



GROWTH MANAGEMENT DEPARTMENT

173 NW Hillsboro St Lake City, FL 32055 Phone:
(386) 719-5754 Email: Permits@lcfra.com

RESIDENTIAL SWIMMING POOL SAFETY ACT

I (We) acknowledge that a new swimming pool, spa or hot tub will be constructed or installed at _____, and hereby affirm that one of the following methods will be used to meet the requirements of Chapter 515, Florida Statutes. (Please initial the method(s) to be used for your pool)

_____ The pool will be isolated from access to the home by an enclosure that meets the pool barrier requirements of Florida Statute 515.29;

_____ 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);

_____ All doors and windows providing direct access from the home to the pool will be equipped with an exit alarm that has a minimum sound pressure rating of 85 decibels at 10 feet;

_____ 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 (We) understand that not having one or more than one of the above installed at the time of final inspection, or when the pool is completed for contract purposes, will constitute a violation of Chapter 515, F.S., and will be considered as committing a misdemeanor of the second degree, punishable by fines as established in Chapter 775, F.S.

I (We) agree to enclose the pool at _____ with a fence at least four feet high, with pickets no greater than four inches apart, with a self-closing, self-latching gate mechanism, immediately upon completion of the pool.

If the pool is completely enclosed with a screened enclosure, a fence is not required. I understand a city permit is required to put up a fence or screen enclosure and that I must call the Building Department at (386) 719-5748 to request a final inspection.

Contractor's Name

Owner's Name

Contractor's Signature

Owner's Signature

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

Sworn to (or affirmed) and subscribed before me this

_____ day of _____, 20__

by _____

Personally known _____ OR

Produced Identification _____

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

Sworn to (or affirmed) and subscribed before me this

_____ day of _____, 20__

by _____

Personally known OR

Produced Identification _____

Notary Signature as to Contractor

Notary Signature as to Owner

SEAL:

SEAL: