

RESIDENTIAL SWIMMING POOL, SPA AND HOT TUB

SAFETY ACT REQUIREMENT

I, _____, License # _____ hereby affirm
(Please Print Contractor's Name)

that one of the following methods will be used to meet the requirements of Florida Statutes (F.S.), Chapter 515 and 2010 Florida Building Code (FBC), Section 424.2.17, FBC Residential, R4101.17

- The pool will be equipped with an approved safety pool cover that complies with ASTM F1346-91, Standard Performance Specifications for Safety Covers for Swimming Pools, Spas, and Hot Tubs
- A continuous child safety mesh barrier ("Kiddie Fence") will be used to isolate the pool from the home. Permit plans shall show the location of barrier and the end that is removable only with the use of tools.
- A continuous barrier such as a fence, wall or screen enclosure will be placed around the pool perimeter to prevent external access to the pool. Where a wall of a dwelling serves as part of the barrier, exit alarms on doors and windows shall be installed in per FBC, Section 424.2.17.1.9 and UL 2017.

Exit alarms on doors and windows shall be installed by:

- Contractor
- Owner

I understand that not having one of the above installed at the time of final inspection will constitute a violation of F.S. Chapter 515, and will be considered as committing a misdemeanor of the second degree, punishable as provided in F.S. Section 775.082 or 775.083.

Contractor's Signature Contractor's License # Contractor's Name *(Please Print)*

STATE OF FLORIDA COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____ (date) by _____,

who is personally known to me or who has produced _____ and who did (did not) take an oath.
(type of identification)

Signature of person taking acknowledgement _____ (SEAL)

Name of officer taking acknowledgement, typed, printed or stamped _____

Title or rank _____ Serial number, if any _____

Owner's Signature Owner's Name *(Please Print)*

STATE OF FLORIDA COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____ (date) by _____,

who is personally known to me or who has produced _____ and who did (did not) take an oath.
(type of identification)

Signature of person taking acknowledgement _____ (SEAL)

Name of officer taking acknowledgement, typed, printed or stamped _____

Title or rank _____ Serial number, if any _____