

COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

bldginfo@columbiacountyfla.com

Scan QR code to submit online.

(On next page)

Swimming Pool Application Checklist

- ☐ 2nd pg of Permit Application with PROPERTY OWNER'S Signature & Notarized Contractor Signature - The deeded property owner must sign page 2 of Application
- ☐ Subcontractors Verification Form, signed by the license holder/contractor or authorized Qualifier for each trade
- ☐ License Holders (Contractors) must complete a "Letter of Authorization" for who is authorized to pull the permit on their behalf
- ☐ If an Owner Builder, Notarized Owner Disclosure Statement is required
- ☐ Proof of ownership by way of Recorded Deed or Property Appraiser's parcel details printout-- visit <https://search.ccpafl.com/>
- ☐ Corporation or Trust Details listing authorized signor(s) and POA forms if necessary
- ☐ **Site Plan:** FOLLOW THE SITE PLAN CHECKLIST, included in this packet.
- ☐ Recorded Notice of Commencement; before 1st inspection
- ☐ Approved and Signed Site Plan from Environmental Health for septic; contact 386.758.1058. If on City Water or Sewer, City Availability Letter required. If on the Ellisville Water System; contact 386.719.7565 for review
- ☐ Any other necessary documents requested (Floodplain Notice to Owner, etc...)
- ☐ **For hard copy apps: 2 sets of plans folded to 9x12 size with Signed & Sealed Engineering; For online apps: 1 set of Engineered plans digitally sealed (verifiable)**
- ☐ **PLANS SHOULD INCLUDE THE FOLLOWING:**
 - *Reinforcement, thickness and type concrete, depth limits, details of built steps, footings on decks, for both pools and hot tubs.
 - *Piping Detail for drains, suction inlet locations, skimmers and re-circulation lines.
 - *Back-up vacuum relief system. (Manufacturer and Model)
 - A. Approved vacuum release system (Manufacturer and Model)
 - B. Approved vent piping.
 - C. Other approved devices or means.
 - *Entrapment protection device. (Manufacturer and Model)
 - *Diameter and depths of proposed pool relative to adjacent foundations of other structures and any retaining walls and/or finished grades and slopes. If pool falls in the angle of repose of any existing foundation, additional engineering shall be provided indicating how the foundation shall be maintained.
 - *Distance of any glass adjacent to the pool edge and distance from walking surface to bottom edge of glass. (As per FBC 2406.4.5, any glass within 60" of the water's edge and within 60" of the walking surface on the pool side of the glazing shall be tempered.
 - *All accessories to the pool such as ladders, slides, and diving boards, etc. that are proposed.
 - *Location of existing electrical outlets and fixtures and the proposed receptacle within the pool area.
 - *Location of and type of all proposed pool equipment, electric and gas service
 - *Will the pool or spa have a heater and will it be gas or electric? (If gas, provide layout and sizing of gas lines.
 - *Show detail of how POOL BARRIER REQUIREMENTS, FBC Section 454, shall be met on this specific pool.
 - *If in a Special Flood Hazard Area, the pool must comply with ASCE/SEI 24-05 (Ch 9.5), Flood Resistant Design and Construction Code

REQUIRED INSPECTIONS:

GROUND: Setbacks from property lines, distance from existing foundations, pool shell structure, bonding of all metal parts, electrical rough-in, main drains and associated piping, distance to glazing.

DECK: Slab reinforcement and deck drains, bonding of all metal equipment and parts, lighting, including potting compound, electrical deck box, suction and return piping under minimum pressure test.

FINAL: Location and installation of all equipment, barrier requirements as per plan, electrical receptacles and finished electric hook-ups, completed piping and valve system, gas heaters installed and connected to gas lines (if applicable).

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Columbia County, Florida Swimming Pool Application



**Scan QR Code to
complete application online.

For Office Use Only

Application # _____

Permit # _____

Comments/Notes _____

***This page not required for Online submissions.**

☐ Septic Permit No. _____ OR ☐ City Water

Applicant _____ Phone # _____
(person applying, not owner)

Applicant Address _____

Contact Email (updates sent here) _____

Owners Name _____ Phone # _____

Job Site Address _____

Contractors Name _____ Phone # _____

Contractors Address _____

Contractors Email _____

Architect/Engineer Name & AR/PE # _____

Architect Address _____

Power Company - ☐ FI Power & Light - ☐ Clay Electric - ☐ Suwannee Valley - ☐ Duke Energy

Parcel # ____ - ____ - ____ - ____ - ____ Estimated Cost of Construction _____

Construction of: ☐ Pool ☐ Spa ☐ Commercial ☐ Residential

ADA Compliant ☐

Actual Distance of Structure from Property Lines -

Front _____ Side _____ Side _____ Rear _____

****Please be advised you will still need to provide a site plan drawing along with filling in the above section****

Pool Permit Notice:

All swimming pools must comply with the 2023 Florida Building Code and Florida Statutes, Chapter 515 (Residential Swimming Pool Safety Act). Pools require an approved safety barrier at least 4 feet high with self-closing, self-latching gates. Public pools must also include approved anti-entrapment systems per Florida Statute 514.0315. Approval of this permit is contingent on compliance with all applicable codes and regulations. Inspections must be completed and approved prior to use.

