



City of Bunnell Building Department

Swimming Pool Permit Checklist

Contractors must be current with Business Tax Receipt (BTR) for permitting

- ☐ **Permit Application**
- ☐ **Proof of Property Ownership** (Copy of recorded warranty deed or print out from the Property Appraiser's Office)
- ☐ **Disclosure Statement** (If Owner is acting as his/her own contractor) **FS 489.103**
- ☐ **Notice of Commencement** (Required when value of labor and materials is over \$2,500.00)_Recorded and certified by the Flagler County Clerk of Court **FS sec 713.135**
- ☐ **Bunnell Pool and Spa Safety Affidavit Form** **FBC-R Section R4501.17**
- ☐ **2 Sets of Method for Determining the Maximum System Flow Rate**
- ☐ **2 Copies of Cut Sheets for All Equipment** (outlet covers, pumps, filters, etc)
- ☐ **2 Sets of Signed and Sealed Swimming Pool Construction Drawings**
- ☐ **2 Copies of Pool Layout Drawings with Pool Surface Area Identified**
- ☐ **2 Survey/Site Plans** (survey must include spot elevations at property corners and at least two intermediate spot elevations along property lines, the high and low points along the property lines must be indicated. Site plan must include setbacks, pervious and impervious lot coverage, all existing structures, proposed structures, and surface water management plan)
- ☐ **Manufacturers Drawings or Booklet** (For above ground pools)

**APPLICANT MUST OBTAIN ALL REQUIRED
INSPECTIONS INCLUDING THE FINAL INSPECTION**

CITY OF BUNNELL, FLORIDA
BUILDING PERMIT APPLICATION

DATE: _____

PERMIT #

Owner's Name _____ Address _____ City/State/Zip _____

Telephone Number: _____ Property Location _____

City/State/Zip _____ Legal Description of the Property _____

Section _____ Block _____ Lot _____ Subdivision _____

PARCEL # (REQUIRED) _____

Parcel Width _____ x _____ Depth _____ Square Ft. _____

Description of Work: _____

Contractor: _____ Telephone Number _____ Fax _____

Address _____ City/State _____ Zip Code _____

State License # _____ **Bunnell Business Tax Number REQUIRED** _____

If owner is to be the builder, and occupy the home, then The Owner/Builder Affidavit must be signed with application.

Is main Floor Level less than 12" above the crown of the road? Yes ☐ No ☐

List area Totals in Square Feet:

Living Area _____ Garage _____ Carport _____ Screen Porch _____ Sidewalk _____

Open Porch _____ Accessory Bldg. _____ Patio _____ Driveway _____

Zoning Approval: _____ Date _____ Initials _____ Site Plan Approval: _____ Yes _____ No _____ Initials _____

Check One: Septic Tank _____ Tank # _____ City Sewer _____ City Water _____ Private Well _____

Check Equipment:

HEATING: Oil _____ Gas _____ ELECTRIC _____ ELECTRICAL SERVICE: Phase _____ Volts _____ Amps _____

KITCHEN RANGE: Gas _____ Electric _____ WATER HEATER: Gas _____ Electric _____

AIR CONDITIONING: Yes _____ No _____ WASHING MACHINE _____ DRYER _____ DISHWASHER _____ EX. FAN _____

RANGE HOOD _____ FIREPLACE _____

Type of Floor Construction: Concrete _____ Wood _____ Other _____

Number of Bathrooms _____ Total amount of floor drains and plumbing _____ Number of stories _____

Type of Exterior Walls:

Block _____ Stucco _____ Wood _____ Brick _____ Brick Veneer _____ Shingles _____ Aluminum Siding _____ Stone _____ Metal _____ Other _____

Type of Interior Walls:

Lath & Plaster _____ Drywall _____ Paneling _____ Unfinished _____ Other _____

Kind of Roof Construction:

Common _____ Trusses _____ Gable _____ Flat _____ Shed _____ Hip _____ Metal _____ Tile _____ Tar & Gravel _____ Shingles _____ Roll _____ Other _____

Plumbing Contractor _____ Occ Lic# _____ Electrical Contractor _____ Occ Lic# _____

Mechanical Contractor _____ Occ Lic# _____ Roofing Contractor _____ Occ Lic # _____

Other _____ Occ Lic # _____

Cost of Improvement \$ _____

To be Installed, But Not

Included in the Above Price \$ _____

Electrical \$ _____

Heating/Air Conditioning \$ _____

Other \$ _____

TOTAL COST OF IMPROVEMENT \$ _____

x _____

APPLICANT Must Sign Here

Owner _____ Contractor _____

**"FAILURE TO COMPLY WITH THE MECHANICS LIEN LAW CAN
RESULT IN THE PROPERTY OWNER PAYING TWICE FOR
IMPROVEMENTS."**

Zoning Approval: _____ **Date** _____ **Initials** _____ **Site Plan Approval required:** _____ **Yes** _____ **No** _____ **Initials** _____

Fire Review Needed: _____ **Yes** _____ **No** _____ **Fire Review Completed:** _____ **Yes** _____ **No** _____ **Initials** _____



DISCLOSURE STATEMENT

1. I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.
2. I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.
3. I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on permits and contracts.
4. I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building **if the costs do not exceed \$75,000**. The building or residence must be for **my own use or occupancy**. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.
5. I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.
6. I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance.
7. I understand that it is a frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.
8. I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.
9. I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.
10. I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at 1-850-487-1395 or www.myfloridalicense.com/dbpr for more information about licensed contractors.

11. I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address: _____ . (Address of property)

12. I agree to notify the City of Bunnell immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.

Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the permit. A copy of the property owner's driver license, the notarized signature of the property owner, or other type of verification acceptable to the local permitting agency is required when the permit is issued.

Signature: _____ Date _____
(Signature of property owner)

STATE OF FLORIDA
COUNTY OF FLAGLER

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)

(Name of Notary Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

Permit No. _____

Tax Folio No. _____

NOTICE OF COMMENCEMENT

State of _____
County of _____

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.

1. Description of property: (legal description of the property, and street address if available) _____
2. General description of improvement: _____
3. Owner information:
 - a. Name and address: _____
 - b. Interest in property: _____
 - c. Name and address of fee simple titleholder (if other than Owner): _____
4. Contractor:
 - a. Contractor name and address: _____
 - b. Contractor's phone number: _____
5. Surety
 - a. Surety name and address: _____
 - b. Phone number: _____
 - c. Amount of bond: _____
6. Lender:
 - a. Lender's name and address: _____
 - b. Lender's phone number: _____
7.
 - a. 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: (name and address) . _____
 - b. Phone numbers of designated persons: _____
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 is 1 year from the date of recording unless a different date is specified): _____

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.

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

(Signatory's Title/Office)

The foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____
(year) (name of person)
as _____ for _____
(type of authority, . . . e.g. officer, trustee, attorney in fact) (name of party on behalf of whom instrument was executed)

(Signature of Notary Public - State of Florida)

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

Verification pursuant to Section 92.525, Florida Statutes.

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

(Signature of Natural Person Signing Above)

**CITY OF BUNNELL
BUILDING DEPARTMENT**
201 W Moody Blvd Bldg 1
Bunnell, Florida 32132
Phone: (386) 437-7516 FAX: (386) 437-8253



POOL/SPA SAFETY AFFIDAVIT

Permit Number: _____

RESIDENTIAL SWIMMING POOL, SPA AND HOT TUB SAFETY REQUIREMENTS Section R 4501.17, Florida Building Code- Residential

I (we) acknowledge that a new swimming pool, spa or hot tub will be constructed or installed at
_____ ***and my contractor***

(PLEASE PRINT STREET ADDRESS)

has informed me that prior to the use of my pool, I will need a safety barrier installed in accordance with the Florida Building Code-Residential (FBC-R) and that all inspection approvals, including final inspection, will need to be obtained. FBC-Residential requires private pools to be enclosed by a barrier meeting the requirements of FBC-R Section R4501.17. Residential swimming pools with permit applications filed after October 1, 2005 must meet at least one of the pool safety barrier requirements (please see options listed below).

Please initial all methods to be used for your pool.

_____ The pool will be equipped with an approved safety pool cover that complies with ASTM F1346 (Standard Performance Specifications for Safety Covers for Swimming Pools, Spas and Hot Tubs) per FBC R4501.17, Exception

_____ The Pool will be isolated from access by a mesh safety barrier that meets the requirements of FBC R4501.17.1.15.

_____ The Pool will be isolated from access by a screen enclosure that meets the requirements of FBC R4501.17.1.11.

_____ The pool will be isolated from access by a fence and Pedestrian Gates that meet the requirements of FBC R4501.17.1.1 through R4501.17.1.14.

Does any part of the barrier consist of dwelling walls which contain doors or windows? ☐ YES ☐ NO

_____ All doors and windows providing direct access from the dwelling to the pool will be equipped with an exit alarm that meets the requirements of FBC R4501.17.1.9 (1) unless exceptions a, b, or c apply.

_____ All doors providing direct access from the dwelling to the pool will be equipped with self-closing, self-latching devices installed 54" above the threshold that meet the requirements of FBC R4501.17.1.9 (2).

_____ A swimming pool alarm that meets and is independently certified to ASTM Standard F2208 will be provided per FBC R4501.17.1.9 (3).

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 515.27, F.S. and will be considered as committing a misdemeanor of the second degree, punishable as provided in Chapter 775.082 F.S. or 775.083 F.S.

I also understand that steel & ground and deck inspections are required in addition to the final inspection. Inspection access to the interior of the home is required if alarms on windows & doors or if self-closing/self-latching doors are used to meet the above requirements.

Signature (owner)

Date

Contractor Signature

Date

Owners Name (Please Print)

Contractor Name (Please Print)