



Jackson County Building Department
 4487 Lafayette St.
 Marianna, FL 32448
 850-482-9802, Fax 850-718-0029
permitting@earthlink.net

THIS SECTION FOR OFFICE USE ONLY

Permit #: _____
 Date: _____
 Accepted by: _____

SWIMMING POOL PERMIT APPLICATION
 RESIDENTIAL OR COMMERCIAL

Owner Information:

Owner Name: _____

Project Name: _____

Project Address: _____

Owner Phone #: _____

Driving Directions: _____

Project Information:

Type of Building: Residential Commercial

Project: Length _____ Width _____ Depth _____

Cost of Construction \$ _____

Will there be an enclosure? Yes No *(Note: Pool enclosures require a separate permit.)*

Name of Electrical Contractor: _____

(Note: An electrical permit must be secured before any inspections will be made.)

Contractor Information:

Name: _____

Company Name: _____

Florida State License # _____ County Comp Card #: _____

FI Statute, 713.135 (7)

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, FURNANCES, BOILERS, HEATERS, TANKS, AND AIR CONDITIONERS, etc ...

I understand all REQUIRED INSPECTIONS will be requested of the work permitted herein. Compliance will be strictly enforced. This permit is VOID after six (6) months from issuance unless the work it covers has been commenced and has had ongoing inspections.

The Building Official may revoke this permit or remove service, in case there has been any false statement or misrepresentation as to the material fact in the application or plans, which this permit was based.

Signature OWNER / CONTRACTOR

Date

- over -

NOTICE OF REQUIRMENTS

I (we) acknowledge that a new swimming pool, spa, or hot tub will be constructed or installed at _____, and hereby affirm that on 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 requirement of Florida Statutes 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 Pool, 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, FS 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 in Chapter 775, FS.

Contractor's Signature and Date

Owner's Signature and Date

Contractor's Printed Name

Owner's Printed Name

STATE OF FLORIDA
COUNTY OF JACKSON

The foregoing instrument was acknowledged before me this ____ day of _____, 20____.
By _____ who is personally known to me or who has produced _____
as identification, and who did not take an oath.

Notary Public

(affix stamp)