

Islamorada, Village of Islands



Affidavit for a Residential Swimming Pool, Spa and Hot Tub

Property Address: _____

I, _____, License # _____, hereby affirm that one of the following methods will be used to meet the requirements of Florida Statute, Chapter 515 (Check all applicable methods):

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 – ASTM F1346

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 (dB) at 10 feet and in accordance with Section 315.1.9 of the Standard Pool Code.

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 inches above the floor or deck.

A swimming pool alarm that, when placed in a pool, sounds an alarm upon detection of an accidental or unauthorized entrance into the water. Such pool alarm must meet and be independently certified to ASTM Standard F2208, titled "Standard Safety Specification for Residential Pool Alarms," which includes surface motion, pressure, sonar, laser, and infrared alarms

Additionally, I understand that not having one of the above installed at the time of final inspection will constitute a violation of F.S.515 and will be considered a misdemeanor of the second degree, punishable as provided in F.S. 775.082 or Section 775.083.

ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained herein is true and correct. (If signed digitally, a notary is **NOT** needed.)

Print Name of Contractor (Qualifier)

Print Name of Property Owner

Signature of Contractor (Qualifier)

Signature of Property Owner

State of Florida County of _____

The foregoing instrument was acknowledged before me via ☐ physical presence OR ☐ online notarizations this _____ day of _____, 20____.

By _____

Personally known ☐ OR produced identification ☐

Type of identification produced _____

NOTARY NAME HERE, Notary Public

My Commission Expires _____

State of Florida County of _____

The foregoing instrument was acknowledged before me via ☐ physical presence OR ☐ online notarizations this _____ day of _____, 20____.

By _____

Personally known ☐ OR produced identification ☐

Type of identification produced _____

NOTARY NAME HERE, Notary Public

My Commission Expires _____