



PERMIT APPLICATION
POOL IN GROUND

FBC 5th Edition 2014 NEC 2011
TYPE OR PRINT IN INK ONLY

CITY OF DELTONA
BUILDING AND ENFORCEMENT SERVICES
2345 PROVIDENCE BLVD
DELTONA, FL 32725
Ph 386-878-8650 Fax 386-878-8651

Permit Number

- Residential
 Commercial

Parcel ID#

City of Deltona Automated Inspection
System

(386) 575-6900/(407) 936-9999

Property Owner's Name		Phone () -	
Project Address – Include City & Zip		E-mail	
Pool Company	Contractor's Name and License #	Phone () -	Fax () -
Company Address – Include City & Zip		E-mail	
Electrical Company	Contractor's Name and License #	Phone () -	Fax () -
Screen Enclosure Company	Contractor's Name and License #	Phone () -	Fax () -
Solar Pool Heater Company	Contractor's Name and License #	Phone () -	Fax () -
Gas Company	Contractor's Name and License #	Phone () -	Fax () -

POOL TYPE	GAS SPECIFICATIONS	
<input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Vinyl	<input type="checkbox"/> Tank Set Only <input type="checkbox"/> Above Ground <input type="checkbox"/> Tank Set & Piping <input type="checkbox"/> Underground <input type="checkbox"/> Adding pool piping to existing	<input type="checkbox"/> Propane _____ GAL <input type="checkbox"/> Natural Gas <input type="checkbox"/> Existing Tank <input type="checkbox"/> Existing Meter <input type="checkbox"/> New Tank

JOB VALUATION \$ _____	_____	_____
	Signature of Applicant (Contractor's Signature to be notarized)	Date

STATE OF FLORIDA, COUNTY OF _____
Affirmed and subscribed before me this ____ day of _____ 20____ by _____ who is personally known to me or who has produced _____ (type of ID) identification.

Signature of Notary Public State of Florida

Print, Type or Stamp Name of Notary (SEAL)

The Applicant agrees to comply with all laws, Municipal Ordinances, and the conditions of this permit; understands that the issuance of the permit creates no legal liability; express or implied, of the Department, Municipal Agency, or Inspector; and certifies that all of the above information is accurate. When requesting inspections you must have the permit number, confirmation number, and the inspection code(s) ready; call 386-575-6900 or 407-936-9999. Inspections requested by 12:00 midnight will be done the next business day.

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.

APPROVAL CONDITIONS: This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

PERMIT EXPIRATION: permit expires 180 days from date issued unless otherwise noted below or governed by law.

PERMIT ISSUED BY MUNICIPAL AGENT _____ DATE _____