To Schedule An Inspection - email: inspectionrequest@alpha-inspections.net	**Permit Application**	In addition to this permit, you may be required to receive approval from other State of Federal agencies prior to commencing work	Permit Number

You must submit 3 copies of this form. Only 1 has be notarized if signed prior to coming to City Hall.	**Project Address**	
	Project Description	
Property ID Key/Number	Parcel Number	

Owner's Name	Mailing Address	City, State, Zip	Telephone
General Contractor	Mailing Address	City, State, Zip	Telephone
Construction Contractor	Mailing Address	City, State, Zip	Telephone
Electrical Contractor	Mailing Address	City, State, Zip	Telephone
Plumbing Contractor	Mailing Address	City, State, Zip	Telephone
HVAC Contractor	Mailing Address	City, State, Zip	Telephone
Roofing Contractor	Mailing Address	City, State, Zip	Telephone

Legal Description	
Bonding Company	
Bonding Company Address	
Architect's Name	
Architect's Address	

Project Information

Subdivision Name	Phase	Lot No.	Model	Elevation	Lot Area	Impervious Surface Ratio

Flood Zone	

Setbacks Provided over Required (ft)

Front		Rear		Side		Corner		Street Side	

Project		**Area**		**Electrical**	**Hvac**	**Water**		**Meter**	
New		Living		Service Size	Type	Municipal		Size	
Alteration		Garage				Well			
Addition		Porch(s)			Efficiency			**Plumbing**	
Repair		Other			Airhandler			Sewer	
Other		Total			Condenser			Septic	

Garage		**Number of Bedrooms**	**Cost / Value**	**Code In Effect**
Attached				
Detached				

Applicant Signature _____ Date _____

WARNING TO OWNER: Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. If you intend to obtain financing, consult with your lender or an attorney before recording your Notice of Commencement. The issuance of a building permit does not assure the building setbacks have been met or that the structure does not encroach on an easement. The owner and/or contractor have the sole responsibility of determining compliance with setbacks and non-encroachment of easements. Permits expire 6 months after issuance. You are responsible for the completion of the permit, inspections, and all Re-Inspection Fees.

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

(Seal)

Notary Public

White Copy Office | Yellow Copy Property Appraiser | Pink Copy Owner

Pool Checklist

Yes	No	Requirements
		Completed Permit Application
		Contractor Registered with the City
		Notice of Commencement if the job is valued over $2,500
		A copy of the contract between owner and contractor.
		Property Records Card, which can be located at the Lake County Property Appraiser's website at www.lakecopropappr.com
		A site plan showing the location of the pool, deck, screen enclosure, pool barrier and distance from property lines
		A plan view showing equipment location, pipe sizes and distances from drains to equipment etc
		A plan view of the pool, deck and all existing and proposed electrical.
		A dynamic head calculation worksheet with figures that match the plan view of the equipment.
		A complete set of pool construction plans signed and sealed by a design professional with adequate details to verify compliance with the Florida Building Code. Commercial pools must provide a letter from the Health Department showing that this project has already been approved or reviewed by the department. Please note that some coordination between the pool deck and any proposed screen enclosure must be shown on the plans. If a screen enclosure foundation plan is not submitted by default, a 8x8 thickened edge with a #5 rebar must be shown on the plans
		A pool barrier affidavit
		A disclosure statement signed and notarized by the owner
		A copy of the contract showing the owner that matches the warranty deed, property records card and NOC
		A warranty deed showing owner information and property description that matches the property records card and NOC

Instructions: All of the items above must be provided prior to a review of the plans being completed.

The inspection request: We ask that you email your inspection to INSPECTIONREQUEST@Alpha-inspections.net Please send the request in the following format: Address (156 S. Lake Ave), Type of inspection (Final), Permit Number (123-09-10BEP), Contact Number of someone that can be contacted the day of the inspection incase there is a problem with either access to the job or a simple problem with the installation. Typical inspection for a pool are as follows; steel, deck, barrier, final.

Inspection Items: Typical items that get turned down on a pool inspection include, but are not limited to the following items.

1. No access to the job, gates locked.
2. No plans, permit, site plan.
3. Plans do not match the installation; steel details, pipe size or configuration.
4. Installation violates the angle of repose.
5. Steel not properly supported.
6. Wet Niche light fixture not installed with potting compound at deck inspection.
7. Less than 35 psi pressure on drain and supply lines.
8. Receptacles closer than 6' from pool edge, or no gfci receptacle provided between 6' and 20' of pool edge.
9. Pool barrier not properly installed, or not installed at all.
10. Faulty gfci receptacles or equipment required to be on gfci is not.

Please remember that the list above is only a general list of requirements. There may be specific requirements that are not listed. In any event, full compliance with the Florida Building Code and applicable statutes and standards will be enforced in both the review and the inspections.

LIMITED POWER OF ATTORNEY

Date: _____

I hereby name and appoint: _____

an agent of:_____
(Name of Company)

to be my lawful attorney-in-fact to act for me to apply for, receipt for, sign for and do all things necessary to this appointment for (**check only one option**)**:**

☐ All permits and applications submitted by this contractor.

