



STATEMENT OF COMPLIANCE

(POOLS, BARRIERS, AND OPERATION)

I, _____ take the responsibility of installing a barrier to enclose my pool at _____ understand that this barrier may be of a temporary nature during the construction process, but that a permanent barrier meeting the requirements of the applicable residential or building code shall be installed prior to final inspection. I also understand that the project is NOT finished until the city has completed the final inspection and written confirmation is provided in the form of a signature on the pool permit card. I also understand that my pool must be maintained in an operable state (functioning filtration system and relative water clarity).

Protective pool barrier must be maintained from the day construction work begins.

1. Fencing/gates must be a minimum of 48" in height. (Measured from grade outside pool area).
2. Pedestrian access gates in the required barrier shall open outward from the pool.
3. Pedestrian access gates must be self-closing and self-latching.
4. Gates other than pedestrian access gates must be self-latching.
5. The self-latching mechanism must be located a minimum of 54 inches or
 - a. The release mechanism shall be located on the poolside of gate at least 3 inches below the top of gate.
 - b. The gate and barrier shall have no opening larger than ½ inch within 18 inches of the release mechanism.
6. Operable windows (indoor sill height less than 48 inches) and doors with access to pool area are to be equipped with an (audible) alarm. The alarm shall be listed and labeled as a water hazard entrance alarm in accordance with Underwriting Laboratory.
7. Lot drainage must not be affected by pool.

It shall be unlawful to maintain any swimming pool in the City, which is not fenced in accordance with the above-mentioned requirements and applicable code requirements for pool barriers. All pools shall also be maintained in a clean, sanitary, and functional state with operable filtration equipment and relatively clear water for public safety and health purposes.

Owner Signature _____ Date: _____