



MARTIN COUNTY BUILDING DEPARTMENT
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Text: 202-937-0892

PERMIT # _____

Commercial Swimming Pools, Spa and Hot Tub Safety Act

AFFIDAVIT OF COMPLIANCE

I (We) acknowledge that a new swimming pool, spa or hot tub will be constructed or installed at **(Print street address)** _____, and hereby affirm that the following method will be installed prior to the final pool inspection to meet the requirements of Chapter 515, Florida Statutes and Florida Building Code 7th Edition (2020). Please check your choice of compliance.

Commercial swimming pool safety feature options;

In order to pass final inspection and receive a certificate of completion, a commercial swimming pool must meet the following requirement relating to pool safety features:

(a) The pool must be isolated from outside access by a fence that meets the pool barrier requirements of FBC 454.1.3.1.9

454.1.3.1.9 All public pools shall be surrounded by a minimum 48-inch-high fence. The fence shall be continuous around the perimeter of the pool area that is not otherwise blocked or obstructed by adjacent buildings or structures and shall adjoin with itself or abut to the adjacent members. Access through the barrier other than from doored exits of adjacent building(s) shall be through self-closing self-latching lockable gates of 48 inch minimal height with the latch located a minimum of 54 inches from the bottom of the gate or at least 3 inches below the top of the gate on the pool side. Gates shall open outward away from the pool area. Consideration shall be given to the U.S. Consumer Product Safety Commission (CPSC) Pub. No. 362 guidelines. Safety Covers that comply with ASTM F 1346 do not satisfy this requirement.

* Safety covers that comply with ASTM F 1346 do not satisfy this requirement.

I understand that not having 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 as established in the Florida Statute.

Many types/models of alarms are not acceptable. Please check with the Building Department.

 CONTRACTOR'S SIGNATURE & DATE

 OWNER'S SIGNATURE & DATE

 NOTARY PUBLIC, STATE OF FLORIDA

 NOTARY PUBLIC, STATE OF FLORIDA

AS TO CONTRACTOR
 PERSONALLY KNOWN PRODUCED ID

AS TO OWNER
 PERSONALLY KNOWN PRODUCED ID

TYPE: _____

TYPE: _____

THIS FORM MUST BE SUBMITTED TO THE BUILDING DEPARTMENT AT THE TIME OF APPLICATION SUBMITTAL.

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