



**PRINCE WILLIAM COUNTY**  
**Department of Development Services – Building Development Division**

**RESIDENTIAL POOLS, SPAS AND HOT TUBS**  
**BARRIER INSTALLATION RESPONSIBLE PARTY FORM**

Version 2020\_0621

<b>SITE ADDRESS</b>	_____
<b>JOB NAME</b>	_____

<b>POOL CONTRACTOR</b>	<b>HOMEOWNER</b>
<b>NAME</b> _____	<b>NAME</b> _____
<b>ADDRESS</b> _____	<b>ADDRESS</b> _____
<b>STATE REGISTRATION #</b> _____	<b>TEL #</b> _____
<b>CLASS</b> __ <b>TEL #</b> _____	<b>Email Address:</b> _____

**THE POOL, SPA, OR HOT TUB CANNOT BE USED UNTIL THE FINAL INSPECTION APPROVAL. THE BARRIER MUST BE COMPLETED IN ADVANCE OF THE FINAL INSPECTION. PLEASE REFER TO [Residential Pools, Spas, and Hot Tubs Barrier and Safety Requirements](#). CHECK ALL THAT APPLY:**

BARRIER TYPE	RESPONSIBLE PARTY
<input type="checkbox"/> <b>Fence</b> <input type="checkbox"/> <b>Wall</b> <input type="checkbox"/> <b>Split Rail w/ 14 Ga. WWM*</b>	<input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner
<input type="checkbox"/> <b>Safety Cover</b> <input type="checkbox"/> <b>Spa Safety Cover</b> <input type="checkbox"/> <b>Pool Automatic Cover</b>	<input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner
<input type="checkbox"/> <b>Wall of Dwelling as Barrier</b> with required alarms and safety glazing	<input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner
<input type="checkbox"/> <b>Pool Structure as Barrier</b>	<input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner
<input type="checkbox"/> <b>Natural Barrier and/or Natural Topography*</b>	<input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner

\* A [Code Modification Request](#) must be submitted with the Building Permit Application and Plans.

Pool Contractor's Name (Print)	Pool Contractor's Signature	Date
	<input type="checkbox"/> <i>By checking this box, I agree to electronically signing this form.</i>	

**Owner's Notarized Signature is only required when the owner is a Responsible Party**

Owner's Name (Print)	Owner's Signature	Date
	<input type="checkbox"/> <i>By checking this box, I agree to electronically signing this form.</i>	

**COMMONWEALTH OF VIRGINIA**  
**County of Prince William, to wit:**

I, the undersigned Notary Public for the aforesaid jurisdiction, do hereby certify that \_\_\_\_\_, owner of the property described in the form, whose name is signed to the foregoing form, has appeared before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ and acknowledge the same as true and correct.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
 Notary Public