



Residential Swimming Pool, Spa or Hot Tub Safety Act  
Notice of Requirements

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 Florida Statute Chapter 515 and Florida Building Code Section 242.2.

Please initial the method(s) used for your pool or spa.

\_\_\_\_\_ The pool will be equipped with an approved safety pool cover that complies with ASTM F1346-91. (Submit Manufacturer specifications)

\_\_\_\_\_ A removable child barrier (with one end that shall be removable without the aid of tools) in compliance with FBC424.17 will protect the pool perimeter. (Submit Manufacturer specifications)

\_\_\_\_\_ A combination of "non-dwelling" walls (fences, screen enclosure, etc.) will protect the perimeter. The plans must specify the type and location of all non-dwelling walls.

\_\_\_\_\_ A combination of protection which incorporates dwelling walls with openings into the pool perimeter and complying with FBC Section 424.2.17.1.9 (2): All doors and windows providing direct access to the pool must be equipped with self close and self-latching mechanical devices installed a minimum of 54" above the threshold. (Submit Manufacturer specifications)

\_\_\_\_\_ A combination of protection which incorporates dwelling walls with openings into the pool perimeter and complying with FBC Section 424.2.17.1.9 (1): All doors and windows providing direct access to the pool shall be equipped with an exit alarm complying with UL 2017. (Submit Manufacturer specifications)

In accordance with the Florida Building Code, a final inspection of the pool project will not be approved without compliance with Private Swimming Pool Safety Requirements, and upon expiration of the permit, the pool shall be presumed to be unsafe.

I understand that not having one of the above systems installed will constitute a violation of Chapter 515, FS, and will be considered as committing a misdemeanor of the second degree, punishable as provided in Section 775.082 or Section 775.083 FS. This form must be signed by the owner/agent and the prime contractor.

\_\_\_\_\_  
Owner/Agent Printed Name, Signature and Date

State of Florida  
County of Pinellas  
Sworn and subscribed before me this \_\_\_ day of \_\_\_\_, 20\_\_\_  
By \_\_\_\_\_ who  
\_\_\_ is personally Known, or  
\_\_\_ produced \_\_\_\_\_ as identification  
\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
Prime Contractor Printed Name, Signature and Date

State of Florida  
County of Pinellas  
Sworn and subscribed before me this \_\_\_ day of \_\_\_\_, 20\_\_\_  
By \_\_\_\_\_ who  
\_\_\_ is personally Known, or  
\_\_\_ produced \_\_\_\_\_ as identification  
\_\_\_\_\_  
Notary Public, State of Florida