

POOLS AND SPA PERMIT PACKET

Before any development activity occurs on a piece of property, a permit must be obtained. All construction or permitted uses MUST meet the current Building Code for the State of Florida. The inspector will perform inspections and provide approval based on these codes.

Below are a list of items required at time of application submittal. Please note that incomplete applications will

NOT be accepted.

Complete permit application, notarized by all applicable parties.

Copy of signed contract, if applicable.

Owner-Building Affidavit, unless contractor is performing work.

Proof of ownership (i.e. Current tax notice, Homestead Exemption notice, Recorded Deed).

Three copies of the site plan, drawn to scale.

Three complete sets of signed and sealed construction drawings and supporting documentation

Pool Safety Sheet Filled out completely

Copy of State Contractors or Installers License and proof of Liability Insurance Certificate listing the City of Eustis as the Certificate Holder if contractor is performing work.

Signed and recorded Notice of Commencement (required for all work exceeding \$2,500).



CITY OF EUSTIS -- BUILDING PERMIT APPLICATION

111 E. Orange Avenue, P. O. Drawer 68, Eustis, FL 32727-0068 Telephone: 352-483-5462---Fax: 352-589-2651

Code in Effect: FLORIDA BUILDING CODE 2023, 8th Edition

Property Owner	Contractor(Applicant)				
g Address	License Holder				
Phone	License Number				
CityZip	_ Address				
StateFax	City	StateZip			
	Phone				
	E-mail Address:				
D	A14 T7 //				
Project Address Subdivision					
Responding to a Code Violation?Yes	No Within a Historic Dist. No If "Yes" Base flood elevation mu	rict? Yesst be provided on your S	No ite Plan.		
Contract Price/Value: \$	Proposed Project Description/Scope: _				
WARNING TO OWNER: YOUR FAILS MAY RESULT IN YOUR PAYING TW NOTICE OF COMMENCEMENT MUST BEFORE THE FIRST INSPECTION. IF Y YOUR LENDER OR AN ATTORNEY BE NOTICE OF COMMENCEMENT. NOTICE: In addition to the requirements of this permit	TICE FOR IMPROVEMENT I BE RECORDED AND PO OU INTEND TO OBTAIN FOR COMMENCING WO there may be additional restrictions ap	S TO YOUR PRODSTED ON THE INANCING, CONSORK OR RECORD	JOB S SULT W ING YC		
MAY RESULT IN YOUR PAYING TW NOTICE OF COMMENCEMENT MUST BEFORE THE FIRST INSPECTION. IF Y YOUR LENDER OR AN ATTORNEY BE NOTICE OF COMMENCEMENT. NOTICE: In addition to the requirements of this permit found in the public records of this county, and there may management districts, state agencies, or federal agencies. I certify that, per Chapter 469, F.S., Asbestos Abatem Demolition Form, and will comply with all requirements.	TICE FOR IMPROVEMENT TO BE RECORDED AND PO TOU INTEND TO OBTAIN FOR EFORE COMMENCING WO TO the the thick t	OSTED ON THE INANCING, CONSORK OR RECORD opplicable to this property ther government entities, the Notice of Asbestos	JOB SISULT WING YOU that may be such as was		
MAY RESULT IN YOUR PAYING TW NOTICE OF COMMENCEMENT MUST BEFORE THE FIRST INSPECTION. IF Y YOUR LENDER OR AN ATTORNEY BE NOTICE OF COMMENCEMENT. NOTICE: In addition to the requirements of this permit found in the public records of this county, and there may management districts, state agencies, or federal agencies. I certify that, per Chapter 469, F.S., Asbestos Abatem	TICE FOR IMPROVEMENT TO BE RECORDED AND PO TOU INTEND TO OBTAIN FOR EFORE COMMENCING WO TO the the thick t	OSTED ON THE INANCING, CONSORK OR RECORD opplicable to this property ther government entities, the Notice of Asbestos	JOB SISULT WING YOUTHAL MAY BE SUCH AS WAS Renovation		
MAY RESULT IN YOUR PAYING TW NOTICE OF COMMENCEMENT MUST BEFORE THE FIRST INSPECTION. IF Y YOUR LENDER OR AN ATTORNEY BE NOTICE OF COMMENCEMENT. NOTICE: In addition to the requirements of this permit found in the public records of this county, and there may management districts, state agencies, or federal agencies. I certify that, per Chapter 469, F.S., Asbestos Abatem Demolition Form, and will comply with all requirements.	TICE FOR IMPROVEMENT TO BE RECORDED AND PO TOU INTEND TO OBTAIN FOR TOO BE COMMENCING WO TO THE MAN TO THE PORT OF	OSTED ON THE INANCING, CONSORK OR RECORD oplicable to this property ther government entities, the Notice of Asbestos aducting a thorough asbed	JOB SISULT WILLIAM SULT WAS SUCH as was Renovation estos inspec		
