



Town of Montverde
17404 Sixth Street
Montverde, FL 34756
(407) 469-2681

Swimming Pool

1. Completed permit application.
2. Contractor license and insurance information submitted with each permit.
3. Notice of commencement.
4. Copy of the contract between the owner and contractor.
5. Property records card, warranty deed or other legal document showing ownership.
6. A site plan with impervious surface calculation, showing the location of the house, pool, pool depth, distances between the pool and the house, distances between the pool and pool deck and adjacent property lines.
7. TDH calculations either signed by the engineer or the contractor.
8. A plan view showing equipment locations, size of piping and distances that are consistent with the TDH calculations with enough supporting documentation to verify the accuracy of the calculations.
9. A complete set of pool plans in PDF format digitally signed by the engineer or architect of records. Plans must be submitted as one file, not multiple files. Plans should be printable area of 24x36 and must be unlocked.
10. Pool barrier affidavit signed by the owner.



**TOWN OF MONTVERDE
PERMIT
APPLICATION**

Permit Number

Alternate Key Number	Parcel Number	Project Address	
		Project Description	Swimming Pool
Owner's Name	Mailing Address	City, State, Zip	Telephone

Email Address:

Fee Simple Titleholder's Name	Mailing Address	City, State, Zip	Telephone
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General Contractor	Mailing Address	City, State, Zip	Telephone
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Email Address:	State License Number:		
Construction Contractor	Mailing Address	City, State, Zip	Telephone

Electrical Contractor	Mailing Address	City, State, Zip	Telephone
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Plumbing Contractor	Mailing Address	City, State, Zip	Telephone
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HVAC Contractor	Mailing Address	City, State, Zip	Telephone
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Roofing Contractor	Mailing Address	City, State, Zip	Telephone
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Legal Description	
Bonding Company	
Bonding Company Address	
Architect's Name	
Architect's Address	

Project Information		Job Name:					
		Subdivision Name		Lot No.	Phase		
Zone	Lot Area						
		Setbacks (ft)	Front	Rear	Side	Corner	
Project (check one)		Area		Electrical	Hvac	Water (check one)	
New	Living	Area	Service Size	Type	Municipal		
Alteration	Garage				Well		
Addition	Porch(s)				Plumbing (check one)		
Repair	Other				Airhandler	Sewer	
Other	Total				Condenser	Septic	
Garage (check one)		Number of Bedrooms		Estimated Cost		Code In Effect	
Attached						6th Edition Florida Building Code	
Detached							

Signature of Applicant _____ **Date** _____

STATE OF FLORIDA, COUNTY OF _____.

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 20____, by _____, _____ Personally Known OR _____ Produced

Identification Type of Identification Produced _____

Signature

Print Name

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: _____

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

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 6th Edition (2017) 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

Date: _____

Owner's Signature

Date: _____

Notary Public – State of Florida

Personally Known ___ OR Produced ID ___

Type of Identification Produced _____

Notary Public – State of Florida

Personally Known ___ OR Produced ID ___

Type of Identification Produced _____

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