



# Gilchrist County Building Department

209 SE 1<sup>st</sup> Street Trenton, FL 32693

Phone: (352) 463-4617 Fax: (352) 354-9113 E-mail: [permitting@gilchrist.fl.us](mailto:permitting@gilchrist.fl.us)

## Pool & Spa Permit Application

### Owner Information

Owner Name:

Proof of Ownership:  Recorded Deed  Other:

### Contractor Information

Contractor Name:

License #:

Authorized Agent Name:

Affidavit on File  Affidavit Attached

**Owner/Builder Affidavit must be submitted if owner is applying for permit**

### Contact Information

Name:

Address:

City:

State:

Zip:

Contact Phone:

Alternate Contact#:

Fax Number:

E-mail:

### Project Information

Job Valuation: \$

**N.O.C. Required if \$5,000 and over in value**

Residential  Commercial

Electric Service Provider:  CFEC  Duke  Clay

Project Address:

City:

State:

Zip:

Parcel Number:

Existing Use of the Building/Space/Site:

Type of Pool:  In-Ground  Gunitite  Fiberglass  Vinyl Liner  Above Ground  Spa/Jacuzzi

Zoning approval is required for all pool and spa installation.  County Approval Attached  City Approval Attached

**Engineering, site plan, pool equipment (pump-filter-main drain-heater-lighting), and notarized Residential Swimming Pool Safety Affirmation must be submitted.**

**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**



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## Pool & Spa Permit Application

**THIS COMPLETED FORM MUST BE KEPT ON THE JOB SITE AT ALL TIMES**

I, \_\_\_\_\_  
Printed contractor name License Number

Hereby affirm that the pool, located at \_\_\_\_\_ will be isolated from access from within the dwelling AND from adjacent properties by a barrier that meets the pool barrier requirement of Florida Statute 515 and the Florida Building Code 8th Edition Residential (2023) R4501.17. Check the applicable barrier requirements from the following options and show on the site plan. Complete the Manufacturer Name and Model when applicable.

- The pool will be equipped with an approved safety pool cover that complies with ASTM F1346 (Standard Performance Specifications for Safety Covers for Swimming Pools, Spas, and Hot Tubs) per FBC R4501.17, Exception.  
Manufacturer Name: \_\_\_\_\_ Model: \_\_\_\_\_
- The pool will be isolated from access by a mesh safety barrier that meets the requirements of FBC R4501.17, and installed in accordance with the manufacturer's instructions and complying with ASTM F2286.  
Manufacturer Name: \_\_\_\_\_ Model: \_\_\_\_\_
- The pool will be isolated from access by a screen enclosure that meets the requirements of FBC R4501.17.1.11.
- The pool will be isolated from access by a fence and pedestrian gates that meet the requirements of FBC R4501.17.1.1 through R4501.17.1.14.

Does any part of the barrier consist of dwelling walls which contain doors and/or windows?  Yes  No

If you checked "Yes" to the above question, check which of the following three options below are applicable:

- All doors and windows providing direct access from the dwelling to the pool will be equipped with an exit alarm that meets the requirements of FBC R4501.17.1.9 (1) unless exceptions a, b or c apply.  
Manufacturer Name: \_\_\_\_\_ Model: \_\_\_\_\_
- All doors providing direct access from the dwelling to the pool will be equipped with self-closing, self-latching devices installed 54" above the threshold that meet the requirements of FBC R4501.17.1.9 (2).
- A swimming pool alarm that meets and is independently certified to ASTM Standard F2208 will be provided per FBC R4501.17.1.9 (3).

Manufacturer Name: \_\_\_\_\_ Model: \_\_\_\_\_

I understand that the above indicated shall be installed before the time of the Pool Barrier/Safety Device inspection per FBC R4501.19.

\_\_\_\_\_  
Signature of Owner/Contractor/Agent Date

STATE OF FLORIDA COUNTY OF Gilchrist County – The foregoing instrument was acknowledged before me by means of

physical presence or  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_ (Printed Name of Individual Acknowledging)

Individual identified by:  Personal Knowledge  Satisfactory Evidence: Type: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public - State of Florida Stamp:

\_\_\_\_\_  
Printed Name of Notary Public