



City of Pompano Beach
Department of Development Services
Building Inspections Division

Application # \_\_\_\_\_

100 W. Atlantic Blvd Pompano Beach, FL 33060

Residential Swimming Pool, Spa and Hot Tub Safety Act

Phone: 954.786.4669 Fax: 954.786.4677

Notice of Requirement

I (We) acknowledge that a new swimming pool, spa or hot tub will be constructed or installed at (Print Job Address)

and hereby affirm that one or more of the following methods will be used to meet the requirements of Chapter 515, Florida Statutes and Florida Building Code Section 454.2.17

Please initial the method(s) to be used for your pool or spa:

- The pool will be equipped with an approved safety pool cover that complies with ASTM F1346 (Submit Manufacturers Specifications).
A continuous, one-piece (child) barrier meeting the requirements of Florida Building Code 454.2.17 will protect the pool perimeter.
A combination of non-dwelling walls and fences (screen enclosure, masonry fence walls, chain link or wood fence, etc.) will protect the pool perimeter (pool deck).
Any combination of protection which incorporates dwelling walls with openings directly into the pool perimeter, and all windows and doors will be equipped with exit alarms complying with Florida Building Code, 454.2.17.1.9 (Submit Manufacturers Specifications)
Any combination of protection which incorporates dwelling walls with openings directly into the pool perimeter and all doors will be equipped with a self-latching device with positive mechanical latching/ locking installed a min. 54" above the threshold.
A swimming pool alarm that, when placed in a pool, sound an alarm upon detection of an accidental or unauthorized entrance into the water.

In accordance with the Code, a final inspection of the pool project will not be approved without compliance with the Private swimming Pool Safety Requirements, and upon expiration of the permit, the pool shall be presumed to be unsafe. PER FBC 116.

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

Signature of Legal Owner / Agent
STATE OF FLORIDA- COUNTY OF BROWARD
Sworn to (or affirmed) and subscribed before me
this \_\_\_ day of \_\_\_, 20\_\_ by

Signature of Legal Contractor
STATE OF FLORIDA- COUNTY OF BROWARD
Sworn to (or affirmed) and subscribed before me
this \_\_\_ day of \_\_\_, 20\_\_ by

Type / Print Owners / Agents' Name

Type / Print Contractor's Name

NOTARY'S Signature as to Owner / Agent Signature

NOTARY'S Signature as to Contractor Signature

NOTARY'S Name & Title (print/ typed/ or stamped)

NOTARY'S Name & Title (print/ typed/ or stamped)

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_
Type of Identification Produced:

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_
Type of Identification Produced: