



City of Jacksonville - Department of Public Works  
Building Inspection Division

## PRIVATE SWIMMING POOL SAFETY AFFIRMATION

(REVISED: 4/15/2026)

Permit Number: \_\_\_\_\_ Qualifier's License #: \_\_\_\_\_

Address: \_\_\_\_\_

I, \_\_\_\_\_ (*print Qualifier's name*), hereby affirm that the swimming pool at the above address will be isolated from access from within the dwelling AND from adjacent properties by a barrier that meets the pool barrier requirement of Florida Statute 515 and the Florida Building Code 8<sup>th</sup> Edition (2023) – Residential R4501.7.

### Above Ground Pools Only:

- Is the Pool Structure used as a Barrier and is at least 48" above adjacent grade?  Yes  No
- Is the Pool Barrier mounted on top of the Pool Structure AND pool access is limited to a ladder/step(s) that can be secured, locked, or removed?  Yes  No

### Check the applicable barrier requirements from the following options and indicate on the site plan:

- The pool will be equipped with an approved safety pool cover that complies with ASTM F1346 (Standard Performance Specifications for Safety Covers for Swimming Pools, Spas, and Hot Tubs) per FBC-Residential R4501.17, Exception.
- The pool will be isolated from access by a mesh safety barrier that meets the requirements for FBC-Residential R4501.17.1.15.
- The pool will be isolated from access by a screen enclosure in accordance with the requirements of FBC-Residential R4501.17.1.11.
- The pool will be isolated from access by a fence and pedestrian gates that meet the requirements of FBC-Residential R4501.17.1.1 through R4501.17.1.14.
  - A neighbor's existing fence may be used as the required barrier if it is code compliant. However, if the fence is removed, the property owner with the pool is responsible for immediately replacing the fence. Failure to do so will place the property owner in noncompliance with Florida Statute and the Florida Building Code and subject to the citation process.
  - By signing below, the property owner acknowledges this responsibility and will immediately install the required fence if the existing fence is removed.

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**Does any part of the barrier consist of dwelling walls which contain doors or windows?**

Yes       No

**If “Yes” is checked in response to the above question, check which of the following three options below are applicable (Note: All alarms must comply with UL 2017 and verification of compliance must be onsite at time of inspection):**

- All doors and windows providing direct access from the dwelling to the pool will be equipped with an exit alarm that meets the requirements of FBC-Residential R4501.17.1.9(1) unless exceptions a, b, or c apply.
- All doors providing direct access from the dwelling to the pool will be equipped with self-closing, self-latching devices installed a minimum of 54” above the threshold that meet the requirements of FBC-Residential R4501.17.1.9(2).
- A swimming pool alarm that meets and is independently certified to ASTM Standard F2208 will be provided in accordance with FBC-Residential R4501.17.1.9(3).

I understand that the items identified above shall be installed before the time of the Final inspection for the permit number listed above.

\_\_\_\_\_  
Contractor Qualifier Signature

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Contractor Qualifier, Print Name

\_\_\_\_\_  
Property Owner, Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**NOTARY AS TO CONTRACTOR QUALIFIER**

Before me this day of \_\_\_\_\_, 20\_\_\_\_\_,  
Personally appeared \_\_\_\_\_

Who executed the foregoing instrument, and  
acknowledged before me the same was  
executed for the purposes therein expressed.

Type of ID Produced: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**NOTARY AS TO PROPERTY OWNER**

Before me this day of \_\_\_\_\_, 20\_\_\_\_\_,  
Personally appeared \_\_\_\_\_

Who executed the foregoing instrument, and  
acknowledged before me the same was  
executed for the purposes therein expressed.

Type of ID Produced: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_