



**City of Lauderhill**

5581 W. Oakland Park Boulevard, Lauderhill, FL 33313  
Phone: 954-739-0100 \* Fax: 954-730-3071

**Residential Swimming Pool Spa and Hot Tub Safety Act Requirement**

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 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 doors and windows providing direct access from the home to the pool will be equipped with an exit alarm complying with UL 2017 that has a minimum sound pressure rating of 85 dB A at 10 feet. The exit alarm shall produce a continuous audible warning when the door and its screen are opened and be capable of being heard throughout the house during normal household activities. The alarm shall be equipped with a manual means to temporarily deactivate the alarm for a single opening. such deactivation shall last no more than 15 seconds. The deactivation switch shall be located at least 54 inches above the threshold of the door.
- \_\_\_\_\_ All doors providing direct access from the home to the pool will be equipped with a self-closing, self-latching device with a release mechanisms placed no lower than 54" above the floor or deck.

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.

\_\_\_\_\_  
CONTRACTOR'S SIGNATURE & DATE

\_\_\_\_\_  
OWNER'S SIGNATURE & DATE

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

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

STATE OF FLORIDA )  
                                  ) SS:  
COUNTY OF BROWARD )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

By \_\_\_\_\_ for \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

My commission Expires \_\_\_\_/\_\_\_\_/\_\_\_\_  
Identification Produced/Type \_\_\_\_\_