



City of Miramar | Planning & Zoning Division

Building, Planning, & Zoning Department
2200 Civic Center Place | Miramar, Florida 33025
Tel: 954.602.3200 | Fax: 954.602.3635
www.miramarfl.gov

**Safety
Barrier
Affidavit**

**SAFETY BARRIER AFFIDAVIT
SUBMITTAL**

Date: _____
Building Permit Application No. _____

Property Address _____

In accordance with Land Development Code Section 809.12.1, for the City of Miramar, Florida, I _____, the owner of the above referenced property, hereby certify that I understand and agree that the swimming pool to be constructed at the above address will not be used or filled with water until a separate **permit** has been pulled for, and a final inspection obtained, for the installation of an **approved** safety barrier. The pool shall comply with the requirements of Florida Statutes, Chapter 515 entitled "Residential Swimming Pool Safety Act," including but not limited to the pool barrier requirements found in Section 515.29. In addition to the statutory requirements, the safety barrier as stated in the Land Development Code, Section 809.12.1 (a), shall take the form of a screened-in patio, a wooden fence, or a concrete block wall. The minimum height of the safety barrier shall be four (4) feet. The safety barrier shall be erected either around the swimming pool or around the premises on which the swimming pool is erected. In either event, it shall enclose the area entirely, prohibiting unrestrained admittance to the enclosed area. Gates shall be of the spring lock type, so that they shall automatically be in a closed position at all times. Gates shall also be equipped with a self-latching lock and shall be locked when the swimming pool is not in use. Other safety requirements may apply based on the provisions of the Florida Building Code in effect at the time of the permit.

Note: Please be aware that the final inspection of the pool will be rejected, if the required safety barrier has not been installed, inspected, and approved.

I have read and understand the safety barrier requirement.

Property Owner Signature _____

Property Owner (Print Name) _____

State of FLORIDA
County Of _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20__ by

(Print Homeowner's/Representative's Name

STAMP

NOTARY SIGNATURE as to Homeowner's /Representative's Name

Notary Name

Personally Known _____ or Produced Identification _____ (type)

