Swimming Pool
Permit Requirements
FOR CONTRACTORS

☐ Permit Application (state whether or not pool will have enclosure of 4’ fence)
☐ Mechanic Lien Affidavit
☐ Flagler County Residential Tree Protection and Landscape Compliance
☐ Affidavit of Drainage Control
☐ 2 Residential Swimming Pool Safety Act form (1 original and 1 copy)
☐ Notice of Commencement or Affidavit of Notice of Commencement Filing
  Only if over $2,500.00 (Recorded and Certified copy not required until first inspection)
☐ Copy of Warranty Deed
☐ Signed and Sealed Site Plan illustrating the existing & proposed grading
  per 98-03
☐ Survey showing proposed location of pool and all existing structures
☐ Existing septic tank and drain field location (can be added to site plan)
☐ 2 sets of signed and sealed swimming pool construction drawings
☐ Sub cards for all applicable Sub Contractors with postage affixed
☐ Mailing envelope addressed to the property owner with postage affixed
  (to be used for mailing Mechanics Lien Notice FS CH 713)

*** THIS LIST IS INTENDED ONLY AS A GUIDE LINE FOR APPLICATION SUBMITTAL
  AND MAY OR MAY NOT BE ALL INCLUSIVE***
  It is the applicant’s responsibility to produce Notice of Commencement as specified in Florida
  Statute Chapter 713.13, prior to the scheduling of inspections. All inspections must be complete to
  close out the permit when the project is complete. Failure to close out permits may result in additional
  fees and/or suspension of rights to obtain additional permits.
Mechanics Lien Affidavit

I ____________________________, the owner of the real property upon which improvements are to be constructed have received a copy of the Mechanics Lien Law Warning, Chapter 713, part 1, Florida Statutes.

Improvements to be constructed on lot_______, block_______, subdivision ____________________________.

If not in platted subdivision attach legal description.

________________________________________
Owner's signature

________________________________________
Address

________________________________________
City, State, Zip

The foregoing 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.

________________________________________
Notary Public

http://flaglercounty.org/forms/building/MechanicsLien.pdf
AFFIDAVIT OF
NOTICE OF COMMENCEMENT FILING

I, ________________________________________, of
(Owner’s Name)

_____________________________________
(Street Address)

_____________________________________
(City, State and Zip)

hereby certify the attached is a copy of the Notice of Commencement
that is being filed with the Clerk of the Circuit Court for the improvement
as noted:

_____________________________________
(Please specify the improvement/work)

as permitted by Flagler County Building Department.

_______________________________________  ____________________________
(Owner’s or Contractor’s Signature)        (Date)

State of _____________________________
County of _____________________________
Sworn and subscribed before me this _____ day of _____________, 20____
who is personally known to me or produced: _____________________________
as identification.

_____________________________________
(Notary Public Signature)                    (Seal)

_____________________________________
(Printed or Typed Name of Notary)

My Commission Expires: _____________________
A tree survey is required and shall include at a minimum a description of the species, size, quantity and location of all trees and depiction of the site including proposed structures and vehicle use areas. Tree survey shall be prepared by a Florida licensed land surveyor.

I, ____________________________, the undersigned, certify that I am the owner or duly appointed agent for the property described below:

Property Street Address ____________________________ Parcel Number ____________________________

I ____________________________________________________________________________

Residential Tree Protection Compliance LDC, §6.01.03

Index tree protection/replacement requirements:
Each single-family residential lot must preserve or replant at least forty (40) percent of the total pre-development caliper inches existing on the site.

- Where replacement trees are required to be planted in order to maintain the minimum number of caliper inches, they shall be from the index tree list, have a minimum caliper of two and one-half (2 ½) inches measured six (6) inches above grade after planting and be Florida Grade #1 or better.

**INDEX TREE: A Tree (listed below) having a caliper of 6 inches or greater.**

<table>
<thead>
<tr>
<th>Flagler County Protected Index Trees</th>
<th>Predevelopment Tree Caliper Inches (TCI):</th>
<th>40% of Predevelopment TCI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Name</td>
<td>Number of Trees Provided</td>
<td>Caliper Inches</td>
</tr>
<tr>
<td>-------------------------------------</td>
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<td>----------------</td>
</tr>
<tr>
<td><strong>Example:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elm*</td>
<td>3</td>
<td>6&quot;, 6&quot;, 10&quot;</td>
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<tr>
<td>Ash*</td>
<td></td>
<td></td>
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<tr>
<td>Bay</td>
<td></td>
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<tr>
<td>Black Cherry</td>
<td></td>
<td></td>
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<tr>
<td>Cherry Laurel</td>
<td></td>
<td></td>
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<tr>
<td>Cypress, bald</td>
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<tr>
<td>Cypress, pond</td>
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<tr>
<td>Devil's Walking Stick</td>
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<tr>
<td>Elm*</td>
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<tr>
<td>Hackberry</td>
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<tr>
<td>Hickory*</td>
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<tr>
<td>Holly</td>
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</tbody>
</table>

Totals:
Flagler County

Residential Tree Protection and Landscape Compliance
(For a New Residential Structure)

PAGE 2 of 2

II

Residential Landscape Compliance, LDC 45.01.04(3)
Each single-family lot must provide at least one (1) tree per three thousand (3,000) square feet of lot area for first quarter (1/4) acre of lot area. For lots exceeding one-quarter (1/4) acre, one (1) tree for every additional one-quarter (1/4) acre, or major fraction thereof shall be planted. (i.e.) Four (4) trees required for the first 10,890 sq. ft. and one more tree for every 10,890 sq. ft., or major fraction, thereafter.

- When trees are planted to meet the minimum requirement they must be shade trees (see list above with *), have a minimum caliper of one and one-half (1 1/2) inches measured at four and one-half (4 1/2) feet aboveground at the time of planting.

- Existing shade trees, sabal palms and pine trees may be used to satisfy this requirement, in whole or in part, provided that they have a minimum caliper of two and one-half (2-1/2) inches and overall height of ten (10) feet.

Other trees as may be allowed by the County Planner and State Forester.

<table>
<thead>
<tr>
<th>Square Foot of Lot:</th>
<th>Number of Trees Required:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Name of Tree</td>
<td>Number of Trees Planted</td>
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</tbody>
</table>

Total:

III

Please initial the following Statement if no Protected Index Trees over 6 inches in caliper exist on the property.

_____ I certify that no protected index trees exist on the above-described property for which a building permit is sought.

IV

Please initial the following Statement if no Trees will be removed from the property.

_____ I certify that no trees will be removed on the above-described property for which a building permit is sought.

V

Please sign below to certify that the above information is true and accurate.

Owner/Agent Signature __________________________ Date ____________
FLAGLER COUNTY
AFFIDAVIT OF DRAINAGE CONTROL FOR
RESIDENTIAL AND MINOR COMMERCIAL CONSTRUCTION

A. OWNER/SITE INFORMATION:

Name of Owner: ___________________________ Phone Number: __________________

Address: ____________________________

Subdivision Name: ___________________________ Lot Number of Site: __________

Tax Parcel Number: Section: ______ Township: ______ Range: ______ - ______ - ______ - ______

B. CERTIFICATE OF COMPLIANCE:
The undersigned owner of the above-described property hereby certifies that development of the above property will not result in:

1. Flooding of adjacent lands.
2. Blockage of existing drainage systems, natural or manmade.
3. The destruction of existing drainage systems, natural or manmade.
4. Erosion of fill or disturbed materials onto adjacent lands or environmentally sensitive areas (as determined by Flagler County).
5. The destruction of roadside drainage swales, roadway pavement and/or shoulders.
6. Flooding of the proposed structure during a 100-year frequency storm.
7. Construction to an elevation less than that required by the Flagler County Land Development Code. (Applicant is cautioned UNAUTHORIZED construction may be subject to demolition).
8. Inadequate onsite drainage in the vicinity of the proposed structure.
9. Deviation from the approved grading plan for this property.

