



**COMMERCIAL SWIMMING POOL CHECKLIST**  
**BAY COUNTY BUILDERS' SERVICES DIVISION**

840 W. 11th St., Panama City, Fl. 32401, Phone: (850) 248-8350 Fax: (850) 248-8384

**AVOID PROCESSING DELAYS**

Please provide all applicable items listed below.

Note: An application for an operating permit must have been applied for with DOH

Parcel Number (Property ID #) \_\_\_\_\_

- 1 \_\_\_\_\_ Planning Approval
- 2 \_\_\_\_\_ Operating permit application from DOH
- 3 \_\_\_\_\_ Building permit application (Form B03)
- 4 \_\_\_\_\_ Two (2) copies of a scaled site plan showing dimensions of property and distance from property lines. Show all buildings and structures on property and indicate all flood hazard areas subject to section 454.1.1 FBC.
- 5 \_\_\_\_\_ Complete (Form B54) Data Sheet for public pools
- 6 \_\_\_\_\_ Receipt from water utility (if municipal water supply) or Water Statement (Form B09)
- 7 \_\_\_\_\_ Copy of recorded Notice of Commencement (Form B05) prior to 1<sup>st</sup> inspection
- 8 \_\_\_\_\_ Pool plans showing compliance with Section 454.1 of Florida Building Code. (Please note that 3 copies of construction plans are needed. You will need to provide reviewed plans to the DOH for the operating permit)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other government entities such as water management districts, state agencies, or federal agencies.



Bay County Builders Services  
 840 W. 11<sup>th</sup> ST.  
 Panama City, FL 32401  
 850-248-8350 Fax: 850-248-8384

Master Permit # \_\_\_\_\_  
 Date: \_\_\_\_\_

**APPLICATION FOR BUILDING PERMIT**  
**Code in effect 7<sup>TH</sup> Edition Florida Building Code**

**OWNER'S NAME:** \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_

**PROJECT ADDRESS:** \_\_\_\_\_ Parcel ID \_\_\_\_\_  
 Proposed use of site: \_\_\_\_\_  
 Commercial Projects, please list name of business: \_\_\_\_\_

**CONTRACTOR'S NAME:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 State License #: \_\_\_\_\_ Competency Card: \_\_\_\_\_

**INTENDED OCCUPANCY:**

Public Lodging Establishment\*       Single Family Residence       Commercial

**BUILDING INFORMATION:**

Residential       Commercial      Valuation of Work: \$ \_\_\_\_\_

New       Addition       Alter/Repair       Other: \_\_\_\_\_

Number of Stories \_\_\_\_\_ Number of Units \_\_\_\_\_ Square Ft. – U.R.: \_\_\_\_\_  
 Square Ft. – H/C: \_\_\_\_\_

<input type="checkbox"/>	Single Family	<input type="checkbox"/>	Dock/seawall	<input type="checkbox"/>	Windows
<input type="checkbox"/>	Duplex	<input type="checkbox"/>	Storage	<input type="checkbox"/>	Doors
<input type="checkbox"/>	Multi-Family	<input type="checkbox"/>	Demolition	<input type="checkbox"/>	Vinyl Siding
<input type="checkbox"/>	Garage/Carport	<input type="checkbox"/>	Swimming pool	<input type="checkbox"/>	Shutters
<input type="checkbox"/>	Other (describe)				

**\*Pursuant to Fla. Stat. §509.013, public lodging establishment means any unit, group of units, dwelling, building, or group of buildings within a single complex of buildings which is rented to guests more than three times in a calendar year for periods of less than 30 days or 1 calendar month, whichever is less, or which is advertised or held out to the public as a place regularly rented to guests. Included in this definition are vacation rentals.**

A change of occupancy or use of a building may require the owner to make application to the Building Official and obtain the required permit for the new occupancy.

