



Alachua County, Board of County Commissioners  
 Department of Growth Management  
 10 SW 2<sup>nd</sup> Ave., Gainesville, FL 32601  
<https://growth-management.alachuacounty.us>

Submit Application to: **Building Division**  
 building@alachuacounty.us  
 Tel. 352.374.5243  
 Fax. 352.491.4510

## RESIDENTIAL SWIMMING POOL SPA AND HOT TUB SAFETY ACT REQUIREMENTS COMPLIANCE FORM

*Pursuant to Chapter 515, Florida Statutes*

I, \_\_\_\_\_, License # \_\_\_\_\_, hereby affirm that one of the following methods will be used to meet the requirements of Chapter 515, Florida Statutes:

- \_\_\_\_\_ 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 door 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 and UL approved 2017;
- \_\_\_\_\_ All doors providing direct access from the home to the pool will be equipped with a self-closing, self-latching device with a release mechanism placed no lower than 54" above the floor or deck;

**I understand that not having one of the above installed at the time of final inspection 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.**

I have read, understand and will comply with Chapter 334, Swimming Pools, of the Alachua County Code.

\_\_\_\_\_  
 CONTRACTOR'S SIGNATURE

\_\_\_\_\_  
 OWNER'S SIGNATURE

\_\_\_\_\_  
 OWNER'S NAME (PLEASE PRINT)