RESIDENTIAL SWIMMING POOL
INFORMATION CHECKLIST

☐ POOL PERMIT APPLICATION FORM MUST BE COMPLETED IN FULL

☐ COPY OF CONTRACT OR PURCHASE ORDER

☐ SUBMIT (4) FOUR SETS OF SIGNED AND SEALED PLANS BY A FLORIDA LICENSED ENGINEER (MINIMUM PLAN SIZE: 18 X 24)

☐ PROVIDE A PLOT PLAN OR SURVEY WITH THE POOL LOCATION INDICATED AND ALL DISTANCES TO PROPERTY LINES CLEARLY SHOWN (SHOW ANY EASEMENTS ON PLOT PLAN)

☐ SOILS INVESTIGATION REPORTS ARE REQUIRED FOR ALL WATERFRONT PROPERTIES THAT BORDER THE INDIAN RIVER LAGOON, THE SEBASTIAN RIVER, AND THEIR ASSOCIATED CANALS.

A SOILS INVESTIGATION REPORT IS ALSO REQUIRED FOR THE FOLLOWING SUBDIVISIONS: VERO ISLES, CACHE CAY, THE MOORINGS #5 (THE ANCHOR), RIVERBOAT CLUB, KINGSWOOD AND SAVANNAH OAKS.

☐ SWIMMING POOLS AND SPAS BEING CONSTRUCTED SEAWARD OF THE 1987 COASTAL CONSTRUCTION CONTROL LINE WILL REQUIRE A REVIEW BY THE DEPARTMENT OF ENVIRONMENTAL PROTECTION AND A SOILS INVESTIGATION REPORT.

☐ SWIMMING POOLS AND SPAS BEING CONSTRUCTED ON A PROPERTY SERVICED BY A SEPTIC SYSTEM WILL REQUIRE A REVIEW BY THE HEALTH DEPARTMENT.

☐ SUBMIT PLANS, ADDITIONAL REQUIRED DOCUMENTS AND PERMIT APPLICATION TO THE BUILDING DIVISION AND PAY PERMIT FEE

INDIAN RIVER COUNTY BUILDING DEPARTMENT
1801 - 27TH STREET
VERO BEACH, FL 32960
(772) 567-8000, EXT. 1260
APPLICATION FOR POOL PERMIT
BUILDING DIVISION

I. CONSTRUCTION LOCATION: STREET ADDRESS: ____________________________
   SUBDIVISION: ________________________________________________________

II. ESTIMATED CONSTRUCTION COST: $ ____________________

III. PROPOSED USE: (CHECK ONE) TYPE CONSTRUCTION: (CHECK ONE)
   _______SINGLE FAMILY RESIDENTIAL (POOL) _______SWIMMING POOL OR SPA (IN-GROUND)
   _______MULTI-FAMILY/COMMERCIAL (POOLPR) _______PRE-FAB POOL (ABOVE/IN GROUND)

IV. PARCEL NUMBER: __________/________/________/________/________/________/
THE PROPERTY IS SERVICED BY: ☐ SEPTIC SYSTEM OR ☐ SEWER CONNECTION
(The above information must be clarified prior to permit application submission by the contractor or owner)

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<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
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<td>OWNER</td>
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V. SUBCONTRACTOR: (NOTICE TO CONTRACTOR): It is the Contractor’s responsibility to update any information and changes during the course of the job. Failure to update information regarding ITEM V - Subcontractors, shall be considered negligence in the practice of contracting.)

<table>
<thead>
<tr>
<th>CONTRACTOR TYPE</th>
<th>BUSINESS NAME</th>
<th>COMP CARD NUMBER</th>
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<tbody>
<tr>
<td>ELECTRICAL</td>
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<tr>
<td>FENCE/POOL SAFETY COVER</td>
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<td>STRUCTURAL</td>
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<tr>
<td>PLUMBING</td>
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*NOTE: IF A SCREENED ENCLOSURE WILL BE USED INSTEAD OF A FENCE, A SEPARATE PERMIT IS REQUIRED. PERMIT FEE FOR SCREENED ENCLOSURE IS NOT INCLUDED IN PACKAGE SET FEE.
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.

AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws and ordinances.

_________________________  __________________________
Signature of Owner or Agent                 Signature of Contractor

_______        ______
Date                    Date

Owner:
State of _________________ County of __________________
The foregoing instrument was acknowledged before me this _____ day of _____________, 20___ by ___________________________ who is ___ personally known or who has ____ produced identification.
Type identification produced: ________________________________.

__________________________
Official Signature of Notary Public

Notary’s Name, Typed, Printed or Stamped

Contractor:
State of _________________ County of __________________
The foregoing instrument was acknowledged before me this _____ day of _____________, 20___ by ___________________________ who is ___ personally known or who has ____ produced identification.
Type identification produced: ________________________________.

__________________________
Official Signature of Notary Public

Notary’s Name, Typed, Printed or Stamped

Notary Seal:
SUBCONTRACTOR AFFIDAVIT

OWNER’S NAME: ________________________________________________________________

CONSTRUCTION LOCATION:_______________________________________________________

ELECTRICAL CONTRACTOR:

BUSINESS NAME: _________________________ COMP CARD NUMBER: ____________

I hereby certify that I am performing the electrical work for the project listed at the above reference construction location.

______________            _____________________________
Date                                  Qualifier’s Signature

NOTARY AS TO CONTRACTOR:

State of _________________ County of __________________

The foregoing instrument was acknowledged before me this ______ day of _________________, 20___ by
___________________________ who is ____ personally known or who has _____ produced identification.

Type identification produced: _______________________________.

___________________________
Official Signature of Notary Public

Notary’s Name, Typed, Printed or Stamped

Notary Seal:

*FENCE/POOL SAFETY COVER CONTRACTOR OR OWNER:

BUSINESS NAME: _________________________ COMP CARD NUMBER: ____________

I hereby certify that I am performing the fence/pool safety cover work for the project listed at the above reference construction location.

_______________       _____________________________
Date                               Qualifier’s Signature

NOTARY AS TO CONTRACTOR:

State of _________________ County of __________________

The foregoing instrument was acknowledged before me this ______ day of _________________, 20___ by
___________________________ who is ____ personally known or who has _____ produced identification.

Type identification produced: _______________________________.

___________________________
Official Signature of Notary Public

Notary’s Name, Typed, Printed or Stamped

Notary Seal:
SUBCONTRACTOR AFFIDAVIT

OWNER’S NAME: _____________________________________________________

CONSTRUCTION LOCATION: ________________________________________

STRUCTURAL CONTRACTOR:

BUSINESS NAME: _________________________ COMP CARD NUMBER: ____________

I hereby certify that I am performing the structural work for the project listed at the above reference construction location.

Date _____________________________
Qualifier’s Signature

NOTARY AS TO CONTRACTOR:

State of _________________ County of __________________

The foregoing instrument was acknowledged before me this ______ day of _________________, 20___ by _________________ who is ____ personally known or who has _____ produced identification.

Type identification produced: ________________________________.

_________________________________
Official Signature of Notary Public

_________________________________
Notary’s Name, Typed, Printed or Stamped

Notary Seal:

PLUMBING CONTRACTOR:

BUSINESS NAME: _________________________ COMP CARD NUMBER: ____________

I hereby certify that I am performing the plumbing work for the project listed at the above reference construction location.

Date _____________________________
Qualifier’s Signature

NOTARY AS TO CONTRACTOR:

State of _________________ County of __________________

The foregoing instrument was acknowledged before me this ______ day of _________________, 20___ by _________________ who is ____ personally known or who has _____ produced identification.

Type identification produced: ________________________________.

_________________________________
Official Signature of Notary Public

_________________________________
Notary’s Name, Typed, Printed or Stamped

Notary Seal:
INDIAN RIVER COUNTY

*NOTICE OF REQUIREMENTS*

RESIDENTIAL SWIMMING POOL, SPA AND HOT TUBS SAFETY ACT

Chapter 515 Florida Statutes
And Section 4.24.2 Florida Building Code

In signing this affidavit, the property owner hereby affirms that the proposed new swimming pool, spa and/or hot tub permitted by permit number _______________ for construction or installation at ________________________________ shall be provided with at least one or more of the following safety features as required installed and maintained in compliance with Chapter 515, Florida Statutes and the Florida Building Code Section 424.2 PRIOR TO THE FINAL INSPECTION:

Initial selected safety feature(s):  **YOU MUST SELECT 1. OR 2.**

- [ ] 1. The swimming pool, spa, or hot tub will be equipped with an approved safety pool cover that complies with ASTM F1346-91 (Standard Performance Specifications for Safety Covers for Swimming Pools, Spas and Hot Tubs);

- [ ] 2. The swimming pool, spa, or hot tub will be isolated by an enclosure that meets the barrier requirements of Florida Building Code Section 424.2.17; **(SEE BELOW).** The barrier must be located entirely on the same property as the pool.

Where a wall of a dwelling serves as a part of the barrier in 2. above, then one or both of the following shall apply:

- [ ] All doors and windows providing direct access from the home to the swimming pool, spa, or hot tub shall be equipped and maintained with an exit alarm complying with UL 2017 that has a minimum sound pressure rating of 85 decibels at 10 feet. The alarm shall sound immediately after the door is opened and be capable of being heard throughout the house during normal household activities.

- [ ] All doors providing direct access from the home to the swimming pool, spa, or hot tub shall be equipped and maintained with self-closing, self-latching devices with release mechanisms placed no lower than 54 inches above the threshold, which are approved by the Building Official.
INDIAN RIVER COUNTY

*NOTICE OF REQUIREMENTS*

RESIDENTIAL SWIMMING POOL, SPA AND HOT TUBS SAFETY ACT

Chapter 515 Florida Statutes
And Section 4.24.2 Florida Building Code

I understand that not having at least one or more of the above installed devices as required installed at the time of final inspection or thereafter will constitute a violation of Chapter 515, F.S. Furthermore, such violation will be considered a misdemeanor of the second degree, punishable as established in Chapter 775, F.S.

_________________________________
Property Owner’s Signature and Date

_________________________________
Property Owner’s Name (PLEASE PRINT)

State of _________________  County of _________________

The foregoing instrument was acknowledged before me this _____ day of _________________, 20___ by ____________________________ who is ____ personally known or who has _____ produced identification.

Type identification produced: ________________________________.

_________________________________
Official Signature of Notary Public

Notary’s Name, Typed, Printed or Stamped

Notary Seal:
NOTICE

From: Scott McAdam, CBO, MCP, Building Official
To: All Permit Applicants
Date: 11/25/13
Subject: Pool Safety Barrier FBC Residential 4101.17.1.2 “SQUEEZE THROUGH”

Code Section

FBCR 4101.17.1.2 The barrier may not have any gaps, openings, indentations, protrusions, or structural components that could allow a young child to crawl under, squeeze through, or climb over the barrier as herein described below. One end of a removable barrier shall not be removable without the aid of tools. Openings in any barrier shall not allow passage of a 4-inch-diameter (102mm) sphere.

FBCR 4101.4.2 Items not covered. For any items not specifically covered in these requirements, the administrative authority is hereby authorized to require that all equipment, materials, methods of construction and design features shall be proven to function adequately, effectively and without excessive maintenance and operational difficulties.

FBCR 4101.4.3 Applicant responsibility. It shall be the responsibility of the applicant to provide such data, tests or other adequate proof that the device, material or product will satisfactorily perform the function for which it is intended, before such item shall be approved or accepted for use.

Requirement

The design of the infill pickets of the fence panel must not allow the young child to squeeze through. A picket design that complies with the 4 inch sphere rule may not comply with the squeeze through criteria. If the pickets can be spread apart where a child will be allowed to squeeze through, that design will not be approved. The infill design must be rigid enough to resist the ability to spread and allow a young child to squeeze through. What is rigid? What is the squeeze load to be applied? The Code both FBC and FBCR indicate 50 PSF as being compliant for guard infill system design that address fall protection. Using this as just a reference, the load then will not need to be greater than this. The barrier is a safeguard and should be treated as such. The barrier is required to resist a young child from squeezing through. The product and design will be inspected for compliance in the field. We have come across products and designs that have been questionable. That is the reason for this notice. The applicant is responsible for a compliant product and design, we do not want to disapprove a product or design at time of Final inspection.
ATTENTION

BUILDING PERMIT APPLICATIONS ON PROPERTIES SERVED BY A SEPTIC SYSTEM

The Health Department must review and approve your plan before your building permit can be issued.

To expedite this process, please indicate the location of the septic tank, drainfield, and any well on your site plan, along with the proposed improvement. This includes building applications for pools, detached garages, and additions.

Residential building additions may require modification of the existing septic system.

QUESTIONS?

Call the Indian River County Environmental Health office at 772-794-7440, or stop by our office at 1900 27th Street (across the street).