

DOCUMENTS REQUIRED TO MAKE APPLICATION FOR A POOL OR ENCLOSURE PERMIT

DUE TO TIME INVOLVED TO PROCESS PAPERWORK

NO APPLICATION OR PERMIT WILL BE PROCESSED AFTER 4:30 P.M.

1. Parcel identification printout (property card) showing legal description of property from property appraiser's office or at www.suwanneepa.com, if in the name of the previous owner, then you **MUST** (1) provide a copy of the recorded deed proving your ownership of the property, **OR** (2) have a consent form signed by the previous owner.
2. **Survey of property** prepared by a land surveyor or engineer registered in Florida. All property stakes shall be in place at the time of application.
3. If your property is **LESS** than **5 acres**, **NOT** in a recorded subdivision, **NOT** in a residential zoning district then you will need a deed showing that property was a lot of record prior to **September 9, 1991**.
4. **Application** completed.
5. **Site plan** showing location of residence, septic tank and well and distance from the front, sides and rear of property. (A-1 district must meet minimum setback requirements of 30 ft. from front property line {any property line fronting a roadway} and 15 ft. from sides and rear property lines.)
6. Must provide **two (2) sets of plans** sealed by an Architect or Engineer licensed in Florida. Licensed Building Contractor or Owner/Builder must secure permit.
7. **Recorded Notice of Commencement**.
8. **NOTE!!!** If your property is in a special flood hazard area (SFHA), according to the Federal Emergency Management Agency (FEMA) Flood Insurance Rate Maps (FIRM), an Elevation Certificate (EC) prepared by a Registered Surveyor or Professional Engineer certifying that the bottom of the lowest horizontal structural member of the lowest floor is at least one foot above the base flood elevation is required upon placement of the lowest floor. If your property is located in the floodway of the SFHA, you will be required to obtain both an Environmental Resource Permit (ERP) from the Suwannee River Water Management District **and** a Zero Rise Certification from a Registered Professional Engineer before issuance of the building permit, in addition to the EC. The ERP will also be required if your property fronts the river, even if the building site is located out of the floodway.
12. There will be a \$35.00 reinspection fee charged if scheduled inspection is not ready at the time requested. Subsequent reinspection fees will be \$50.00 for additional inspections. DUE TO POSSIBLE DUPLICATION OF NAME, AND TIME INVOLVED IN LOOKING FOR PERMIT NUMBER, **YOU MUST PROVIDE OFFICE PERSONNEL WITH PERMIT NUMBER WHEN CALLING FOR INSPECTION.**
13. A change of mind after securing permit will result in an additional charge of \$25.00 administrative costs for reprocessing paperwork.

BUILDING PERMIT FEE – BASED ON CONTRACT PRICE - \$100 FOR THE FIRST \$1,000 OF CONTRACT PRICE PLUS \$3.00 PER \$1,000 OR ANY PORTION THEREOF. Minimum \$100.00

STATE SURCHARGE FEE – 3% OF PERMIT FEE – Minimum \$4.00

THESE INSTRUCTIONS ARE FOR THE IDEAL CASE,
DEPENDING ON INDIVIDUAL NEED CIRCUMSTANCES MAY VARY.

POOL OR POOL ENCLOSURE PERMIT APPLICATION

SUWANNEE COUNTY BUILDING DEPARTMENT
224 PINE AVENUE, LIVE OAK, FL 32064
386-364-3407 FAX 386-364-3754

APPLICANT: _____ PHONE NO. _____

CURRENT MAILING ADDRESS (STREET/CITY/STATE/ZIP) _____

PROPERTY OWNER NAME: _____

PROPERTY ADDRESS (STREET/CITY/STATE/ZIP) _____

LEGAL DESCRIPTION: (as found on the parcel description printout)

Sec. _____ Twp. _____ S Rge. _____ E Tax Parcel No. _____

Lot _____ Subdivision _____

Size _____ Acres Number of Other Dwellings: _____

HOW DO YOU GET THERE FROM THIS OFFICE: **[You MUST give road numbers and EXACT directions]**

Job Description: _____ Use: _____

Swimming Pool: Type Pool _____ Size: _____ Contract Price: _____

Enclosure: Contract Price: _____

Contractor Name: _____ Lic#: _____ Contact Phone #: _____

Electrical Contractor _____ Lic# _____ Contact Phone # _____

POWER COMPANY: SVEC: _____ FP&L: _____ PROGRESS ENERGY: _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction and zoning in Suwannee County. I certify that the entire foregoing information and site plan is accurate. **I understand that I MUST supply the office personnel with the permit number when calling for inspections**

DATE: _____

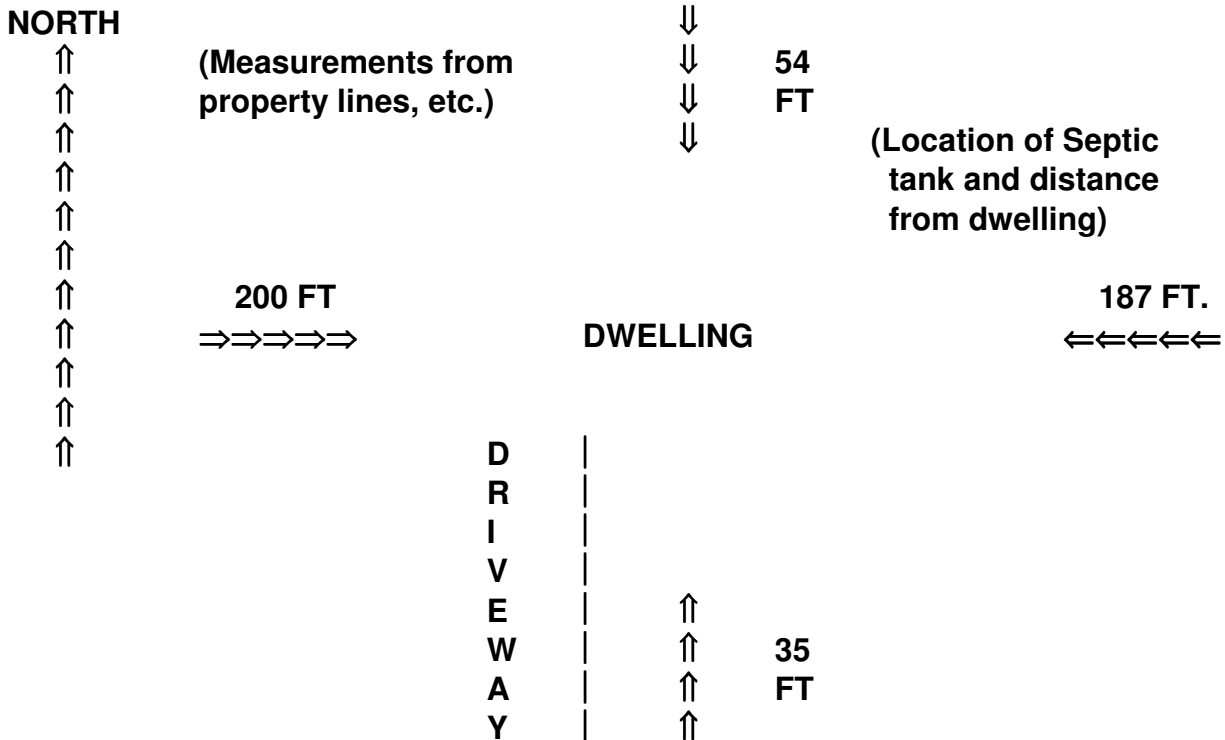
Signature of Applicant/Agent/Property Owner

THIS APPLICATION WILL EXPIRE IN 90 DAYS UNLESS A PERMIT IS ISSUED.

I UNDERSTAND THAT ACCURATE MEASUREMENTS ARE AN INTEGRAL PART OF MY SITE PLAN WHICH WILL BE USED TO DETERMINE SETBACKS FOR ZONING COMPLIANCE. I ALSO UNDERSTAND THAT IF INSUFFICIENT INFORMATION IS SUPPLIED IT WILL CREATE A DELAY IN THE ISSUANCE OF A BUILDING PERMIT.

JOHN DOE

EXAMPLE SITE PLAN FORM
SUWANNEE COUNTY BUILDING DEPARTMENT



Identify access roadway to dwelling.

ITEMS THAT MUST BE ON THE FORM

- 1) STREET & ROAD NUMBERS (EXAMPLE - 56TH STREET)
- 2) ALL RESIDENCES, BARNs, & ALL OTHER BUILDINGS & SHEDS
- 3) DRIVEWAYS & ENTRANCEWAYS TO PROPERTY
- 4) MEASUREMENTS FROM ALL STRUCTURES, WELL, POWER POLE & SEPTIC TANK FROM PROPERTY LINE
- 5) MUST HAVE NORTH, SOUTH, EAST & WEST LOCATION ON PLAN
- 6) SETBACKS & DIRECTION FROM ROADWAY
- 7) SITE PLAN MUST BE COMPLETED, SIGNED & DATED PRIOR TO BRINGING IT BACK TO THE OFFICE.

PLAN DRAWN BY:

JOHN DOE

SIGNATURE

01/01/00

DATE

I UNDERSTAND THAT ACCURATE MEASUREMENTS ARE AN INTEGRAL PART OF MY SITE PLAN WHICH WILL BE USED TO DETERMINE SETBACKS FOR ZONING COMPLIANCE. I ALSO UNDERSTAND THAT IF INSUFFICIENT INFORMATION IS SUPPLIED IT WILL CREATE A DELAY IN THE ISSUANCE OF A BUILDING PERMIT.

YOU MUST SIGN⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

SITE PLAN FORM
SUWANNEE COUNTY BUILDING DEPARTMENT

NORTH



Identify access roadway to dwelling.

ITEMS THAT MUST BE ON THE FORM

- 1) STREET & ROAD NUMBERS (EXAMPLE - 56TH STREET)
- 2) ALL RESIDENCES, BARNs, & ALL OTHER BUILDINGS & SHEDS
- 3) DRIVEWAYS & ENTRANCEWAYS TO PROPERTY
- 4) MEASUREMENTS FROM ALL STRUCTURES, WELL, POWER POLE & SEPTIC TANK FROM PROPERTY LINE
- 5) MUST HAVE NORTH, SOUTH, EAST & WEST LOCATION ON PLAN
- 6) SETBACKS & DIRECTION FROM ROADWAY
- 7) SITE PLAN MUST BE COMPLETED, SIGNED & DATED **PRIOR** TO BRINGING IT BACK TO THE OFFICE.

PLAN DRAWN BY:

SIGNATURE

DATE

SUWANNEE COUNTY BUILDING DEPARTMENT

224 Pine Ave., Live Oak, FL 32064

Phone 386-364-3407

CONTRACTORS' ADDENDUM TO BUILDING PERMIT

Building Permit No. _____ Date: _____

Owner(s) Name: _____

Sec. _____ Twp. _____ Rge. _____ Tax Parcel #: _____

Lot #: _____ Block _____ Subdivision _____

I hereby certify that the following subcontractors will be used on the above referenced job.

_____ CONTRACTOR _____	_____ LICENSE NO. _____
-------------------------------	--------------------------------

ELECTRICAL: _____	_____
-------------------	-------

Signature

Subcontractors **must** sign in office **before** commencing work on the job. If signed outside of building department office signature must be notarized.

Contractor & License #

NOTICE OF COMMENCEMENT

STATE OF FLORIDA COUNTY OF SUWANNEE

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: _____

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 (name and address): _____

5. **Surety:**
 - a. Name and Address: _____

 - b. Amount of Bond: _____

6. Lender (name and address): _____

7. Persons within the State of Florida designated by owner upon whom notices or other documents may be served as provided by Florida Statutes 713.13(1) (a) (7): _____

8. In addition to himself, owner designates: _____

9. Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified): _____

Type Owner Name: _____

Type Owner Name: _____

Sworn to and subscribed before me this ____ day of _____, 20_____.

Personally Known _____

Produced ID _____

Did/Did Not Take an Oath _____

Type Notary's Name _____

Notary Public, State of Florida

Commission Expiry & Number: _____

Residential Swimming Pool Spa and Hot Tub Safety Act Requirement

**SUWANNEE COUNTY BUILDING DEPARTMENT
224 PINE AVENUE, LIVE OAK FL 32064
386/364-3407 or 386/208-1606**

Permit #: _____

I, _____ License # _____ hereby affirm that one of the following methods will be used to meet the requirements of Chapter 515, Florida Statutes:

_____ 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 Pool, Spas and Hot Tubs).

_____ All door 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 a self-closing; self-catching device with a release mechanism placed 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 will constitute a violation of Florida Statutes, Chapter 515 and will be considered as committing a misdemeanor of the second degree, punishable as provided in Florida Statutes, Section 775.082 or Section 775.083.

Contractor's Signature

Owner's Name (Please Printed) & Signature