749-1171**

Property Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contractor's State Certification of Registration No. \_\_\_\_\_ PCCLB No. \_\_\_\_\_

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

Job Description \_\_\_\_\_

Valuation: \_\_\_\_\_

Legal: Sec. \_\_\_\_ Township \_\_\_\_, Range \_\_\_\_, Subdivision \_\_\_\_\_ Blk. \_\_\_\_\_ Lot \_\_\_\_\_ 1<sup>st</sup> Floor Elev \_\_\_\_\_

Bonding Company \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Architect/Engineer's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

**The permit fee is based on Below Ground Pool \$100.00- Spa \$100.00- Above Ground Pool \$40.00.** A survey shall be required showing the area to be fenced and survey pins exposed. In any district, no fence, wall, or other obstruction shall be erected or maintained at a corner within 15 ft from the intersection of the right-of-way lines and a side street setback is the same as a front setback of 25 feet. No fence or wall over six feet in height shall be erected in any residential district without the approval of the Board of Adjustment. All fences and walls shall be installed having the smooth finish outward of the area fenced. If being used as a pool barrier, gates must swing outwards, be self closing and self latching and have a latch no less then 54" high. Pools must have a safety barrier such as, a fence four feet in height or a screen enclosure. No fence may be located within any drainage easement or right-of way or enclose any water meter box. Fences may be permitted within utility easements if a suitable gate is provided for access. Utility companies may remove fences without obligation to replace or restore it. **THE CITY OF OLDMAR LAND DEVELOPMENT CODE [5.1.9] REQUIRES ANY ACCESSORY STRUCTURE (BY DEFINITION, POOL INCLUDED) BE NO LESS THAN 5' FROM THE MAIN STRUCTURE. THE CITY OF OLDSMAR LAND DEVELOPMENT CODE [5.1.7 (2)] REQUIRES THAT EVERY POOL BE EITHER FENCED (MIN. 4' HIGH) OR HAVE A SCREEN ENCLOSURE.**

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**AN ELECTRONIC VERSION OF ALL DOCUMENTS BEING SUBMITTED SHALL BE PROVIDED WITH THE PACKET ON A CD IN .PDF FORMAT IF PLANS ARE LARGER THAN 11 X 17**

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, KITCHEN HOODS, FIRE SPRINKLERS, ALARM SYSTEMS, AND SHEDS, ETC.

**OWNER'S AFFIDAVIT:** I certify that all of the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

**OWNER'S ELECTRONIC SUBMISSION STATEMENT:** Under penalty of perjury, I declare that all the information contained in this swimming pool permit application is true and correct.

Building Permit Applications shall be submitted on paper and **PDF format / CD**, for review and contain all the items listed in the Residential or Commercial Application Packet. For manufactured homes, copies of plot plan, pier and base diagram plus tie down diagram with manufactures name and model number must accompany application. In addition, plumbing, electrical, mechanical and environmental plans shall be submitted to secure these permits, when applicable. Application is valid for 180 days. Permit is extended for 6 months after each successful inspection. Permit expires after 1 year. Permit fee is non-refundable.

**Contractors must maintain, State License, PCCLB License, General Liability and Workman's Compensation Insurance.**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_  
**Owner**      **Authorized Agent**      **Contractor**  
(circle one)

APPLICATION APPROVED BY: \_\_\_\_\_  
PERMIT OFFICER      DATE

**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 \_\_\_\_\_, and hereby affirm that one of the following  
**(Please Print Street Address)**

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 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 (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.

I 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 up to 60 days in jail as established by Chapter 775, F.S.

\_\_\_\_\_  
CONTRACTOR’S SIGNATURE

\_\_\_\_\_  
OWNER’S SIGNATURE

DATE

DATE

Permit Number \_\_\_\_\_  
Parcel ID Number \_\_\_\_\_

# NOTICE OF COMMENCEMENT

State of Florida  
County of Pinellas

THIS AREA IS RESERVED FOR CLERK OF THE COURT CERTIFICATION

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

1. Description of property (legal description): \_\_\_\_\_

a) Street (job) Address: \_\_\_\_\_

2. General description of improvements: \_\_\_\_\_

3. Owner Information or Lessee information if the Lessee contracted for the improvement:

a) Name and address: \_\_\_\_\_

b) Name and address of fee simple titleholder (if different than Owner listed above) \_\_\_\_\_