C. RELEASE AND AUTHORIZATION:

1. The undersigned hereby release and holds harmless the County of Flagler and its authorized agents and/or employees from any and all claims of damage of every kind and nature whatsoever to said property, or contiguous properties, arising from the approval of this application or construction of required improvements.
2. The undersigned hereby grants unto authorized agents and/or employees of the County of Flagler the right to enter upon said property for inspection and enforcement activities. Flagler County reserves the right to require the property owner to implement reasonable measures regarding drainage control including, but not limited to, submittal of signed and sealed engineering drainage plans.

(Signature) ___________________________ (Printed Name) ___________________________

State of ___________________________ County of ___________________________

Sworn to and Subscribed before me, the _____ Day of ____________________________, 20_____ by

__________________________________________ who is personally known to me or has produced

__________________________________________ as identification.

(Type of Identification)

__________________________________________

Signature of Notary Public

__________________________________________

Print, Type or Stamp of Notary

Revised 07/14
Residential Swimming Pool, Spa and Hot Tub Safety Act

I (We) acknowledge that a new swimming pool, spa or hot tub will be constructed or installed at (street Address) ______________________ and hereby state that one or more 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)

Where a wall of a dwelling serves as part of the barrier, one of the following shall apply:

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 85 dBA 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.

Exceptions:

1. _____ Screened or protected windows having a bottom sill height of 48 inches (1219 mm) or more measured from the interior finished floor at the pool access level.

2. _____ Windows facing the pool on floor above the first story.

3. _____ Screened or protected pass-through kitchen windows 42 inches (1067 mm) 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 (1372 mm) above the threshold, which is approved by the authority having jurisdiction.

3. _____ A swimming pool alarm that, when placed in a pool, sounds an alarm upon detection of an accidental or unauthorized entrance into the water. Such pool alarm must meet and be independently certified to ASTM Standard F2208, titled “Standard Safety Specification for Residential Pool Alarms,” which includes surface motion, pressure, sonar, laser, and infrared alarms. For purposes of this paragraph, the term “swimming pool alarm” does not include any swimming protection alarm device designed for individual use, such as an alarm attached to a child that sounds when the child exceeds a certain distance or becomes submerged in water.

Contractor’s Signature __________________________ Date __________

Contractor’s Name (Please Print) __________________________

Owner’s Signature __________________________ Date __________
NOTICE OF COMMENCEMENT

State of __________________________
County of __________________________

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)

2. General description of improvement:

3. Owner information:
   a. Name and address:
   b. Interest in property:
   c. Name and address of fee simple titleholder (if other than Owner):

4. Contractor:
   a. Contractor name and address:
   b. Contractor’s phone number:

5. Surety
   a. Surety name and address:
   b. Phone number:
   c. Amount of bond:

6. Lender:
   a. Lender’s name and address:
   b. Lender’s phone number:

7. a. 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 and address).
   b. Phone numbers of designated persons:

8. a. In addition to himself or herself, Owner designates ____________ of ______________ to receive a copy of the Lienor’s Notice as provided in Section 713.13(1)(b), Florida Statutes.
   b. Phone number of person or entity designated by owner:

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 BERecorded 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.

(Signature of Owner or Owner’s Authorized Officer/Director/Partner/Manager) __________________________
(Signatory’s Title/Office) __________________________

The foregoing instrument was acknowledged before me this ______ day of ______, ________, by __________________________
(type of authority, e.g. officer, trustee, attorney in fact) __________________________
(name of party on behalf of whom instrument was executed)

(Signature of Notary Public - State of Florida) __________________________
Commissioned Name of Notary Public __________________________

Personally Known ______ OR Produced Identification ______
Type of Identification Produced __________________________

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.
Swimming Pool Energy Efficiency Compliance Information
NOTE: These Requirements Apply ONLY to the Filtration Pump

ANSI/SPSP/ICC-15 2011

Flow Calculations
Pool water volume ______ + 360 = ______ gpm - this is the calculated flow rate.
Note: for pools under 13,000 gals. The calculated flow rate or 36 gpm whichever is greater = the filtration flow rate
If there is an Auxiliary load on the filtration pump? Yes ______ No ______
If so, what is the calculated auxiliary flow rate ______ gpm

Flow Rate (low speed) ______ gpm @ ______rpu.