☐ The specific permit and application for work located at:

_____
(Street Address)

Expiration Date for This Limited Power of Attorney:_____

License Holder Name:_____

State License Number:_____

Signature of License Holder:_____

STATE OF FLORIDA
COUNTY OF _____

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 (did not) take an oath.

_____
Signature

(Notary Seal)

_____
Print or type name

Notary Public - State of _____
Commission No. _____
My Commission Expires:_____

(Rev. 3/27/07)

PERMIT # _____

Residential Swimming Pools, Spa and Hot Tub Safety Act

POOL SAFETY ACT AFFIDAVIT

I (We) acknowledge that a new swimming pool, spa or hot tub will be constructed or installed at **(Print street address)**

_____, and hereby affirm that one of the following methods will be installed prior to the final pool inspection to meet the requirements of Chapter 515, Florida Statutes and Florida Building Code 5th Edition (2014) (FBC) effective July 1, 2015. Please check your choice of compliance.

Residential swimming pool safety feature options;

In order to pass final inspection and receive a certificate of completion, a residential swimming pool must meet the following requirements relating to pool safety features:

□ (a) The pool must be equipped with an approve safety pool cover complying with ASTM F 1346 per R4501.17 (exception). No other barrier feature required with this option.

□ (b) The pool must be isolated from access to a home by an enclosure that meets the pool barrier requirements of section R4501.17.

□ (c) Where a wall of a dwelling serves as part of the barrier, one (1) of the following shall apply: R4501.17.1.9

1. All doors and windows providing direct access from the home to the pool shall be equipped with an exit alarm complying with UL 2017 that has a minimum sound pressure rating of 85dB A at 10 feet (3048 mm). Any deactivation switch shall be located at least 54 inches (1372) mm) above the threshold of the access. Separate alarms are not required for each door or window if sensors wired to a central alarm sound when contact is broken at any opening.

POOL SAFETY ACT AFFIDAVIT

Exceptions:

a. Screened or protected windows having a bottom sill height of 48 inches or more measured from the interior finished floor at the pool access level.

b. Windows facing the pool one floor above the first story.

c. Screened or protected pass-through kitchen windows 42 inches or higher with a counter beneath.

2. All doors providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with positive mechanical latching/locking installed a minimum of 54 inches above the threshold, which is approved by the authority having jurisdiction.

I understand that not installing a pool safety barrier complying with the FBC 5th Edition (2014) Residential R4501.17 at the time of final inspection, or when the pool is completed for contract purposes, will constitute a violation of Chapter 515, F.S. and will be considered as committing a misdemeanor of the second degree, punishable as established in the Florida Statute.

Many types/models of alarms are not acceptable.
Please check with the Building Department.

Contractor's Signature	Owner's Signature
Date: _____	Date: _____
Notary Public – State of Florida	Notary Public – State of Florida
Personally Known ___ OR Produced ID ___	Personally Known ___ OR Produced ID ___
Type of Identification Produced _____	Type of Identification Produced _____

THIS FORM MUST BE SUBMITTED TO THE BUILDING DEPARTMENT AT THE TIME OF APPLICATION SUBMITTAL.

After recording return to:

_____
_____
_____

Permit No: _____
Tax Folio or Alternate Key #: _____
_____

NOTICE OF COMMENCEMENT

Astatula, Clermont, Eustis, Fruitland Park, Howey in the Hills, Groveland, Lady Lake, Lake County, Leesburg, Mascotte, Minneola, Montverde, Mount Dora, Tavares, Umatilla

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 the property, and street address if available)

   _____
   _____
   _____
   Street Address: _____

2. General description of improvement: _____

3. Owner's Information:
   Name: _____
   Address: _____
   Interest in Property: _____
   Name and Address of fee simple titleholder (if other than owner):
   _____
   _____

4. Contractor Information:
   Name: _____
   Address: _____
   Telephone No. _____ Fax No. (Opt.) _____

5. Surety Information:
   Name: _____
   Address: _____
   Telephone No. _____ Fax No. (Opt.) _____
   Amount of Bond: _____

6. Lender Information:
   Name: _____
   Address: _____
   Telephone No. _____ Fax No. (Opt.) _____

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:
   Name: _____
   Address: _____
   Telephone No. _____ Fax No. (Opt.) _____

8. In addition to himself or herself, Owner designates _____ of _____ to receive a copy of the following Lienor's Notice as Provided in Section 713.13 (1) (b), Florida Statutes:
   Name: _____
   Address: _____
   Telephone No. _____ Fax No. (Opt.) _____

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 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

_____
Printed Name & Signatory's Title/Office

The foregoing instrument was acknowledged before me this _____day of _____, 20_____, by _____

who is ☐ personally known to me or ☐ has produced _____ as identification and ☐ who did or ☐ did not take an oath.

_____
Signature of Notary Public - State of Florida

_____
Print, type or Stamp Commissioned Name of Notary Public

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 (Owner) Signing Above