



Residential Swimming Pool Safety Affirmation

I, _____ (Contractor Name) hereby affirm that the pool, located at _____ will be isolated from access from within the dwelling AND from adjacent properties by a barrier that meets the pool barrier requirement of Florida Statute 515 and the Florida Building Code 7th Edition Residential (2020) R4501.17.

Check the applicable barrier requirements from the following options and show on the site plan. Complete the Manufacturer Name and Model when applicable.

The pool will be equipped with an approved safety pool cover that complies with ASTM F1346 (Standard Performance Specifications for Safety Covers for Swimming Pools, Spas and Hot Tubs) per FBC R4501.17, Exception.

Manufacturer Name _____ Model _____

The pool will be isolated from access by a mesh safety barrier that meets the requirements of FBC R4501.17.1.15.

Manufacturer Name _____ Model _____

The Pool will be isolated from access by a screen enclosure that meets the requirements of FBC R4501.17.1.11.

The pool will be isolated from access by a fence and pedestrian gates that meet the requirements of FBC R4501.17.1.1 through R4501.17.1.14.

Does any part of the barrier consist of dwelling walls which contain doors and/or windows?

Yes No *If you checked "Yes" to the question, check which of the following three options below are applicable:

All doors and windows providing direct access from the dwelling to the pool will be equipped with an exit alarm that meets the requirements of FBC R4501.17.1.9 (1) unless exceptions a, b or c apply.

Manufacturer Name _____ Model _____

All doors providing direct access from the dwelling to the pool will be equipped with self-closing, self-latching devices installed 54" above the threshold that meet the requirements of FBC R4501.17.1.9 (2).

A swimming pool alarm that meets and is independently certified to ASTM Standard F2208 will be provided per FBC R4501.17.1.9 (3).

Manufacturer Name _____ Model _____

I understand that the above indicated shall be installed before the time of the Pool Barrier/Safety Device inspection per FBC R4501.19.

Contractor Name _____ Owner Name _____

Contractor Signature _____ Owner Signature _____

Date _____ Date _____

This completed form must be on the job site at all times.