Minimum suction side pipe size @ 6 fps ______ in. Minimum suction side branch pipe size @ 6 fps ______ in.
Minimum suction side pipe size @ 6 fps ______ in. Minimum suction side branch pipe size @ 6 fps ______ in.

Determine Filter Size:

Filter Factors (GPM/SF) Cartridge (0.375) DE (2.0) Sand (15)

Filter Size: 
(Flow Rate) (Flow Fact) = ______ Filter Size ______ (Filter Make and Model)

Pump Controls
Filtration pump has no auxiliary load – standard time clock ______
Filtration pump with auxiliary load – Control model for low speed default within 24 hr. ______

Heater Model
Gas Heater efficiency rating ______ (No Pilot Light)
Heat Pump efficiency C.O.P. ______

ANSI 5 & ANSI 7 Compliance Work Sheet

Determine Simplified TDH:
1. Distance from pool to pump in feet ______
2. Friction loss (in suction pipe) in ______ inch pipe per 1 ft @ ______ gpm = ______ (from pipe flow/friction loss chart)
3. Friction loss (in suction pipe) in ______ inch pipe per 1 ft @ ______ gpm = ______ (from pipe flow/friction loss chart)

   TDH in Piping ______

Determine Simplified TDH:
4. ______ (Length of Suct. Pipe) ______ (FT of head/1 ft of Pipe) ______ (TDH Suct. Pipe)
5. ______ (Length of Return Pipe) ______ (FT of head/1 ft of Pipe) ______ (TDH Suct. Pipe)

   Filter Heater loss in TDH ______
   All other losses ______
   Total Dynamic Head (TDH): ______

Determine Pipe Sizes:

Branch Piping to be ______ inch to keep velocity @ ______ fps max. at ______ gpm System Flow Rate.
Trunk, Skimmer &
Suction Piping to be ______ inch to keep velocity @ ______ fps max. at ______ gpm System Flow Rate.
Return Piping to be ______ inch to keep velocity @ ______ fps max. at ______ gpm System Flow Rate.
Pump Selection as Listed on Curve A or C (circle one)

Filtration pump ______________ Maximum Flow Rate __________ gpm

Main Drain Cover ________________
(Make and Model)

Determine the Number and Type of Required In-Floor Suction Outlets:

Check all that apply.

☐ 3'-0" 2 ______ suction outlets @ ________ gpm max. flow

☐ 3'-0" 3 ______ suction outlets @ ________ gpm max. flow

☐ __________ channel drain @ ________ gpm w/ ________ ports

<table>
<thead>
<tr>
<th>Flow and Friction Loss Per Foot</th>
<th>Velocity - Feet Per Second</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule 40 PVC Pipe</td>
<td>6 fps</td>
</tr>
<tr>
<td>Pipe Size</td>
<td></td>
</tr>
<tr>
<td>1&quot;</td>
<td>16 gpm</td>
</tr>
<tr>
<td>1.5&quot;</td>
<td>37 gpm</td>
</tr>
<tr>
<td>2&quot;</td>
<td>62 gpm</td>
</tr>
<tr>
<td>2.5&quot;</td>
<td>88 gpm</td>
</tr>
<tr>
<td>3&quot;</td>
<td>136 gpm</td>
</tr>
<tr>
<td>4&quot;</td>
<td>234 gpm</td>
</tr>
<tr>
<td>6&quot;</td>
<td>534 gpm</td>
</tr>
</tbody>
</table>

TDH Calculation Options
For each pump

☐ Simplified Total Dynamic Head (STDH)
Complete STDH Worksheet – Fill in all blanks

☐ Total Dynamic Head (TDH)
Complete Program or other calcs. Fill in required blanks on worksheet & attach calculations.

☐ Maximum Flow Capacity
Of the new or replacement pump.

Date __________________________

Owner __________________________
Contractor Signature ____________
Contractor Cert. No. _____________
Contractor Telephone No. __________
Scale: None