CODES: 2023 Florida Building Code 8th Edition and the 2020 National Electrical Code

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Subcontractor Verification Form

APPLICATION/PERMIT # _____ JOB NAME _____

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the General Contractor's permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL

Printed Name: _____ Signature: _____
Company Name: _____ Owner ☐
License #: _____ Phone #: _____

MECHANICAL / A/C

Printed Name: _____ Signature: _____
Company Name: _____ Owner ☐
License #: _____ Phone #: _____

PLUMBING / GAS

Printed Name: _____ Signature: _____
Company Name: _____ Owner ☐
License #: _____ Phone #: _____

ROOFING

Printed Name: _____ Signature: _____
Company Name: _____ Owner ☐
License #: _____ Phone #: _____

FIRE SYSTEM /
SPRINKLER

Printed Name: _____ Signature: _____
Company Name: _____ Owner ☐
License #: _____ Phone #: _____

SOLAR

Printed Name: _____ Signature: _____
Company Name: _____ Owner ☐
License #: _____ Phone #: _____

STATE SPECIALTY

Printed Name: _____ Signature: _____
Company Name: _____ Owner ☐
License #: _____ Phone #: _____

NOTICE TO APPLICANT/OWNER REGARDING FLOODING

Please read carefully before you begin your construction project!

WARNING: The degree of flood protection required by County's floodplain ordinance and the Florida Building Code are considered as minimum regulatory purposes only. The floodplain ordinance and Florida Building Code are based on scientific and engineering considerations, but do not include actual, observed events of flooding that may have occurred at your property. You should also keep in mind that larger floods have, can, and will occur from time to time. Flood heights may be increased by man-made or natural causes. Approval of your permit under the floodplain ordinance does not imply that the permitted structure will be free from flooding or flood damage. The Special Flood Hazard Areas and Base Flood elevations are contained in the Flood Insurance Study and shown on Flood Insurance Rate Maps. The County adopts these maps for purposes of compliance with the National Flood Insurance Program, but makes no representations or assurances of their accuracy or reliability. The County does not maintain, track, or provide flood history data for any particular parcel of land.

THERE IS NO GUARANTY OF VESTED USE, EXISTING USE, OR FUTURE USE CREATED BY YOUR COMPLIANCE WITH THE FLOODPLAIN ORDINANCE. YOU ARE RESPONSIBLE FOR ASSESSING YOUR OWN PARTICULAR FLOOD RISK AND YOU ARE ENCOURAGED TO SPEAK WITH NEIGHBORING OWNERS AND THE PREVIOUS OWNERS OF YOUR LAND TO OBTAIN FIRST-HAND KNOWLEDGE OF YOUR PROPERTY'S SPECIFIC FLOOD HISTORY.

DISCLAIMER OF LIABILITY. The County floodplain ordinance does not create liability on the part of Board of County Commissioners of Columbia County or any officer or employee thereof for any flood damage that results from reliance on the ordinance, or any administrative decision lawfully made thereunder. Again, it is your responsibility to assess your property's flood risk and build accordingly.

For more information, see the Columbia County Code of Ordinances, Land Development Regulations, Article 8, at: https://library.municode.com/fl/columbia_county. Additional information can also be found on the County Building Department's web page: <https://www.columbiacountyfla.com/BuildingandZoning.asp>.

ACKNOWLEDGEMENT

I have read and understand the foregoing **NOTICE TO APPLICANT/OWNER REGARDING FLOOD ZONES**. I understand it is my responsibility to determine my property's flood risk, and that the County has made me no assurances that my property can not or will not flood.

OWNER SIGNATURE: _____

PRINT NAME: _____

PARCEL # OR ADDRESS: _____

NOTICE TO SWIMMING POOL OWNERS

www.columbiacountyfla.com

I, _____, have been informed and I understand that prior to the final inspection approval and use of my pool, I will need all the inspections approved and the required fencing installed in accordance with applicable regulations. The Florida Building Code requires private residential swimming pools, hot tubs, or non-portable spas containing water over 24 inches deep to meet the following pool barrier safety feature requirements:

