

POOL PERMIT APPLICATION

FRANKLIN COUNTY BUILDING DEPARTMENT

34 Forbes Street, Suite 1, Apalachicola, Florida 32320 Phone: 850-653-9783 Fax: 850-653-9799 http://www.franklincountyflorida.com/planning_building.aspx

PERMIT	. #
FEE:	\$
TOTAL:	\$

NOTE TO APPLICANTS AND PERMIT HOLDERS:

VIOLATIONS OF THE TERMS AND CONDITIONS OF THIS PERMIT MAY WARRANT A STOP WORK ORDER OR REVOCATION OF THIS PERMIT. THIS PERMIT IS VALID FOR ONE YEAR FROM THE DATE OF ISSUANCE. CONSTRUCTION MUST COMMENCE WITHIN SIX MONTHS OF THIS DATE.

APPLICATION MUST BE COMPLETE:	(We will no longer accept incomplete applications)
Mailing Address.	Cell #:City/State/Zip:
Contractor Name: Contact Information: Office #: State License #:	Business Name: Cell #: County Registration #: City/State/Zip:
JURISDICTION : □ Franklin County	: Subdivision: Unit: Carrabelle
DESCRIPTION OF DEVELOPMENT :ZONING DISTRICT:	CONTRACT COST:
WATER RODY:	OR NO CRITICAL HABITAT ZONE: YES OR NO
FLOOD ZONE INFORMATION: EFFECT	ΓΙVE DATE: February 5, 2014
ELEVATION REQUIREMENTS AS PER	FIRM ZONE/S:
BUILDING OFFICIAL DATE FLO	OODPLAIN ADMIN. DATE OWNER/CONTRACTOR DATE
REQUIRED DOCUMENTS:	
Application 2 Sets of Plans Site Plan Notice to Pool Affidavit If located in a VE Flood Zone- VE Zone Signed Contract with Contract Cost Recorded Notice of Commencement	Certificate



NOTICE TO SWIMMING POOLS AFFIDAVIT

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Property Owner/s:			
Contact Information: Home	e #:	Cell #:	
Mailing Address:		City/State/Zip:	
EMAIL Address:			
Contractor Name:		Business Name:	
Contact Information: Office	#:	Cell #:	ion #:
State License #:		County Registrati	ion #:
Mailing Address:		City/State/Zip:	
EMAIL Address:			
PROPERTY LOCATION	: 911 Address:	:	
Lot/s: Bl	ock:	Subdivision:	Unit:
Parcel Identification #:			Unit:
completely surround the pool a use of self-closing and self-latch	nd shall be of sur ing doors/gates.	fficient material to prohibit unrestrained action of the florida Statutes to require that effective	Ü
	pection for a resi		unless it meets at least one of the following
The barrier shall not h barrier and must be pl when the barrier is bre and self-latching. The l	ave any gaps or o aced sufficiently ached. Gates loo parrier must be s	to the home by a barrier at least 4 feet high openings that can allow a child to crawl underson away from the waters edge to prevent a pecated in the pool barrier must open outwar separated from any fence, wall, or other end in thereof is situated on the perimeter of the	der, squeeze through or climb over the rson from immediately falling into the pool ds away from the pool and be self-closing closure surrounding the yard unless the
<u>-</u>		ey cover complying with the specifications o	f the American Society for Testing and
	providing direct	t access from the home to the pool must be lecibels at 10 feet, or:	equipped with an exit alarm that has a
All doors providing dir	ect access from	the home to the pool must be equipped with ove the floor.	
water over 24 inches deep. Inche portable spas. According to Flo punishable by imprisonment for arrest or issuance of a summon the responsible person attends at I also understand that a rough-	uding, but not lir rida Statutes, fair r up to 60 days o s or notice to app a drowning prev	a residential area that is intended for swimmited to, in-ground, above ground and on-gilure to comply with these requirements is a or a fine of up to \$500, except that no penaltipear, the pool is equipped with at least one ention education program developed by the nas well as an electrical grounding inspection	ground swimming pools; hot tubes; and no- a misdemeanor of the second degree, ty shall be imposed if within 45 days after of the aforementioned safety features and e Florida Department of Health.
inspection.			
Owner's Signature:	Date	Witness Signature:	Date

NOTICE OF COMMENCEMENT

Space Reserved For Recording:		
PERMIT #	PARCEL ID #	
STATE OF FLORIDA, COUNTY	OF FRANKLIN	
	notice that improvements will be made to certain real property, an in accordance with owing information is provided in the Notice of Commencement.	
LEGAL DESCRIPTION OF PRO	PERTY: (Include Street Address)	
General Description of Improven	nts:	
Name:	mation Contracted For The Improvements:Phone Number:	
Address:		
Owner's Interest In Site Of The I	provement:	
Name & Address Of Fee Simple 7	leholder:	
(If Different From Owner Listed	pove):	
Contractor's Name:	Phone Number:	
Address:		
Surety: (If Applicable, A Copy O Name & Address:	The Payment Bond Is Attached):Amount: \$	
Lender Name:	Phone Number:	
PERSONS WITH IN THE STAT	OF FLORIDA DESIGNATED BY THE OWNER UPON WHOM NOTICES O SERVED AS PROVIDED FOR BY FLORIDA STATUTE 713.13(1) (A) 7.	R
NAME:ADDRESS:		
	HERSELF, OWNER DESIGNATES THE FOLLOWING PERSON(S) TO RECICE AS PROVIDED IN SECTION 713.13 (1)(B) FLORIDA STATUTES:	CEIVE
	OF COMMENCEMENT (THE EXPIRATION DATE IS ONE (1) YEAR FRO	
OF COMMENCEMENT ARE C 713.13, FLORIDA STATUTES, A PROPERTY. A NOTICE OF CO BEFORE THE FIRST INSPECT	YMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTED CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOU IMENCEMENT MUST BE RECORDED AND POSTED ON THE JOBSITE ON. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR FORE COMMENCING WORK OR RECORDING YOUR NOTICE OF	TION
O CHARLEST TORMER TE	Owner/Agent Signature:	
NOTARY SEAL:	Printed Name:	
	Sworn to me this day of In the year of 20	
	Notary Signature:	