



POOL BARRIER AFFIDAVIT

Permit Number: _____ Job Address: _____

I _____, licensed as a Contractor*/Engineer/Architect, (FS Building Inspector) personally certify that the pool, spa or hot tub complies with the Residential Swimming Pool, Spa and Hot Tub Safety Act by means of the following method(s):

- The pool will be isolated from access to the home by an enclosure that meets the pool barrier requirement of Florida Statue 515.29 and Section R4501.17.1 Florida Building Code-Residential -6th Edition(2017)
- The pool will be equipped with an approved safety pool cover that complies with ASTM F 1346-91 (Standard Performance Specifications for Safety Covers for Swimming Pools, Spas and Hot Tubs)
- All doors and windows providing direct access from the home to the pool will be equipped with an exit alarm that complies with Chapter 515.27c, Florida Statutes and R4501.17.1.6 Florida Building Code- Residential - 6th Edition (2017)
- All doors providing direct access from the home to the pool will be equipped with self-closing, self- latching devices with release mechanisms placed no lower than 54" above the floor or deck.

I understand that not having one of the above installed at the time of final inspection, or when the pool completed for contract purposes, will constitute a violation of Chapter 515, F.S. and Section R4501.17 Florida Building Code- Residential 6th Edition (2017). This violation will be punishable as provided in Chapter 775.082 or Section 775.083 F.S.

Signature of Owner or Agent

Signature of Contractor

Printed Name of Owner or Agent

Printed Name of Contractor

STATE OF FLORIDA, COUNTY OF ORANGE,
Sworn to (or affirmed) and subscribed before me by means
of physical presence or online notarization, this
_____ day of _____, 20_____

STATE OF FLORIDA, COUNTY OF ORANGE,
Sworn to (or affirmed) and subscribed before me by
means of physical presence or online notarization,
this _____ day of _____, 20_____

Personally Known _____ or Produced ID _____

Personally Known _____ or Produced ID _____

Notary Public Signature

Notary Public Signature

My Commission Expires: _____

My Commission Expires: _____

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