

Permit Applicant \_\_\_\_\_

Permit No. \_\_\_\_\_

Office Use Only



## Department of Building Safety Pool and Fence Statement

(This form must be completed if you are applying for an in-ground or above ground pool.)  
Please use N/A if the field does not apply to your pool project.

If the responsibility for the construction of the pool and barrier are being shared between the owner and contractor each must indicate their areas of responsibility for the construction of this pool.

Print the name of the responsible party for each item and sign at the bottom.

Construction of Pool \_\_\_\_\_ Construction Barrier \_\_\_\_\_

Permanent Barrier/ Fence \_\_\_\_\_ Door Alarms \_\_\_\_\_

Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_

Gas \_\_\_\_\_ Final Inspection \_\_\_\_\_

\*Required Barrier information for pools can be obtained at the Spotsylvania County Building Safety Department, 9019 Old Battlefield Blvd Suite 300.

\*Construction safety barriers must be in place and maintained during construction and remain in place until the Permanent barrier and alarms are installed.

\*Pools cannot be occupied or otherwise used until a **Final Inspection** has been approved by the Spotsylvania Building Safety Department.

\_\_\_\_\_  
Owner's Name (print)

\_\_\_\_\_  
Contractor's Name (print)

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date