

Barrier Installation Responsible Party Form Residential Pools, Spas, and Hot Tubs

City of Salem
Community Development

SITE ADDRESS:

POOL CONTRACTOR	HOMEOWNER
NAME:	NAME:
STATE LICENSE #:	ADDRESS:
PHONE #:	PHONE #:
Email Address:	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					
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Fence</td> <td style="width: 33%;">Wall</td> <td style="width: 33%;">Split Rail w/ 14 Ga. wire fencing</td> </tr> </table>	Fence	Wall	Split Rail w/ 14 Ga. wire fencing	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Contractor</td> <td style="width: 50%;">Homeowner</td> </tr> </table>	Contractor	Homeowner
Fence	Wall	Split Rail w/ 14 Ga. wire fencing				
Contractor	Homeowner					
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Safety Cover</td> <td style="width: 66%;">Spa Safety Cover</td> </tr> </table>	Safety Cover	Spa Safety Cover	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Contractor</td> <td style="width: 50%;">Homeowner</td> </tr> </table>	Contractor	Homeowner	
Safety Cover	Spa Safety Cover					
Contractor	Homeowner					
Wall of Dwelling as Barrier with required alarms and safety glazing	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Contractor</td> <td style="width: 50%;">Homeowner</td> </tr> </table>	Contractor	Homeowner			
Contractor	Homeowner					
Pool Structure as Barrier	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Contractor</td> <td style="width: 50%;">Homeowner</td> </tr> </table>	Contractor	Homeowner			
Contractor	Homeowner					
Other (Indicate: _____)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Contractor</td> <td style="width: 50%;">Homeowner</td> </tr> </table>	Contractor	Homeowner			
Contractor	Homeowner					

I declare by my signature below that I am the party responsible for installation of all required safety barriers and devices for the above described installation as required under City of Salem Code and the 2015 Virginia Uniform Statewide Building Code and the 2015 International Swimming Pool and Spa Code. **I understand that the pool is not to be filled with water until the required barriers and devices have been installed and approved by the City of Salem Building Inspection Office.** I also certify that I have received a copy of the brochure entitled "Barrier and Safety Requirements, Residential Pools, Spas, and Hot Tubs" as provided by the City of Salem Community Development.

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