



CITY OF TREASURE ISLAND COMMUNITY DEVELOPMENT DEPARTMENT

120 – 108TH Ave.

Treasure Island, FL 33706

Phone: (727) 547-4575 ext. 230 Fax: (727) 547-4584

Inspection Line: (727) 547-4575 ext. 431

Swimming Pools / Spas **Items Required to Apply for a Permit**

- Proof of Property Ownership** – PCPAO printout, deed, Sunbiz report if LLC, etc.
- Miscellaneous Permit Application** – Signed by the contractor / authorized agent and homeowner. [per FS 713.135 (6)(a)]
- Contract** – Between owner and contractor, signed and dated.
- Property Survey** – To scale; Show all existing improvements.
- Subcontractor Verification Form** – (For electrical and gas if used). Subcontractor will need to come into the Building Department to sign on before the master permit is issued.
- Construction Drawings** – Two sets of site-specific signed and sealed drawings to include the following:
 - Site plan with setbacks of pool, spa and equipment to all property lines
 - Scaled, site-specific cross section detail from finished floor of house through deck, pool and spa to seawall cap or property line and existing grade.
 - Elevation drawings
 - Angle of repose
 - Erosion control measures
- Impervious Surface Ratio Worksheet**
- Swimming Pool Safety Form**
- Duke Energy Letter of No Conflict**
- Drainage Plan** – Signed and sealed by a civil engineer required if any drainage changes are proposed.
- Simplified Total Dynamic Head (TDH) Calculation Worksheet** – or engineered to meet current edition of the FBC 4501.
- Cut Sheets for: Pump, Filter, Drain Covers, and Heater (if applicable)**

If Applicable:

- Notice of Commencement** – For projects with a valuation over \$2,500 – Notarized and recorded. If not provided at time of application, required prior to first inspection.
- Condo / Homeowner Association Letter**



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- Owner/Builder Affidavit** – If homeowner is going to be the contractor. Single family or duplex dwelling only. Property cannot be for sale or rent within 12 months of project completion.
- Pool Plug Form** – If located in a V flood zone.

*****All fill from excavation of pool must be removed from site.*****

Fill – Get from seawall

Residential Pools: Must meet the barrier requirements set forth in FBC R4501.17.1 through R4501.17.3 and Fla. Stat. 515.29.

Commercial Pools: See requirements in Chapter 4 of the current FBC.

*****A separate fence permit will be required.
The fence must be in place prior to filling the pool.*****

Additional information may be required on a case-by-case basis.

A permit application will not be considered complete by the Community Development Department unless all required documents have been provided. All plans will be reviewed once all the correct documentation is submitted. Plans will be reviewed in the order they are received.

Permit Tech: _____ **Signature:** _____ **Date:** _____



**CITY OF TREASURE ISLAND
COMMUNITY IMPROVEMENT DEPARTMENT**

120 – 108TH AVENUE
TREASURE ISLAND, FL 33706
Phone: (727) 547-4575 Fax: (727) 547-4584
Inspection Line: (727) 547-4575 ext. 431

FOR OFFICE USE ONLY
TOTAL FEES \$ _____

MISCELLANEOUS - PERMIT APPLICATION

IRRIGATION, AC CHANGE-OUT, MEPs, OTC, SEWER LINE REPAIR, ETC

ALL WORK & MATERIALS PER CURRENT APPLICABLE BUILDING, ELECTRICAL, MECHANICAL, AND FIRE CODES. SEE CITY WEBSITE FOR CURRENTLY ADOPTED CODES.

APPLICATION DATE: _____ PERMIT NUMBER: _____

COMMERICAL: _____ RESIDENTIAL: _____

PROPERTY INFORMATION:

PROJECT ADDRESS: _____

SITE LEGAL DESCRIPTION: _____

PARCEL I.D. NUMBER: _____

PROPERTY OWNER: _____ PHONE: _____

OWNER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTRACTOR INFORMATION: (PLEASE COMPLETE OWNER/BUILDER AFFIDAVIT, IF APPLICABLE)

REGISTERED COMPANY NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ EMAIL: _____

QUALIFIER'S NAME: _____

STATE LICENSE NUMBER: _____ PCCLB LICENSE NUMBER: _____

PROJECT INFORMATION: () INSTALLATION () REPAIR () OTHER

DESCRIPTION / SCOPE OF WORK: _____

VALUE OF WORK: \$ _____ VALUE OF EXISTING STRUCTURE: \$ _____

OTHER PERMITS REQUIRED: (PLEASE COMPLETE SUBCONTRACTOR VERIFICATION FORM)

BUILDING: _____

ELECTRICAL: _____

PLUMBING: _____

MECHANICAL: _____

GAS: _____

ROOFING: _____

LOW VOLTAGE: _____

ELEVATOR: _____

WILL THIS PROJECT REQUIRE A SWFWMD PERMIT? (Yes or No)
(For structures with more than 4 living units)

WILL THIS PROJECT REQUIRE A CONSTRUCTION GENERAL PERMIT? (Yes or No)
(If Project / Land Disturbance is greater than 1 acre in size)

NOTICE: In addition to the work described under this permit, there may be additional requirements applicable to this property established by city, county, state and/or federal legislation. Further there may be additional permits required from other governmental entities such as the water management district, state agencies, or federal agencies, Section 553.79 (10), Florida Statutes.

Any permit for demolition or renovation shall contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of Section 469.003, F.S., and to notify the Florida Department of Environmental Protection of his/her intentions to remove asbestos, when applicable, in accordance with state and federal law, Section 553.79(11), Florida Statutes.

A letter from Pinellas County Air Quality shall also be provided.

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 in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: 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.

APPLICANTS ARE RESPONSIBLE FOR COMPLYING WITH THE FEDERAL AND STATE OF FLORIDA REQUIREMENTS FOR THE AMERICANS WITH DISABILITIES ACT.

I understand that I am subject to enforcement, penalties and / or fines for violation if inspection of the property reveals that I have made additions, renovations or remodeling to the property which were not included in the permit documents.

Signature of Owner or Agent

Signature of Contractor

STATE OF _____, COUNTY OF _____

STATE OF _____, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by means of _____ physical presence or _____ online notarization who is personally known to me or has produced _____ as identification.

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by means of _____ physical presence or _____ online notarization who is personally known to me or has produced _____ as identification.

Signature of Notary Public

Signature of Notary Public

(Print, Type or Stamp Commissioned Name of Notary Public)

(Print, Type or Stamp Commissioned Name of Notary Public)

(FOR OFFICE USE ONLY)

ZONING APPROVAL (IF APPLICABLE):	BUILDING DEPARTMENT APPROVAL:
FLOODPLAIN APPROVAL (IF APPLICABLE):	FIRE / PUBLIC WORKS APPROVAL: