



SWIMMING POOL BARRIER AFFIDAVIT

RE: Permit Number: _____
(Permit number to be completed by the St. Cloud Building Dept. following the submittal of this signed and notarized document).

Owner's Name: _____

Property Address: _____

Contractor's Name: _____

Contractor's Telephone Number: _____

I, _____ being the legal owner of the above referenced property for which a swimming pool permit has been issued by the City of St. Cloud, do acknowledge receipt of Section R4501.17, Residential Swimming Barrier Requirements of the 7th Edition (2020) Florida Building Codes – Residential, including sub-sections R4501.17.1 through R4501.17.19. I further acknowledge that I have read and understand the requirements therein including 4501.19 which stipulates that the pool shall not be filled with water until the final electrical and the final barrier code inspection have been performed and approved with the exception of vinyl and fiberglass pools which are required to be filled with water upon installation. I take full responsibility for ensuring that the above referenced code sections are fully complied with and do hold the City of St. Cloud harmless in the event of any failure of these safety measures.

Signature of Owner

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization, this ___ day of _____, 20___ by _____, who is personally known to me or who has produced _____ as identification.

Signature of person taking acknowledgment

Name typed, printed or stamped

Title or rank

Serial number if any