**BONDING COMPANY:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

**ARCHITECT'S/ENGINEER'S NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

**MORTGAGE LENDER'S NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

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

NOTICE: Bay County Builders' Services Division does not have the authority to enforce deed restrictions or covenants on properties. You are advised to check for any restrictions that may affect your property.

For improvements to real property with a construction cost of \$2,500 or more, a certified copy of the Notice of Commencement is required to be submitted to Builders' Services when application is made for a permit or the applicant may submit a copy of the Notice of Commencement along with an Affidavit attesting to its recording. A certified copy of the Notice of Commencement must be provided to Builders' Services and posted on the jobsite before the first inspection can be performed.

The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of Section 469.003, *Florida Statutes*, and to notify the Department of Environmental Protection of his or her intentions to remove asbestos, when applicable, in accordance with state and federal law.

IMPORTANT: The building permit is valid as long as there is construction progress and an approved inspection is recorded within each 180 days (6 months) period.

Owner/Agent/Contractor Affidavit

I certify that all statements, drawings, and other information submitted on and with this application are true and correct and that all work will be done in compliance with all applicable laws. I further certify that I have reviewed the applicable regulations associated with the proposed construction and intended use. I understand that the submittal of incorrect information or any changes which vary from the approved plans will result in the revocation of this permit.

\_\_\_\_\_  
(Signature of Owner) Date

\_\_\_\_\_  
(Signature of Contractor) Date

\_\_\_\_\_  
(Signature of Notary Public – Stamp or Seal) Date

\_\_\_\_\_  
(Signature of Notary Public – Stamp or Seal)Date

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other government entities such as water management districts, state agencies, or federal agencies.



# DATA SHEET FOR PUBLIC SWIMMING POOL PERMIT

## BAY COUNTY BUILDERS' SERVICES DIVISION

840 W. 11th St., Panama City, Fl. 32401, Phone: (850) 248-8350 Fax: (850) 248-8384

This form is to be completed and submitted with plans and specifications in minimum of three copies.  
 New Construction \_\_\_\_\_ Revision \_\_\_\_\_ Modification \_\_\_\_\_ Operating permit No. \_\_\_\_\_

1. Name of Project \_\_\_\_\_

Address of Pool \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

2. Name of Owner \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Pool Type: Conventional \_\_\_\_\_ Spa \_\_\_\_\_ Wading \_\_\_\_\_ Special Purpose \_\_\_\_\_ Water Recreation Attraction \_\_\_\_\_

Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_ Transient \_\_\_\_\_ Non-transient \_\_\_\_\_

4. No. of Units Served: \_\_\_\_\_ No. of Stories \_\_\_\_\_ Distance of Farthest Unit from Pool: \_\_\_\_\_ Elevator: Yes \_\_\_\_\_ No \_\_\_\_\_

5. Number of Sanitary Facilities:

	Water Closets	Urinals	Lavatories	Dressing Rooms	Distance From Pool: _____
Male					
Female					

6. Method of Waste Water Disposal: \_\_\_\_\_

7. Pool Volume in Gallons: \_\_\_\_\_ Bathing Load: \_\_\_\_\_ Water Source: \_\_\_\_\_

8. Dimensions: Width: \_\_\_\_\_ Length: \_\_\_\_\_ Area: \_\_\_\_\_ Perimeter: \_\_\_\_\_ Depth: Max. \_\_\_\_\_ Min. \_\_\_\_\_ Shape \_\_\_\_\_

9. Type Construction Material: Shell \_\_\_\_\_ Finish \_\_\_\_\_ Color \_\_\_\_\_

10. Equipment Make and Model:

(A) Recirculation Pump: \_\_\_\_\_ Flow \_\_\_\_\_ GPM At \_\_\_\_\_ TDH \_\_\_\_\_ HP \_\_\_\_\_

(B) Filter: \_\_\_\_\_ Area \_\_\_\_\_ Sq. Ft. Flow Capacity \_\_\_\_\_

(C) Disinfection Equipment: \_\_\_\_\_ Capacity \_\_\_\_\_ (GPD) or (PPD)

(D) pH Adjustment Feeder: \_\_\_\_\_ Capacity \_\_\_\_\_ (GPD)

(E) Test Kit: \_\_\_\_\_

Permit number (assigned by Building Dept.): \_\_\_\_\_

Florida licensed design professional must seal and date the plans and this form according to section 105.3.1.2(6) of the 6<sup>th</sup> Edition FBC. A copy will also be needed for the operating permit from the DOH.

The design engineer certifies that the plans and specifications provided meet the requirements of the Florida Building Code for public pools.

These plans, specifications and related documents are approved and accepted by the owner/owner's representative.

\_\_\_\_\_  
Signature and seal: Engineer registered under Florida Statutes

\_\_\_\_\_  
Signature: Owner/Owner's Representative

Typed Name and Florida registration number \_\_\_\_\_

Typed Name and Title of Above \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

**To be completed by plans examiner licensed under 468 F.S.**

These plans for the proposed construction cited in the foregoing application are hereby approved with the following proviso(s):

Construction on this project shall be commenced within 180 days from the date of approval of this application.

This approval is for the functional aspects of this project and is based on the information and data supplied by the applicant or his agent. There may be other local permits, requirements or regulations that must be met prior to the construction of this facility.

Only those applications, plans and specifications that have been stamped "REVIEWED" are included in this approval. Any changes to these applications, plans or specifications may render this approval null and void.

Approval Stamp and Date \_\_\_\_\_

By: \_\_\_\_\_  
Plans Examiner

Permit number: \_\_\_\_\_

\_\_\_\_\_  
Print Name



**BAY COUNTY BUILDERS' SERVICES DIVISION**  
**STATEMENT FOR WATER**

**Site Address:** \_\_\_\_\_

\_\_\_\_\_ **WELL** A working potable water well located on the site which will be used water supply to the structure. (no public utilities are available)

\_\_\_\_\_ **SEPTIC TANK** A new or existing septic system located on the site will be used. (Provide a current septic permit or existing system letter from the Bay County Health Department before building permit can be issued.

\_\_\_\_\_ **PUBLIC UTILITIES – WATER** Are available and will utilized for water to the structure. (Provide water receipt from serving utility company indicating available service and that all tap fees and impact fees have been paid)

\_\_\_\_\_ **PUBLIC UTILITIES – SEWER** Are available and will be utilized for sewer to the structure. (Provide sewer receipt from serving utility company indicating available services and that all tap fees have been paid)

\_\_\_\_\_  
Owner/Agent/Contractor Signature

\_\_\_\_\_  
Date



NOTICE OF COMMENCEMENT

Permit No. \_\_\_\_\_
State of Florida
County of Bay

Tax Folio No. \_\_\_\_\_

To Whom It May Concern:

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.

Description of property (legal description of the property, and street address if available): \_\_\_\_\_

General description of improvement: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Owner's interest in site of the improvement: \_\_\_\_\_

Fee Simple Titleholder Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Payment Bond Surety: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount of Bond: \$ \_\_\_\_\_

Lender Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Person 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 \_\_\_\_\_

Phone Number: \_\_\_\_\_

In addition to himself or herself, Owner designates \_\_\_\_\_ of \_\_\_\_\_ to receive a copy of the Lienor's Notice as provided in Section 713.13(1) (b), Florida Statutes. Phone Number: \_\_\_\_\_

Expiration date of Notice of Commencement is one (1) year from date of recording unless a different date is specified \_\_\_\_\_.

Signature of Owner

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (name of person making statement).

Signature of Notary Public (State of Florida)

NOTARY SEAL

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_
Type of Identification Produced \_\_\_\_\_

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROVER 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 ON RECORDING YOUR NOTICE OF COMMENCEMENT.