



SWIMMING POOL PERMIT APPLICATION

City of West Melbourne
2240 Minton Rd
West Melbourne, FL 32904
(321) 837-7776 Phone
(321) 952-9542 Fax

buildingpermits@westmelbourne.org

FOR OFFICE USE ONLY

Tax ID#
Permit #
Entered by:
Application Date:

Complete in BLUE or BLACK ink

Job Name: Address:

Owner's Name: Phone:

Address: Zip Code:

Contractor's Firm: Qualifier's Name:

Address: City: Zip Code:

License #: Phone #: Email:

Swimming Pool: In-ground Above Ground Spa Resurface # of Gallons: SF:

Notice of Commencement, if over \$2500.00 Value of Work: \$

Description of Work:

- One of the following must be used to meet the requirements of Chapter 515, Florida Statutes:
The pool will be isolated from access to the home by an enclosure that meets the pool barrier requirements.
The pool will be equipped with an approved safety pool cover that complies with ASTM F1346-91.
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 a self-closing, self-catching device with a release mechanism placed no lower than 54" above the floor deck.
A swimming pool alarm that, when placed in a pool, sounds an alarm upon detection of an accidental or unauthorized entrance into the water. Such pool alarm must meet and be independently certified to ASTM Standard F2208, titled "Standard Safety Specification for Residential Pool Alarms", which included surface motion, pressure, sonar, laser and infrared alarms.

Fee Simple Title Holder: Phone:

Address: Zip Code:

Bonding Company: Phone:

Address: Zip Code:

Architect/Engineer: Phone:

Address: Zip Code:

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If property is adjacent to a Melbourne-Tillman water canal, a permit is required for temporary access of right of way use. The following link is to the application and can be found under Miscellaneous Fees.

<https://link.edgepilot.com/s/a7a60083/ulDISiP0aEOsuqmZ-s5Lew?u=http://www.melbournetillman.org/wp-content/uploads/2020/05/Form-01R-FILLABLE-Application-for-Permit-May-2020-Revisions.pdf>

Construction/Debris Removal: _____ State Reg./Cert. No. _____ Address: _____ Zip Code: _____ Phone: _____ Valuation: _____ Signature: _____
Electrical: _____ State Reg./Cert. No. _____ Address: _____ Zip Code: _____ Phone: _____ Valuation: _____ Signature: _____
Plumbing: _____ State Reg./Cert. No. _____ Address: _____ Zip Code: _____ Phone: _____ Valuation: _____ Signature: _____

APPLICANT'S AFFIDAVITS

Application is hereby made to obtain a permit to do the work and installation as indicated. The Building Code in effect at the time of this application is the Florida Building Code 2020 Edition. I understand that all permits require inspections as indicated. **This permit application is valid for 180 days from date of submission.**

___ I certify that **no** work or installation has commenced prior to the issuance of a permit. By signing, applicant affirms that all above is true and correct and that he/she is an authorized agent of the Contractor/Owner and has the authority to apply for this permit.

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 RECORDING YOUR NOTICE OF COMMENCEMENT.

 PROPERTY OWNER SIGNATURE
 STATE OF FLORIDA
 COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization, this ___ day of _____, 20___ by _____

 who is personally known to me, or has produced _____

 as identification.

 Notary as to Property Owner

 QUALIFIER'S SIGNATURE
 STATE OF FLORIDA
 COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization, this ___ day of _____, 20___ by _____

 who is personally known to me, or has produced _____

 as identification.

 Notary as to Qualifier

This Instrument Prepared By:
Name _____
Address _____

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 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. Name and address:
 - b. Phone number:

5. Surety
 - a. Name and address:
 - b. Amount of bond \$ _____.
 - c. Phone number:

6. Lender
 - a. Name and address:
 - b. Phone number:

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. Phone number:

8. In addition to himself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
 - a. Name and address:
 - b. Phone number:

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

Signature of Notary Public – State of Florida
Print, Type, or Stamp Commissioned Name of Notary Public
Commission Number

Personally Known ___ or Produced Identification _____

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