

# Application for Commercial Pool Highlands County, Florida

This form is to be completed and submitted with two copies plans and specifications along with the appropriate fee.

OWNER	CONTRACTOR
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
PHONE	PHONE

**ZONING DEPARTMENT:**

PERMIT APPLICATION FOR: New Construction \_\_\_ Revision \_\_\_ Modification \_\_\_ Original Serial No. If any SP-\_\_\_\_\_

Existing Strap C - \_\_\_\_\_ Proposed Strap C - \_\_\_\_\_

Year Lot Created \_\_\_\_\_ Current Use \_\_\_\_\_

Subdivision \_\_\_\_\_ Unit/Sec \_\_\_\_\_ BLK \_\_\_\_\_ Lots \_\_\_\_\_

Meets Frontage Requirement:  Yes  No PB \_\_\_\_\_ PG \_\_\_\_\_ Map No. \_\_\_\_\_ Zoning District \_\_\_\_\_

Nature of Work \_\_\_\_\_

Site Address \_\_\_\_\_

Type of Construction: \_\_\_\_\_ Non-Living Area: \_\_\_\_\_ Valuation: \_\_\_\_\_

SETBACKS Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Sides: \_\_\_\_\_ Corner: \_\_\_\_\_ Height: \_\_\_\_\_

Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

**Project Information:**

Name of Project \_\_\_\_\_ Address of Pool \_\_\_\_\_

**Pool Type:** \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Conventional \_\_\_ Spa \_\_\_ Wading \_\_\_ Special Purpose \_\_\_ Water Recreation Attraction \_\_\_

Indoor \_\_\_ Outdoor \_\_\_ Transient \_\_\_ Non-transient \_\_\_

No. of Units Served: \_\_\_ No. of Stories \_\_\_ Distance of Farthest Unit from Pool: \_\_\_ Elevator: Yes \_\_\_ No \_\_\_

Number of Sanitary Facilities:	Male	Water Closets	Urinals	Lavatories	Dressing Rooms	Distance From Pool: _____
Female						

Method of Waste Water Disposal: \_\_\_\_\_

Pool Volume in Gallons: \_\_\_\_\_ Bathing Load \_\_\_\_\_ Water Source \_\_\_\_\_

Dimensions: Width \_\_\_ Length \_\_\_ Area \_\_\_ Perimeter: \_\_\_ Depth: Max. \_\_\_ Min. \_\_\_ Shape: \_\_\_\_\_

Construction Material: Shell \_\_\_\_\_ Finish \_\_\_\_\_ Color \_\_\_\_\_

**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: \_\_\_\_\_

BUILDING DEPARTMENT:	FEE SUMMARY	
Flood Zone _____ Panel No. _____	Zoning Review Fee:	
CODE IN FORCE : _____	Plan Review Fee:	
NOTE: THIS PERMIT BECOMES NULL AND VOID IF WORK	Certificate of Completion:	
AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF	State Surcharge:	
CONSTRUCTION IS SUSPENDED OR ABANDONED FOR A	Permit Fee:	
PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS	Total:	
COMMENCED.		

I hereby acknowledge the above information is correct and said work and use will be in conformance with Highlands County Codes and regulations.

Date: \_\_\_\_\_  
State # \_\_\_\_\_

Signature: \_\_\_\_\_  
County # \_\_\_\_\_