c) Interest in property: \_\_\_\_\_

4. Contractor Information

a) Name and address: \_\_\_\_\_

b) Telephone No.: \_\_\_\_\_ Fax No.: (optional) \_\_\_\_\_

5. Surety (if applicable, a copy of the payment bond is attached)

a) Name and address: \_\_\_\_\_

b) Telephone No.: \_\_\_\_\_

c) Amount of Bond: \$ \_\_\_\_\_

6. Lender

a) Name and address: \_\_\_\_\_

b) Telephone No.: \_\_\_\_\_

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:

a) Name and address: \_\_\_\_\_

b) Telephone No.: \_\_\_\_\_ Fax No.: (optional) \_\_\_\_\_

8.a. 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.

b) Phone Number of Person or entity designated by Owner: \_\_\_\_\_

9. Expiration date of notice of commencement (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified): \_\_\_\_\_, 20

**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 penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated therein are true to the best of my knowledge and belief.

(Signature of Owner or Lessee, or Owner's or Lessee's (Authorized Officer/Director/Partner/Manager)

(Print Name and Provide Signatory's Title/Office)

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20

by \_\_\_\_\_ as \_\_\_\_\_ (type of authority, e.g. officer, trustee, attorney in fact)

for \_\_\_\_\_, as \_\_\_\_\_

(Name of Person)

(type of authority, e.g. officer, trustee, attorney in fact)

for \_\_\_\_\_ (name of party on behalf of whom instrument was executed).

Personally Known  Produced ID

Type of ID \_\_\_\_\_

Notary Signature \_\_\_\_\_

Print name \_\_\_\_\_

NOTARY STAMP



**Sub-Contractor Registration List**  
 City Of Oldsmar - Planning & Redevelopment  
 100 State Street West, Oldsmar, FL 34677-3655  
 Phone: (813) 749-1124 Fax: (813) 855-2730

**THIS FORM MUST BE SUBMITTED PRIOR TO PERMIT BEING ISSUED**

Permit Number: \_\_\_\_\_ Date: \_\_\_\_\_  
 Job Address: \_\_\_\_\_  
 General Contractor/Primary Contractor: \_\_\_\_\_  
 General Contractor PCCLB License: \_\_\_\_\_ State License: \_\_\_\_\_  
 General Contractor Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Trade	Sub-Contractor Information		
Building	Contractor Name:		License #
	Company Name:		Contact #
Electrical **	Contractor Name:		License #
	Company Name:		Contact #
Low Voltage Electrical **	Contractor Name:		License #
	Company Name:		Contact #
Mechanical	Contractor Name:		License #
	Company Name:		Contact #
Plumbing **	Contractor Name:		License #
	Company Name:		Contact #
Roofing	Contractor Name:		License #
	Company Name:		Contact #

**Instructions:**

1. Must be submitted and signed by the Primary Contractor or authorized agent. (Notarized letter of authorization required for authorized agent)
2. Print clearly on form.
3. For information or questions call (813)749-1124
4. Application may be faxed or emailed to City at 813-855-2730 or planredev@myoldsmar.com

Mechanical Job Total Valuation : \_\_\_\_\_  
 TECO Layout #: \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_  
 Print Name \_\_\_\_\_

\*\* Additional information required on page 2. Please provide a complete breakdown of Electrical & Plumbing Counts for project.

## Electrical Counts

NEW RESIDENTIAL (including closets): Room Count \_\_\_\_\_ x \$15.00 = \_\_\_\_\_ + \$ 50.00 = \_\_\_\_\_

NEW COMMERCIAL OR INDUSTRIAL: # per/amp service \_\_\_\_\_ x \$1.00 = \_\_\_\_\_ + \$50.00 = \_\_\_\_\_

RESIDENTIAL ALTERATION OR REMODEL: Fixture/outlet count \_\_\_\_\_ x \$2.50 = \_\_\_\_\_ + \$50.00 = \_\_\_\_\_

COMERICAL ALTERATION OR REMODEL: Fixture/outlet count \_\_\_\_\_ x \$3.00 = \_\_\_\_\_ + \$50.00 = \_\_\_\_\_

LOW VOLTAGE: Fixture/outlet count \_\_\_\_\_ x \$2.50 = \_\_\_\_\_ + \$50.00 = \_\_\_\_\_

COMMERCIAL LOW VOLTAGE: Fixture/outlet count \_\_\_\_\_ x \$3.00 = \_\_\_\_\_ + \$50.00 = \_\_\_\_\_

### Electrical Fee Schedule

Base Fee, Residential and Commercial	\$50.00
Residential, New or Addition	Base fee plus \$15.00 per room
Residential, Alteration or Remodel	Base fee plus \$2.50 per fixture or outlet
Residential, Service Upgrade	\$50.00
Commercial, New, Addition or Service Upgrade	Base fee plus \$1.00 per Amp
Commercial, Alteration or Remodel	Base fee plus Amp upgrade plus \$3.00 per fixture or outlet
Swimming Pools	\$50.00
Signs	\$40.00
Temporary Power Pole	\$50.00
Fire Alarm	Permit is based on Total Value of project outlined in Building Permits

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## Plumbing Counts

### INSTALLATION TO BE COMPLETED—PLEASE INDICATE QUANTITY

<b>Lavatories:</b> _____	<b>Water Closet:</b> _____	<b>Sinks:</b> _____
<b>Urinals:</b> _____	<b>Bidet:</b> _____	<b>Bathtubs:</b> _____
<b>Showers:</b> _____	<b>Dishwasher:</b> _____	<b>Disposals:</b> _____
<b>Laundry Tubs:</b> _____	<b>Floor Sinks:</b> _____	<b>Washing Machine:</b> _____
<b>Drinking Fountain:</b> _____	<b>Water Heater:</b> _____	<b>Gas Fixtures:</b> _____
<b>Lift Station:</b> _____	<b>Floor Drains:</b> _____	<b>Water Softner:</b> _____
<b>Grease Traps:</b> _____	<b>Hose Bibs:</b> _____	<b>Lawn Irrigation:</b> _____

**Total Number of Fixtures to be installed:** \_\_\_\_\_

### Plumbing Fee Schedule

Base Fee:	\$50.00
Residential, New or Alteration:	Base fee plus \$5.00 per fixture
Commercial, New or Alteration: (In addition to the traditional plumbing or gas fixtures – water heaters, hose bibs, grease traps and floor drains each count as one fixture)	Base fee plus \$25.00 per fixture
Irrigation Systems:	\$35.00 per each connection to City's Reclaimed Water System
Water Heater or Water Conditioner including solar:	\$75.00
Water Service, Replacement:	\$40.00
Sewer Service Line, Replacement:	\$40.00

# *Pool/Spa Permit Application Checklist*

Contract amount over \$10,000 - Plans and surveys must be signed and sealed.

- o Application for a separate fence permit (unless survey shows existing fence completely enclosing pool or pool cage being installed)
- o Electrical Permit Application
- o Mechanical Permit Application (for heat pump)
- o Natural Gas (by gas company or plumbing contractor)
- o Plumbing Permit Application (by pool contractor)
- o Plumbing Permit Application (if applicable)
- o Pool Permit Application
- o Propane gas (gas lines and tank) by LP contractor
- o Site plan approval (commercial only)

## *Two Sets of Plans to be Submitted*

- o Energy calculations for installation of heat pump
- o Signed and sealed building plans for pool/spa
- o Signed and sealed surveys
- o Specifications for pool/spa heaters

## *Additional Documents to be Submitted*

- o Approval from Pinellas County Health Department for commercial pools
- o A certified copy of the recorded Notice of Commencement is required if contract amount is \$2,500 or over
- o Copy of Contract
- o Letter of 'no conflict' from TECO
- o Owner/Builder Affidavit, if applicable
- o Plans and specifications must also be submitted as a PDF file if plans exceed 11 inches by 17 inches in size
- o Swimming pool, spa and hot tub safety act notice of requirements filled out and signed

Contractor/subcontractor must be currently registered in the City of Oldsmar.

## *Inspections Required*

- o Final electrical including enclosure ground
- o Final plumbing
- o Final pool including barriers and/or alarms
- o Main drain and piping
- o Pool deck forms, electrical ground and termite control
- o Rough plumbing
- o Shell and steel
- o Shell ground and light niche