



**ROANOKE COUNTY**  
**Department of Development Services – Office of Building Safety**  
**Barrier Installation Responsible Party Form**  
**Residential Pools, Spas, and Hot Tubs**



SITE ADDRESS _____ _____
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<b>POOL CONTRACTOR</b> NAME _____  ADDRESS _____  STATE LICENSE # _____  PHONE # _____	<b>HOMEOWNER</b> NAME _____  ADDRESS _____  PHONE # _____  Email Address: _____
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**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
<input type="checkbox"/> Fence <input type="checkbox"/> Wall <input type="checkbox"/> Split Rail w/ 14 Ga. WWM*	<input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner
<input type="checkbox"/> Safety Cover <input type="checkbox"/> Spa Safety Cover <input type="checkbox"/> Pool Automatic Cover	<input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner
<input type="checkbox"/> Wall of Dwelling as Barrier with required alarms and safety glazing	<input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner
<input type="checkbox"/> