



Community Development Department Building Division

4200 Indian Bayou Trail, Destin, Fl. 32541
Ph: (850) 654-1119 Fax: (850) 837-7949

Pool Permit Application

DATE: _____

JOB SITE ADDRESS: _____ PROJECT NAME: _____

PARCEL ID: _____ LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY OWNER: _____

CONTRACTOR CO. NAME: _____

ADDRESS: _____

QUALIFIER NAME: _____

CITY, STATE, ZIP: _____

STATE LICENSE #: _____ COMP#: _____

PHONE: _____ FAX: _____

ADDRESS: _____

MOBILE/CELL: _____

CITY, STATE, ZIP: _____

FEE SIMPLE TITLEHOLDER'S NAME: _____

PHONE: _____ FAX: _____

(If other than owner)

ADDRESS: _____

CONTACT PERSON: _____

CITY, STATE, ZIP: _____

MOBILE/CELL: _____

ARCHITECT/ENGINEER: _____ ADDRESS: _____

BONDING COMPANY: _____ ADDRESS: _____

MORTGAGE LENDER NAME: _____ ADDRESS: _____

DESCRIPTION OF WORK TO BE DONE: _____

CATEGORY TYPE: Residential Commercial Code Year Edition FBC/RBC: _____

POOL LOACTED IN (AE OR V ZONE)? _BFE_____ IS THE POOL LOCATED SOUTH OF THE (CCCL)? YES / NO

CHECK ALL PARTS RESPONSIBLE FOR: POOL / SPA / FOUNTAIN DECKING POOL BARRIER STORMWATER
 POOL HEATER POOL VACUUM SYSTEM OTHER _____

(Any items not checked that apply to pool installations, a separate permit must be applied for before the Pool Permit will be issued.)

TYPE OF POOL: GUNITE VINYL FIBERGLASS OTHER: _____

TOTAL VALUE (MATERIAL & LABOR): \$ _____

NOTE: In order to pass final inspection and receive a certificate of completion, a residential swimming pool must meet one or more of the following requirements for a pool barrier per Florida Statute Chapter 515:

- The pool must be isolated from access to a home by an enclosure that meets the pool barrier requirements of FL. s. 515.29.
- The pool must be equipped with an approved safety cover.
- All doors and windows providing direct access from the home to the pool must be equipped with an exit alarm that has a minimum sound pressure rating of 85dB A at 10 feet.
- All doors providing direct access from the home to the pool must be equipped with a self closing, self latching device with a release mechanism placed no lower than 54 inches above the floor.

FINAL INSPECTION IS REQUIRED ON ALL PERMITS-Failure to obtain a final inspection may result in legal action.

Applicants Signature: _____ Date: _____

Reviewed By: _____ (Permit Official) Date: _____

Applicants Printed Name: _____

Received by: (initials) _____ Date: _____

CITY OF DESTIN - BUILDING DIVISION

PERMIT APPLICATION

NOTICE TO OWNER / CONTRACTOR

JOB SITE ADDRESS: _____ PROJECT NAME: _____

PAECCEL ID: _____ LOT: _____ BLOCK: _____ SUBDIVISION: _____

Application is hereby made to obtain a permit to do the work and installation as indicated. ***I certify that no work or installation has been commenced prior to issuance of a permit*** and that all work will be performed to meet all codes, standards and laws governing construction in this jurisdiction. I also certify that all required insurances for me and any trades are in accordance with state laws. I understand that a separate permit must be secured for **BUILDING, ELECTRICAL WORK, PLUMBING, MECHANICAL, ROOFING, SIGNS, POOLS and Right of Way (ROW) CONSTRUCTION**, etc.

OWNER/ CONTRACTOR AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning per State and City of Destin.

If the direct contract is greater than \$2500, the applicant/owner must file a NOTICE OF COMMENCEMENT.

“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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.”

FINAL INSPECTION IS REQUIRED ON ALL PERMITS-Failure to obtain a final inspection may result in legal action.

Must be signed in presence of a Notary

Signature Date
Owner or Agent(including contractor)

Signature Date
Contractor

STATE OF FLORIDA
COUNTY OF OKALOOSA
Sworn to (or affirmed) and subscribed
before me this _____ day of _____, 20____
by _____ who is known
to me or has produced _____
as identification.

STATE OF FLORIDA
COUNTY OF OKALOOSA
Sworn to (or affirmed) and subscribed
before me this _____ day of _____, 20____
by _____ who is known
to me or has produced _____
as identification.

Notary Signature as to Owner Date

Notary Signature as to Contractor Date

SEAL:

SEAL:



RESIDENTIAL SWIMMING POOL SAFETY ACT

**STATE OF FLORIDA
CITY OF DESTIN, OKALOOSA COUNTY**

I (We) acknowledge that a new swimming pool, spa or hot tub will be constructed or installed at _____, and hereby affirm that one of the following methods will be used to meet the requirements of Chapter 515, Florida Statutes. (Please initial the method(s) to be used for your pool)

_____ The pool will be isolated from access to the home by an enclosure that meets the pool barrier requirements of Florida Statute 515.29;

_____ The pool 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);

_____ 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 self-closing, self-latching devices with release mechanisms placed no lower than 54" above the floor or deck;

I (We) understand that not having one or more than one of the above installed 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 by fines as established in Chapter 775, F.S.

I (We) agree to enclose the pool at _____ with a fence at least four feet high, with pickets no greater than four inches apart, with a self closing, self latching gate mechanism, immediately upon completion of the pool, in accordance with Section 9.06.04 of the Land Development Code.

If the pool is completely enclosed with a screened enclosure, a fence is not required. I understand a city permit is required to put up a fence or screen enclosure and that I must call the Building Department at 654-1119 to request a final inspection.

Contractor's Name

Owner's Name

Contractor's Signature

Date

Owner's Signature

Date

SWORN TO and subscribed before me this ____ day of _____, 20____, by _____, who presented _____ as identification.

SWORN TO and subscribed before me this ____ day of _____, 20____, by _____, who presented _____ as identification.

My commission Expires: _____

My commission Expires: _____

NOTARY PUBLIC (SEAL)
(Printed or typed name)

NOTARY PUBLIC (SEAL)
(Printed or typed name)



Community Development Department
Planning Division
 4200 Indian Bayou Trail, Destin, FL 32541
 Phone: (850) 837-4242 Fax: (850) 837-7949 or
 (850) 650-0693

Planning Div. Date Received Stamp

POOL

(Pool Enclosures and Decks Require Separate Permit)

Building/Construction Permit Application Supplement

JOB SITE ADDRESS: _____

PARCEL ID(S): _____

FINAL DEVELOPMENT ORDER NO. (If applicable): D.O.- _____ **-** _____

DESCRIPTION OF WORK (Related to Permit Type): _____

ZONING DISTRICT : _____ **REQUIRED SETBACKS: FRONT:** _____ **SIDE:** _____ **REAR:** _____

SOUTH OF COASTAL CONSTRUCTION CONTROL LINE? (Y/N)
 (If YES, provide a copy of the FDEP permit)

WHITE SAND ZONE: ZONE I / ZONE II / NONE **FEMA FLOOD ZONE(S) & BASE FLOOD EL.:** _____

WATER'S EDGE SETBACKS: PROPERTY LINE: _____ **(4' Min.)** **BUILDING:** _____ **(3' Min.)**

ZONING DISTRICT : _____

REQUIRED POOL ENCLOSURE SETBACKS: FRONT: _____ **SIDE:** _____ **REAR:** _____

ADDED IMPERVIOUS AREA: _____ **SQ. FT.**

- Added area is 250 sq. ft. or less, eligible for one event exemption. Refer to Building Division file for event exemption status.
- Greater than 250 and less than 750 sq. ft., applicant must meet the requirements of LDC, Article 10, Section 10.03.02.I.2.b.
- If 750 sq. ft. or more, applicant must provide a Stormwater Management Plan (See applicable Permit Checklist)

Planner: _____ **Date:** _____

Stormwater Specialist/Floodplain Manager: _____ **Date:** _____