MAY RESULT IN YOUR PAYING TW NOTICE OF COMMENCEMENT MUST BEFORE THE FIRST INSPECTION. IF Y YOUR LENDER OR AN ATTORNEY BE NOTICE OF COMMENCEMENT. NOTICE: In addition to the requirements of this permit found in the public records of this county, and there may management districts, state agencies, or federal agencies. I certify that, per Chapter 469, F.S., Asbestos Abatem Demolition Form, and will comply with all requireme prior to the commencement of demolition or renovation. I DO HEREBY SWEAR THAT THE INFORMATION	TICE FOR IMPROVEMENT TO BE RECORDED AND PO TOU INTEND TO OBTAIN FOR EFORE COMMENCING WO In there may be additional restrictions apply be additional permits required from other and the second of the	OSTED ON THE INANCING, CONSORK OR RECORD oplicable to this property ther government entities, the Notice of Asbestos aducting a thorough asbeat.	DPERTY JOB SI SULT WI ING YO that may be such as was Renovation estos inspe		
MAY RESULT IN YOUR PAYING TW NOTICE OF COMMENCEMENT MUST BEFORE THE FIRST INSPECTION. IF YOUR LENDER OR AN ATTORNEY BE NOTICE OF COMMENCEMENT. NOTICE: In addition to the requirements of this permit found in the public records of this county, and there may management districts, state agencies, or federal agencies. I certify that, per Chapter 469, F.S., Asbestos Abatem Demolition Form, and will comply with all requireme prior to the commencement of demolition or renovation. I DO HEREBY SWEAR THAT THE INFORMATION AND ACCURATE TO THE BEST OF MY KNOWLED SIGNATURE (Contractor/Applicant) STATE OF FLORIDA COUNTY OF LAKE	TICE FOR IMPROVEMENT T BE RECORDED AND PO TOU INTEND TO OBTAIN FOR EFORE COMMENCING WO TO THE	OSTED ON THE INANCING, CONSORK OR RECORD OPPLICATION OF THE INANCING OF THE IN	DPERTY JOB SI SULT WI ING YO that may be such as was a Renovation estos inspectors.		
MAY RESULT IN YOUR PAYING TW NOTICE OF COMMENCEMENT MUST BEFORE THE FIRST INSPECTION. IF YOUR LENDER OR AN ATTORNEY BE NOTICE OF COMMENCEMENT. NOTICE: In addition to the requirements of this permit found in the public records of this county, and there may management districts, state agencies, or federal agencies. I certify that, per Chapter 469, F.S., Asbestos Abatem Demolition Form, and will comply with all requireme prior to the commencement of demolition or renovation. I DO HEREBY SWEAR THAT THE INFORMATION AND ACCURATE TO THE BEST OF MY KNOWLED SIGNATURE (Contractor/Applicant) STATE OF FLORIDA COUNTY OF LAKE	TICE FOR IMPROVEMENT T BE RECORDED AND PO TOU INTEND TO OBTAIN FOR EFORE COMMENCING WO TO THE	OSTED ON THE INANCING, CONSORK OR RECORD OPPLICATION OF THE INANCING OF THE IN	DPERTY JOB S: SULT WI ING YO that may be such as was a Renovation estos inspec		
MAY RESULT IN YOUR PAYING TW NOTICE OF COMMENCEMENT MUS' BEFORE THE FIRST INSPECTION. IF YOUR LENDER OR AN ATTORNEY BE NOTICE OF COMMENCEMENT. NOTICE: In addition to the requirements of this permit found in the public records of this county, and there may management districts, state agencies, or federal agencies. I certify that, per Chapter 469, F.S., Asbestos Abatem Demolition Form, and will comply with all requireme prior to the commencement of demolition or renovation. I DO HEREBY SWEAR THAT THE INFORMATION AND ACCURATE TO THE BEST OF MY KNOWLED SIGNATURE (Contractor/Applicant) STATE OF FLORIDA COUNTY OF LAKE. The foregoing instrument was acknowledged before me	TICE FOR IMPROVEMENT I BE RECORDED AND PO OU INTEND TO OBTAIN FOR EFORE COMMENCING WO there may be additional restrictions are be additional permits required from other. The second of the second o	OSTED ON THE INANCING, CONSORK OR RECORD pplicable to this property ther government entities, the Notice of Asbestos aducting a thorough asbest of the Notice of Asbestos aducting a thorough a thoro	DPERTY JOB SI SULT WI ING YO that may be such as was Renovation estos inspectors inspectors TO ARE To by the property of the		
MAY RESULT IN YOUR PAYING TW NOTICE OF COMMENCEMENT MUST BEFORE THE FIRST INSPECTION. IF YOUR LENDER OR AN ATTORNEY BE NOTICE OF COMMENCEMENT. NOTICE: In addition to the requirements of this permit found in the public records of this county, and there may management districts, state agencies, or federal agencies. I certify that, per Chapter 469, F.S., Asbestos Abatem Demolition Form, and will comply with all requireme prior to the commencement of demolition or renovation. I DO HEREBY SWEAR THAT THE INFORMATION AND ACCURATE TO THE BEST OF MY KNOWLED SIGNATURE (Contractor/Applicant) STATE OF FLORIDA COUNTY OF LAKE	TICE FOR IMPROVEMENT T BE RECORDED AND PO TOU INTEND TO OBTAIN FOR EFORE COMMENCING WO In there may be additional restrictions and the additional permits required from other in the second second commence of the second commence o	OSTED ON THE INANCING, CONSORK OR RECORD pplicable to this property ther government entities, the Notice of Asbestos aducting a thorough asbest of the Notice of Asbestos aducting a thorough a thoro	DPERTY JOB SI SULT WI ING YO that may be such as was Renovation estos inspectors inspectors TO ARE To by the property of the		

