

Bradford County ~ City of Starke

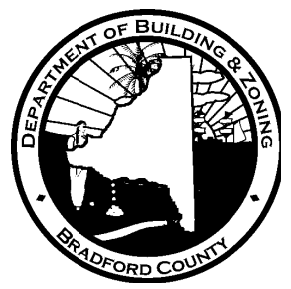
Building, Zoning & Planning

P.O. Box 1148 ~ 945-F North Temple Ave.

Starke, FL 32091

Phone: 904-966-6205 / 904-966-6223

Fax: 904-966-6220



POOL CONSTRUCTION PERMIT INFORMATION

1. You must bring in your parcel number (this identifies the Parcel of land in which the construction will take place on) This can be found on your tax bill.
2. The Bradford County Building & Zoning Department will issue a Zoning Certification are on your property the fee will be \$25.00. Fee will be paid at issuance of permit.
Must have a survey of parcel for certification:
3. **Documents required prior to issuance of a Pool Construction Permit:**
 - **The completed Pool Construction Permit Application:**
 - **All Contractors Insurance Certificates and License must be up to date in our computer system:**
 - **The Owner Builder or General Contractor will pull Pool & Electrical permits at once:**
 - **Survey showing Flood Zone verification and setbacks from property line:**
 - **Two sets of Engineered Blueprints and a copy of the contract:**
 - **Recorded Notice Commencement for any project over \$2,500.00:**
 - **Warranty Deed showing ownership:**
 - **Legal Description of the Property:**
 - **Must have a 911 address at time of permitting; call 904-966-6179:**
 - **Site plan showing set-backs:**
4. The cost of the Pool & Electrical Permit will be based upon Contract value.:

Pool Barrier must be in place within 30 days after completion of pool.

IF NO INSPECTION WITHIN 6 MONTHS OF ISSUANCE THIS PERMIT WILL BECOME NULL & VOID.

**BRADFORD COUNTY
POOL CONSTRUCTION PERMIT
APPLICATION**

NAME OF PROPERTY OWNER: _____

ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

POOL CONTRACTOR: _____

TOTAL SQUARE FOOTAGE: _____

POOL CONTRACTOR JOB VALUE \$: _____

ELECTRICAL CONTRACTOR: _____

ELECTRICAL CONTRACTOR JOB VALUE \$: _____

DIRECTIONS TO JOB SITE: _____

PARCEL ID NUMBER: _____

SIGNATURE (OWNER / CONTRACTOR) : _____

TO BE COMPLETED BY BRADFORD COUNTY ZONING DEPARTMENT

LAND USE / ZONING CLASSIFICATION: _____

MINIMUM LOT SET-BACKS:

FRONT: _____ SIDES: _____ REAR: _____

AUTHORIZED BY : _____ DATE: _____

Residential Swimming Pool, Spa, or Hot Tub Safety Act

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 methods 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 Statutes 515.29.

_____ The pool will be equipped with an approved safety pool cover that complies with ASTM F1346-91 (Standard performances Specifications for safety covers and 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 ft.

_____ All doors providing direct access from the home to the pool will be equipped with self-closing, self-latching devices with release mechanisms place no lower than 54" above the floor or deck.

I understand that not having 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 up to \$500 and/or up to 60 days in jail as established in Chapter 775:

ALL SIGNATURES MUST BE NOTARIZED

Contractor's Signature

Owner's Signature

Contractor's Name & Date

Owner's Name & Date

Sworn to and subscribed before me this _____ day of _____ A.D. 20 _____

Notary Public _____, Commission:

NOTICE OF COMMENCEMENT

RETURN TO:

THIS INSTRUMENT PREPARED BY:

PROPERTY APPRAISER'S PARCEL ID NUMBER:

SPACE ABOVE THIS LINE FOR RECORDING DATA

STATE OF FLORIDA, COUNTY OF BRADFORD

The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

PARCEL ID NUMBER _____

Street address of property: _____

Description of improvements: _____

Property Owner Name: _____

Property Owner s Address: _____

Owners Interest in property: _____

Fee Simple Title Holder Name: _____

Title Holder Address: _____

Contractor Name: _____

Contractor Mailing Address: _____

Surety Name: _____

Surety Mailing Address: _____

Lender Name: _____

Lender Mailing Address: _____

Person within the State of Florida designated by Owner upon which notices and other documents may be served as provided by Section 713.13 (1) (a) 7, Florida Statutes.

Name: _____

Address: _____

In addition to himself, the Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (a)7., Florida Statutes

Name: _____

Address: _____

Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording)

Signature of Owner _____

Printed Signature of Owner _____

APPLY NOTARY SEAL HERE

I have relied on the following identification of the Affiant:

Sworn to and subscribed before me this _____

day _____ of _____ 2008

Notary Signature _____

Printed Notary Signature _____