



City of Longwood

POOL PERMIT APPLICATION

Application #: _____ Permit#: _____ Date Received: _____

Master Permit#: _____ (If associated with main project)

Master Permit#: _____ (If approved master engineering has been submitted)

ALL REQUESTED INFORMATION MUST BE COMPLETED TO PROCESS THE PERMIT

Project Address: _____ (Unit#)

Parcel/ Tax I.D. # _____ - _____ - _____ - _____ (Proof of ownership must be attached)

This can be obtained by a records search on the Seminole County Property Appraiser's website: www.scpafl.org

Property Owners Information	
Property Owner	
Address of Owner	
Owners Telephone #	
Owners Email Address	

Contractors Information	
Contractors Company	
Address	
Telephone #	
Email Address	
License Number	
License Holders Name	
Contact Name:	Contact #
Contact Email:	

***NOTE:** A separate electrical permit is required for all new installation, or any installation requiring any electrical work. The electrical permit application must be submitted at time of submitting this pool, spa, hot tube permit.

TYPE OF WORK: RESIDENTIAL COMMERCIAL NEW ALTERATION

WORK DESCRIPTION: _____

POOL TYPE: IN-GROUND ABOVE-GROUND

***NOTE:** Per Florida Statute 515, all swimming pools must be provided with an approved barrier system. You must complete and submit, with this permit application the Swimming Pool, Spa and Hot Tub Safety Requirements form declaring how the pool, spa or hot tube will be protected. This form has been provided, for your convenience on the last page of this application.



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VALUATION OF WORK (ESTIMATED COST): _____

NOTE: Valuation of work must be confirmed by presenting a signed contract. If no contract is provided, the valuation of work will be established by the Building Official pursuant to 109.3 of the FBC.

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 the jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

<p>_____ Signature of Owner(Owner Builders Only) /Date</p> <hr/> <p>Printed Name of Owner (Owner Builders Only) STATE OF FLORIDA, COUNTY OF _____ _____ Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____, who is Personally known to me or has Produced (type of identification) _____ as identification and who did take oath.</p> <p>_____ Signature of Notary Public State of Florida</p> <p>_____ Print Name of Notary Public</p>	<p>_____ Signature of Contractor /Date</p> <hr/> <p>Printed Name of Contractor STATE OF FLORIDA, COUNTY OF _____ _____ Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____, who is Personally known to me or has Produced (type of identification) _____ as identification and who did take oath.</p> <p>_____ Signature of Notary Public State of Florida</p> <p>_____ Print Name of Notary Public</p>
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OWNER'S/CONTRACTOR'S AFFIDAVIT: I swear or affirm that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. I also swear or affirm that I have the legal authority to bind any entity to which this application relates. This statement is made under oath and subject to the penalties for perjury.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY 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.

Cost Recovery Agreement

By signing this application, the applicant understands and agrees that, pursuant to Longwood City Code Chapter 59, all direct costs, expenses and fees incurred by the city relating directly to the review, processing, inspection, or regulation of an application, including but not limited to the time of city consultants, as well as those relating directly



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to advertising, surveying, legal and engineering for an application or project shall be assessed to the applicant and reimbursed to the City.

For projects in the Historic District, the department may seek the input of a licensed architect with specialization in historic structures to evaluate submittals, the cost of which would be the responsibility of the applicant.

To cover these costs, many applications require a review retainer. The review retainer will be held during the course of review, and returned to the applicant once project review has been completed or the application has been formally withdrawn and after all outstanding invoices are paid. The review retainer is not to be used to pay invoices during the course of review, those will be sent separately to the applicant.

Full payment of all fees is a requirement for City's final approval of the Application. Following the approval of a permit and the payment of all required fees, or following a written letter from the applicant requesting the application be withdrawn and voided, any remaining balance will be refunded to the applicant, typically within 60 days.

APPLICANT INITIALS: _____

Impact Fees

Some Impact fees may be required prior to your permit being issued.

For more information contact the following:

1. The Seminole County Impact Fee office is at 1101 E First Street, Sanford, FL 32771. Debbie Troast 407-665-7356 or dtroast@seminolecountyfl.gov.
2. The City of Longwood Utility Impact Fee office is at 970 W SR 434, Longwood, FL 32750. Jammie Tackett, 407-263-2388 or jtackett@longwoodfl.org.

DEPARTMENT APPROVALS	
Community Development Planning/Zoning	Reviewed By: _____ Date: _____
Engineering	Reviewed By: _____ Date: _____
Utilities	Reviewed By: _____ Date: _____
Fire	Reviewed By: _____ Date: _____
Building	Reviewed By: _____ Date: _____



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Swimming Pool, Spa and Hot Tub Safety Requirements

A new swimming pool, spa or hot tub will be constructed or installed at the following location, _____, and I hereby affirm that the following methods will be used to meet the requirements of Florida Statute 515.

(Please check all that apply)

_____ 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 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 and is listed per UL 2017.

_____ All doors providing direct access from the home to the pool will be equipped with self-closing, self-latching devices with the release mechanisms placed no lower than 54" above the threshold.

_____ The pool will be equipped with an alarm device that upon detection of an accidental or unauthorized entrance into the water will sound and meets and is independently certified to ASTM F2208.

_____ The outer perimeter of the pool will be protected by a barrier constructed to comply with section R4501.17.1 of the Florida Residential Code.

_____ A screen enclosure, which meets the requirements of section R4501.17, of the Florida Residential Code will be constructed to protect all or part of the outside perimeter of the pool area.

I understand that not having one or more of the above installed at the time of final inspection, or when the pool is completed for contract purposes, will constitute a violation of Florida Statute 515.27(2) and will be considered as committing a misdemeanor of the second degree, punishable by fines up to \$500 and/or 60 days in jail as established in s.775.0802 or s.775.083.