- The pool access must be isolated by a barrier at least 4 feet high and installed around the perimeter of the pool unless the pool is equipped with a safety cover complying with the specifications of American Society Testing and Materials standard F-1346-91.
- The barrier shall not have any gaps or openings which would allow a child to crawl under, squeeze through or climb over and must be placed no less than 20 inches from the water's edge.
- Gates located in the pool barrier must open outward away from the pool and be both self-closing and self-latching, with a release mechanism not less than 54" above the standing surface at the gate.
- The barrier must be separate from any other fence, wall, or other enclosure surrounding the yard unless the fence, wall, or other enclosure portion thereof is situated on the perimeter of the pool and meets the pool barrier requirements.
- Where a wall of a dwelling serves as part of the barrier, one of the following shall apply:
 - All doors and first floor windows with a sill height of less than 48" providing direct access from the home to the pool must be equipped with an alarm that has a minimum sound pressure rating of 95 decibels at 10 feet. The alarm shall sound immediately upon opening the window or door unless the temporary bypass mechanism is activated OR
 - All doors providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with a release mechanism located at least 54" above the floor.

According to Florida Statutes, Chapter 515: Residential Swimming Pool Safety Act, failure to comply with these requirements is a misdemeanor of the second degree, punishable by imprisonment for up to 60 days or a fine of up to \$500, except that no penalty shall be imposed if with 45 days after arrest or issuance of a summons or notice to appear, the pool is equipped with the aforementioned safety features and the responsible person attends a drowning prevention education program developed by the Florida Department of Health. I also understand that there are several inspections required in addition to a final inspection for my swimming pool.

Owner's Signature _____

Date _____

Address: _____

Contractor Signature _____

Date _____

License Number _____

Recording Stamp



TAX ID/PARCEL #:

NOTICE OF COMMENCEMENT

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this **NOTICE OF COMMENCEMENT**.

1. **Description of property (legal description):** _____
 - a. Street (job) Address: _____
2. **General description of improvements:** _____
3. **Owner Information or Lessee information if the Lessee contracted for the improvements**
 - a. Name and Address: _____
 - b. Name and Address of fee simple titleholder (if other than owner): _____
 - c. Interest in property: _____
4. **Contractor Information**
 - a. Name and Address: _____
 - b. Telephone #: _____
5. **Surety Information (if applicable, a copy of the payment bond is attached)**
 - a. Name and Address: _____
 - b. Amount of Bond: _____
 - c. Telephone #: _____
6. **Lender**
 - a. Name and Address: _____
 - b. Telephone #: _____
7. **Person 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**
 - a. Name and Address: _____
 - b. Telephone #: _____
8. **In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes**
 - a. Name: _____
 - b. Telephone #: _____
9. **Expiration date of Notice of Commencement (the expiration date will be 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 BE RECORDED AND POSTED ON THE SITE OF THE IMPROVEMENT 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.

**STATE OF FLORIDA
COLUMBIA COUNTY**

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me by means of ☐ physical presence or sworn to (or affirmed) by ☐ online notarization _____ day of _____, _____, by _____
as _____ for _____
DATE MONTH YEAR NAME OF PERSON
TYPE OF AUTHORITY - OFFICER, TRUSTEE, ATTORNEY IN FACT NAME OF PART ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

Personally Known _____ OR Produced Identification _____ Type of ID Produced _____
SEAL/STAMP: _____

SIGNATURE OF NOTARY PUBLIC - STATE OF FLORIDA

PRINT, TYPE, OR STAMP COMMISSIONED NAME OF NOTARY PUBLIC

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COLUMBIA COUNTY BUILDING DEPARTMENT

AGENT AUTHORIZATION TO SIGN FOR PERMITS

(BLANKET)

Use if authorized to pull all permits on your behalf

License holder still MUST sign Owner and Contractor Signature Page

I, _____ (License Holder Name), licensed qualifier for _____ (Company Name), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Person Authorized	Signature of Person Authorized
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes, and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supercede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

License Holders Signature (Notarized) _____

License Number _____

Date _____

NOTARY INFORMATION:

STATE OF: _____ COUNTY OF: _____

The above license holder, whose name is _____ personally appeared before me and is () known by me or () has produced identification (type of I.D.) _____ on this _____ day of _____, 20____.

(Seal/Stamp)

Notary's Signature _____

Notary's Printed Name _____

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COLUMBIA COUNTY BUILDING DEPARTMENT

AGENT AUTHORIZATION TO SIGN FOR PERMITS

(JOB SPECIFIC)

Use if authorized to pull all permits on your behalf

License holder still MUST sign Owner and Contractor Signature Page

I, _____ (License Holder Name), licensed qualifier for _____ (Company Name), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf for the job address shown below ONLY.

Job Site Address: _____

Printed Name of Person Authorized	Signature of Person Authorized
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes, and ordinances inherent in the privilege granted by issuance of such permits.

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License Number _____

Date _____

NOTARY INFORMATION:

STATE OF: _____ COUNTY OF: _____

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(Seal/Stamp)

Notary's Signature _____

Notary's Printed Name _____

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