Permit No._____

APPLICATION FOR COMMERCIAL SWIMMING POOL PERMIT

Date: _____ Parcel ID No _____-_____-_____-_____-_____-_____

Flood Zone: Zone VE ☐ Zone Coastal AE ☐ Zone AE ☐ Zone A ☐ Zone X ☐

New Construction ☐ Revision ☐ Modification ☐ Contract price of construction $_____

PROPERTY OWNER INFORMATION	CONTRACTOR INFORMATION
Name: _____	Name: _____
Address: _____	Address: _____
City: _____State: _____ Zip: _____	City: _____State: _____ Zip: _____
Phone: _____ Cell: _____	Phone: _____ Cell: _____
Email: _____	Email: _____

Name of Project: _____

Address of Pool: _____ City _____ Zip_____

Driving directions**:** _____

_____

_____

I hereby acknowledge that all pages are correct and agree to conform to the Walton County Building Department regulations and codes. If a sidewalk or street is damaged, I will restore to the pre-damaged condition.

Sign only in the presence of a Notary: _____/_____

Print Name Signature of Applicant

State of Florida
County of _____
Sworn to, subscribed and acknowledged before me by
means of ☐ physical presence or ☐ online notarization,
on this _____ day of _____, 20____
by _____
who ☐ is personally known to me or ☐ produced
identification _____.

_____
Notary Signature

SEAL:

BUILDING DEPARTMENT USE ONLY

Receiving Clerk _____ Date _____ Plan Review Deposit $ _____

Plan Review Fee $_____ SC $_____ Permit Fee $_____ Total Fee $ _____

Date Issued _____ Permitting Clerk _____

REVIEWED FOR CODE COMPLIANCE

1. Pool Type: Conventional ☐ Spa ☐ Wading ☐ Special Purpose ☐ Water Recreation Attraction ☐
   Indoor ☐ Outdoor ☐ Transient ☐ Non-transient ☐

2. No. of Units Served: _____ No. of Stories: _____ Distance of Farthest Unit From Pool: _____ Elevator: Yes ☐ No ☐

3. Number of Sanitary Facilities:

	Water Closets	Urinals	Lavatories	Dressing Rooms
Male				
Female				

4. Method of Waste Water Disposal: _____

5. Pool Volume in Gallons: _____Bathing Load: _____ Water Source: _____

6. Dimensions: Width: _____Length: _____Area: _____ Perimeter: _____ Depth: Max _____ Min _____Shape _____

7. Type of Construction Material: Shell _____Finish _____Color_____

8. Equipment Make and Model:

   a. Recirculation Pump: _____ Flow _____ GPM At_____ TDH _____ HP _____

   b. Filter: _____ Area _____Sq. Ft. Flow Capacity _____

   c. Disinfection Equipment: _____ Capacity _____ GPD ☐ or PPD ☐

   d. PH Adjustment Feeder: _____ Capacity _____ GPD

   e. Test Kit: _____

The design engineer certifies that the plans and specifications provided meet the requirements of Chapter 514 Florida Statues and Chapter 64E-9 of the Florida Administrative Code.

_____
Date:

Seal:

_____
Signature and Seal of Engineer Registered under Florida Statues:

Name: _____

Florida Registration Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-Mail Address: _____