



PLANNING & DEVELOPMENT SERVICES DEPARTMENT

Building and Code Regulations Division

2300 VIRGINIA AVE
FORT PIERCE, FL 34982
(772) 462-1553

AFFIDAVIT OF REQUIREMENT COMPLIANCE
Residential Swimming Pools, Spa, and Hot Tub Safety Act

PERMIT # _____

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

(Please print street address)

will be used to meet the requirements of Chapter 515, Florida Statutes: (Please initial the method used for 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 F1246-91(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 85decibels 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 inches 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 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 up to \$500.00 and/or up to 60 days in jail as established in chapter 775, F.S.

I understand that the St. Lucie County Building Inspections Department assumes no liability for the final inspection of one of the above protective devices, or the lack of maintenance, or the removal of such after the swimming pool has been finalized.

I, the contractor, agree to instruct the owner of the proper use and maintenance of such safety device.

CONTRACTOR SIGNATURE

OWNER SIGNATURE

STATE OF FLORIDA, COUNTY OF _____

STATE OF FLORIDA, COUNTY OF _____

NOTARY PUBLIC

NOTARY PUBLIC

The foregoing instrument was acknowledged before me

The foregoing instrument was acknowledged before me

this _____ day of _____, 20____,

this _____ day of _____, 20____

by _____

by _____

Personally Known _____ or Produced Identification _____

Personally Known _____ or Produced Identification _____

Type of Identification Produced: _____

Type of Identification produced: _____