PRINCE WILLIAM COUNTY
Department of Development Services – Building Development Division

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

Version 2017_0227

SITE ADDRESS_____

_____

JOB NAME _____

POOL CONTRACTOR	HOMEOWNER
NAME _____	**NAME** _____
ADDRESS _____	**ADDRESS** _____
STATE REGISTRATION # _____	**TEL #** _____
CLASS __ **TEL #** _____	**Email Address:** _____

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
☐ **Fence** ☐ Wall ☐ Split Rail w/ 14 Ga. WWM*	☐ Contractor ☐ Homeowner
☐ **Safety Cover** ☐ Spa Safety Cover ☐ Pool Automatic Cover	☐ Contractor ☐ Homeowner
☐ **Wall of Dwelling as Barrier** with required alarms and safety glazing	☐ Contractor ☐ Homeowner
☐ **Pool Structure as Barrier**	☐ Contractor ☐ Homeowner
☐ **Natural Barrier and/or Natural Topography***	☐ Contractor ☐ 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

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

_____ _____ _____
Owner's Name (Print) Owner's Signature Date

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.

_____
Notary Public

My commission expires: _____