

CITY OF BONITA SPRINGS

Community Development Department
 9220 Bonita Beach Road, Ste. 111
 Bonita Springs, FL 34135
 Phone: (239) 444-6150
 email: permitting@cityofbonitaspringscd.org

COMMERCIAL POOL & SPA PERMIT APPLICATION (2024)
PERMIT #: _____

❖ **Five (5) copies required.**

- A. Property Owner Name: _____
 a. Site Address: _____ Bonita Springs, FL ZIP: _____
 b. Unit Number: _____ Parcel (Strap) Number: _____
- B. Applicant/Agent Name: _____
 a. Phone Number: _____ Email Address: _____
- C. Contractor License Number: _____ Company Name: _____
 a. Phone Number: _____ Email Address: _____

D. Are you using Private Provider Services? Plan Review: Yes No Inspections: Yes No

E. Contract Amount: \$ _____

F. APPLICATION TYPE: (Check One)

- New Construction (\$615.00 fee) Revision (\$307.50 fee) Modification (\$307.50 fee)

Revision/Modification Scope: _____

G. POOL TYPE: (Check all that Apply)

- Conventional Spa Wading Special Purpose Water Recreation Attraction
 Indoor Outdoor Transient Non-transient

H. Number of units Served: _____ Number of Stories _____ Distance of Farthest Unit from Pool: _____

Elevator: Yes No

I. Number of Sanitary Facilities:

	Water Closets	Urinals	Lavatories	Dressing Rooms	
Male					Distance From Pool: _____
Female					

J. Method of Wastewater Disposal: _____

K. Pool Volume in Gallons: _____ Bathing Load: _____ Water Source: _____

L. Dimensions: Width: _____ Length: _____ Area: _____ Perimeter: _____

Depth: Max. _____ Min. _____ Shape _____

M. Type Construction Material: Shell _____ Finish _____ Color _____

N. Equipment Make and model:

Recirculation Pump: _____ Flow: _____ GPM at _____ TDH _____ HP _____

Filter: _____ Area: _____ sqft Flow Capacity _____

Non-equivalent Design criteria

1. Turnover time for a water slide plunge pool is 2 hours in FBC 454.1.9.2.6.1.
2. Cartridge filter sizing is 0.375 in FBC 454.16.5.5.1.
3. Vacuum fittings are allowed no more than 15 inches below the water level in FBC 454.1.6.5.12.

Non-equivalent Construction & Operational criteria (Usually met by design engineer & contractor)

1. An approved safety advisory pool sign along with other safety signage for spa pools, water activity pools & IWFs is required. 64E-9.008(7), 64E-9.010(14), 64E-9.011(3)(g) & 64E-9.011(8)(j)
2. Additional requirements if a solar blanket or pool cover is installed. 64E-9.008(4)
 - a. Covers must be completely removed when the pool is open for use.
3. Unless the cover is completely secured around the entire pool and can support the live weight of adult the pool area shall be inaccessible.
4. Additional requirements if a pool slide is installed. 64E-9.011(2)
 - a. The pool owner shall provide a safety plan to FDOH indicating how they propose to operate the slide in a safe fashion.
 - b. The slide terminus shall be flush with the pool wall and be located at or below the pool water.
 - c. A lockable gate shall be provided at the stair of ladder entrance to the slide.
5. Additional filter system requirements: sand filter backwashing design, piping and vacuum ability is addressed, cartridges marked with info. 64E-9.007(5)
6. Additional requirements for waterfalls or fountains: percentage of the recirculated water, return piping sizing, flush mounted deck features. 64E-9.007(17)
7. All new wading pools, spa pools & Interactive Water Features (IWFs) are required to have automated oxidation reduction potential (ORP) and pH controllers with sensing probes. 64E-9.009(9), 64E-9.010(13) & 64E-9.011(8)(c).
8. Spa pools must have a visible clock and a therapy pump timer. Spa pools with an emergency shut off switch must have alarm and signage. Additional spa safety signage is also required for all spas. 64E-9.010(13)-(16)
9. Collector tank and filter tank must be inaccessible to unauthorized persons. 64E-9.006(2)(e)
10. Chemical storage must be under roof, well ventilated, inaccessible to public. 64E-9.008(5)
11. All suction outlet covers must meet the referenced standard in 514.0135, Florida Statutes, (which is now APSP/ANSI Std. 16-2011) and may not exceed the water velocity maximum in the rule (1.5 feet/sec).
12. Wading pools shall have overhead lighting if used at night, and it shall be at least 10 foot-candles for indoor and 6 f-c for outdoor use over the water surface and the pool deck surface. 64E-9.009(8)
13. One set of life saving equipment, which is a 16 foot long one piece pole shepherd's hook and an 18" life ring with sufficient rope, is required for pools. (two sets if the pool is longer than 50 feet). Not required for spa pools less than 200 square feet, or for IWFs, or wading pools with less than two feet of water depth. 64E-9.008(2)
 - a. The pool slope transition safety line shall be in place at all times unless a lifeguard or instructor is present. 64E-9.008(3)
 - b. No tethered devices/items are allowed unless approved in the construction permit. 64E-9.008(10)
14. Approved chemicals (and their NSF Std 50 approved feeders) must be used in pool water; these are referenced and approved under the NSF-Standard 60, Drinking Water Treatment Chemicals-Health Effects. 64E-9.004(1)(d)
15. Changes that do not rise to the level of a Modification are listed at both 454.1.10.1 and in 64E-9, yet only new construction and modifications are transferred to Building Officials in the 2012 House Bill 1263. Changes to the pool shell or design changes to the pool deck or filtration system are modifications. Replacement of pool equipment in kind is maintenance. Resurfacing of the pool is not a modification, but a list of items that must be corrected at that time is found in Chapter 64E-9.005(2) & 454.1.10.1-3 and those items must be met. The Department of Health shall inspect the pool after resurfacing for compliance with 64E-9, FAC.
16. An approved chemical test kit is required for testing the pool water. 64E-9.004(11)
17. An application for initial operating permit on form DH 918, an appropriate fee, and one set of building department approved pool plans are needed by the CHD upon construction completion to conduct the initial operating permit inspection. 514.031(1), FS.

Please contact the Florida Department of Health, Environmental Health Pool Program Office, Tallahassee, at (850) 245-4240 or your local county health department pool program staff for additional information.

*****SEE NEXT PAGE FOR NOTARY FORM*****

*****SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC*****

Contractor Signature: _____

Contractor Name: _____

Site Address: _____ City: _____ Zip: _____

Date: _____

STATE OF FLORIDA
COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization ,
this (day) _____ of (month) _____ , (year) _____ ,
by (name of person making statement) _____ .

Signature of Notary Public - State of Florida: _____

Print, Type, or Stamp Commissioned Name of Notary Public: _____

Personally Known OR Produced Identification

Type of Identification Produced: _____