



**City of New Smyrna Beach
Building Department**

214 Sams Ave
New Smyrna Beach, Florida 32168
Phone: 386-410-2860
www.cityofnsb.com

**RESIDENTIAL SWIMMING POOL
SAFETY REQUIREMENTS**

Permit # _____

Print Contractor's Name

License#

hereby affirm that the pool, located at _____ will be isolated from access from within the dwelling AND from adjacent properties by a barrier that meets the pool barrier requirement of Florida Statute 515 and the Florida Building Code 7th Edition Residential (2020) R4501.17.

Check the applicable barrier requirements from the following options and show on the site plan:

- The pool will be equipped with an approved safety pool cover that complies with ASTM F1346 (Standard Performance Specifications for Safety Covers for Swimming Pools, Spas and Hot Tubs) per FBC R4501.17, Exception.
- The pool will be isolated from access by a mesh safety barrier that meets the requirements of FBC R4501.17.1.15.
- The Pool will be isolated from access by a screen enclosure that meets the requirements of FBC R4501.17.1.11.
- The pool will be isolated from access by a fence and Pedestrian gates that meet the requirements of FBC R4501.17.1.1 through R4501.17.1.14.

Does any part of the barrier consist of dwelling walls which contain doors or windows?

YES **NO**

IF you checked "Yes" to the above question, check which of the following three options below are applicable:

- All doors and windows providing direct access from the dwelling to the pool will be equipped with an exit alarm that meets the requirements of FBC R4501.17.1.9 (1) unless exceptions a, b or c apply.
- All doors providing direct access from the dwelling to the pool will be equipped with self-closing, self-latching devices installed 54" above the threshold that meet the requirements of FBC R4501.17.1.9 (2).
- A swimming pool alarm that meets and is independently certified to ASTM Standard F2208 will be provided per FBC R4501.17.1.9 (3).

I understand that the above indicated shall be installed before the time of the Pool Barrier/Safety Device inspection per FBC R4501.19. I further understand no water will be added to pool until this inspection is complete.

Print Contractor's Name

Print Owner's Name

Contractor's Signature

Owner's Signature

Date

Date

THIS COMPLETED FORM MUST BE ATTACHED TO THE PERMIT APPLICATION AND A COPY MUST BE KEPT AT THE JOB SITE AT ALL TIMES.