



RESIDENTIAL POOLS, SPAS AND HOT TUBS BARRIER INSTALLATION RESPONSIBLE PARTY FORM
Version 2021_0702

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
<input type="checkbox"/> Fence <input type="checkbox"/> Wall <input type="checkbox"/> Split Rail w/ 14 Ga. WWM*	<input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner
<input type="checkbox"/> Safety Cover <input type="checkbox"/> Spa Safety Cover <input type="checkbox"/> Pool Automatic Cover	<input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner
<input type="checkbox"/> Wall of Dwelling as Barrier (alarms and safety glazing required)	<input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner
<input type="checkbox"/> Pool Structure as Barrier	<input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner
<input type="checkbox"/> Natural Barrier and/or Natural Topography*	<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 Name (Print)	Owner's Signature	Date
	<input type="checkbox"/> <i>By checking this box, I agree to electronically signing this form.</i>	