



Community Development Department  
 Building Safety Division  
 840 West 11<sup>th</sup> Street  
 Panama City, FL 32401  
 850-248-8350

**Form B54**

**DATA SHEET FOR PUBLIC SWIMMING POOL PERMIT**  
**BAY COUNTY BUILDING SAFETY DIVISION**

840 W. 11th St., Panama City, Fl. 32401, Phone: (850) 248-8350 Fax: (850) 248-8384

This form is to be completed and submitted with plans and specifications in minimum of three copies.  
 New Construction \_\_\_\_\_ Revision \_\_\_\_\_ Modification \_\_\_\_\_ Operating permit No. \_\_\_\_\_

1. Name of Project \_\_\_\_\_

Address of Pool \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

2. Name of Owner \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Pool Type: Conventional \_\_\_\_\_ Spa \_\_\_\_\_ Wading \_\_\_\_\_ Special Purpose \_\_\_\_\_ Water Recreation Attraction \_\_\_\_\_

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

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

5. Number of Sanitary Facilities:

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

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

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

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

9. Type Construction Material: Shell \_\_\_\_\_ Finish \_\_\_\_\_ Color \_\_\_\_\_

10. 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: \_\_\_\_\_

Permit number (assigned by Building Dept.): \_\_\_\_\_

Florida licensed design professional must seal and date the plans and this form according to section 105.3.1.2(6) of the 8<sup>th</sup> Edition FBC. A copy will also be needed for the operating permit from the DOH.



Community Development Department
Building Safety Division
840 West 11th Street
Panama City, FL 32401
850-248-8350

Form B54

The design engineer certifies that the plans and specifications provided meet the requirements of the Florida Building Code for public pools.

These plans, specifications and related documents are approved and accepted by the owner/owner's representative.

Signature and seal: Engineer registered under Florida Statutes

Signature: Owner/Owner's Representative

Typed Name and Florida registration number

Typed Name and Title of Above

Phone Number:

Phone Number:

E-mail Address:

E-mail:

Address: Street

Address: Street

City State Zip

City State Zip

To be completed by plans examiner licensed under 468 F.S.

These plans for the proposed construction cited in the foregoing application are hereby approved with the following proviso(s):

Construction on this project shall be commenced within 180 days from the date of approval of this application.

This approval is for the functional aspects of this project and is based on the information and data supplied by the applicant or his agent. There may be other local permits, requirements or regulations that must be met prior to the construction of this facility.

Only those applications, plans and specifications that have been stamped "REVIEWED" are included in this approval. Any changes to these applications, plans or specifications may render this approval null and void.

Approval Stamp and Date

By: Plans Examiner

Permit number:

Print Name