



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

Swimming Pool Permit Application

DATE: _____

PERMIT # _____

PROJECT ADDRESS _____, Belle Isle, FL ____ 32809 ____ 32812

PROPERTY OWNER NAME _____ PHONE NUMBER _____

Parcel Id Number: _____ To obtain this information, please visit <http://www.ocpaf.org/Searches/ParcelSearch.aspx>

SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCROACH INTO ANY EASEMENT OR REQUIRED SETBACK. Survey specific plan required to show compliance with zoning setbacks. **Impervious Surface Ratio Worksheet required;** see Page 2 of this application.

PLANNING & ZONING APPROVAL: _____

DATE _____

Note: this Zoning Approval MAY or MAY NOT be in conflict with your Deed Restrictions.

PLEASE COMPLETE for Building Review (min. of 2 sets of signed/sealed plans required)

Pool Dimensions: _____ Deck Square Footage: _____ Deck Type: _____

Job Valuation: \$ _____ **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 if job is \$2500(+) or if A/C Replacement \$7500(+) and posted on the job site before the first inspection. If you intend to obtain financing, consult with your lender or an attorney before recording your Notice of Commencement.

• **REQUIRED!** Residential Swimming Pool Safety Affirmation form

<p>Building Official: _____ Date _____</p> <p>Verified Contractor's Licenses & Insurance are on file _____ Date _____</p>

Zoning Fee	\$ _____
Building Fee	\$ _____
Review Fee	\$ _____
1% BCAIB Fee	\$ _____
1.5% DCA Fee	\$ _____
Total Permit Fee	\$ _____

An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies."

Republic Services is by legal contract the sole authorized provider of garbage, recycling, yard waste, and commercial garbage and construction debris collection and disposal services with the city limits of the City. Contractors, homeowners and commercial businesses may contact Republic Services at 407-293-8000 to setup accounts for Commercial, Construction Roll Off, or other services needed. Rates are fixed by contract and are available at City Hall or from Republic Services. The City enforces the contract through its code enforcement office. Failure to comply will result in a stop work order.

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, GAS, ENCLOSURES, ETC.



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 To be completed as required by State Statute Section 713 and other applicable sections.

PERMIT #

Owner's Name _____

Owner's Address _____

License Holder Name	Company Name
License #	Company Address
Contact Phone/Cell	City, State, ZIP
Contact Email	Contact Fax

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations (www.floridabuilding.org) and City Ordinances (www.municode.com) regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable City and/or State of Florida codes and/or ordinances. 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 all other construction including ELECTRICAL, PLUMBING, GAS, SCREEN ENCLOSURES, 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.

<p>Owner Signature _____</p> <p>The foregoing instrument was acknowledged before me this ___/___/___ by _____ who is personally known to me and who produced _____ as identification and who did not take an oath.</p> <p>Notary as to Owner _____ State of Florida County of Orange</p>	<p style="text-align: center;">Impervious Surface Ratio Worksheet Development Zoned A-1, A-2, R-1-AAA, R-1-AA, R-1-A, R-1 per City Code, Section 50-74: Impervious Surface Ratio</p> <p>1. Total Lot Area (sqft) X 0.35 = Allowable Impervious Area (BASE). Total Lot Area _____ X 0.35= Allowable Impervious Area (BASE) _____</p> <p>2. Calculate the "proposed" impervious area on the lot. This includes the sum of all areas that do not allow direct percolation of rainwater. <i>Examples include house, pool, deck, driveway, accessory building, etc</i></p> <ul style="list-style-type: none"> • House _____ • Driveway _____ • Walkway _____ • Accessory Buildings _____ • Pool & Spa _____ • Deck & Patio _____ • Other _____ <p>Actual Impervious Area (AIA) _____</p> <p>3. If AIA <u>is less than</u> BASE, subtract AIA from BASE to determine the amount of impervious area that may be added without providing onsite retention.</p> <p>4. If AIA <u>is greater than</u> BASE, then onsite retention must be provided.</p> <p><u>Assuming 7.5 inches of rainfall based on a 24hr 10 year Rain Event (TP40), the formula is: (7.5 inches rainfall/12 inches p/foot) X (result from line 4) = cubic feet of storage volume needed</u></p>
<p>Contractor Signature _____</p> <p>COMPANY NAME _____</p> <p>The foregoing instrument was acknowledged before me this ___/___/___ by _____ who is personally known to me and who produced _____ as identification and who did not take an oath.</p> <p>Notary as to Owner _____ State of Florida County of Orange</p>	