BUILDING PERMIT APPLICATION - PAGE 2

CONTRACTOR—PLEASE COMPLETE INFORMATION AND SIGN IN APPROPRIATE BLOCK BELOW. BY SIGNING BELOW, I HEREBY SWEAR THAT I AM IN COMPLIANCE WITH FLORIDA'S WORKER'S COMPENSATION LAW AND THAT I HAVE SECURED COVERAGE OR HAVE A VALID CERTIFICATE OF EXEMPTION.

	actor:			
State/Cert/Reg #	<u> </u>	State/Cert/Reg #		
Address		Address		
State	Zip	State	Zip	
Phone	Fax	Phone	Fax	
Cell	Email:		Email:	
Signature		Signature		
Plumb Contrac	etor:	HVAC Contract	or:(*)_	
State/Cert/Reg #		State/Cert/Reg #_		
				-
State	Zip	State	Zip	
	Fax		_Fax	
	Email:		Email:	
Signature		Signature		
	or:	LP Gas Contrac	tor:	
State/Cert/Reg #	<u> </u>	State/Cert/Reg #_		
Address		Address		
City		City		
	Zip		Zip	
	Fax		Fax	
Cell	Email:	Cell	Email:	
Signature		Signature		
	ractor:		ect:	
State/Cert/Reg #	<u> </u>	State/Cert/Reg #_		_
City				
State	Zip			
	Fax			
Cell	Email:			
Signature				
THAT THE C	ONTRACTOR PROVIDE MAI INT HVAC SYSTEMS ; CONT HAS BEEN INSPECTED AND	NUAL J & MANUAL N O RACTOR MUST ALSO F	E – ENERGY EFFICIENCY, REQUIRE N ALL NEW CONSTRUCTION AND ROVIDE CERTIFICATION THAT ALL AIRS/TAPING HAVE BEEN COMPLETE	
TYPHTOREU D	T	Dau	·•	

BUILDING PERMIT APPLICATION - PAGE 3

Permit Number:	

Important!					
If yes, provide the Finish F drainage plan for the site. I information will be required personally liable for future of	Depending on I. Note: Failure	(FFE) , lot the type o	corner elev f developme	vations and ent, not all	•
III. OWNER & LENDER INFO				1	
A. OWNER OR LESSEE	EMAIL ADDRESS			FAX NO.	
NAME				TELEPHONE NO.	
MAILING ADDRESS		CITY		STATE	ZIP CODE
B. BONDING/MORTGAGE NAMES					
Fee Simple Titleholder, Bonding Company, Moi improvements and not just work authorized by					
NAME	ADDRESS,	CITY,	STATE	& ZIP	TELEPHONE NO.
FEE SIMPLE TITLEHOLDERS (IF OTHER THAN OWNER)	☐ SAME AS OWNER				
BONDING COMPANY					
MORTGAGE LENDERS					
DESIGN PROFESSIONAL LICENSE #					
	PRIMARY CONTACT EMAIL	ADDRESS		PRIMARY CONTACT CE	LL PHONE NO.



P.O. Drawer 68 • Eustis, Florida 32727-0068 • (352) 483-5460

RESIDENTIAL SWIMMING POOL, SPA & HOT TUB SAFETY ACT NOTICE OF REQUIREMENTS

I, (We) acknowledge that a new swimming pool, spa or he	ot tub will be constructed or installed at, and hereby affirm that one of
(Please print street address)	, and hereby amin'n that one of
the following methods will be used to meet the requirem	ents of Chapter 515, Florida Statutes.
(Please initial the method(s) to be used for your pool)	
barrier requirements of Florida Statutes	the home by an enclosure that meets the pool 515.29 and shall meet the requirements of the – Building, Section 454.2.17 and the 2020 (7th tial, Section R4501.17
	ved safety pool cover that complies with ASTM cations for Safety Covers for Swimming Pools,
	ninimum sound pressure rating of 85 decibels nts of the 2020 (7th Edition) Florida Building
closing, self-latching devices with release the floor or deck; and shall meet the req	Florida Statutes, and will be considered as by fines up to \$500 and/or up to 60 days in jail as h Edition) Florida Building Code, Residential tion shall be completed prior to filling the pool
CONTRACTOR'S SIGNATURE / DATE	OWNER'S SIGNATURE / DATE
CONTRACTOR'S NAME (PLEASE PRINT)	OWNER'S NAME (PLEASE PRINT)

• Telephone: (352) 483-5462 • Fax: (352) 589-2651 • E-Mail: building @eustis.org

• URL: http://www.eustis.org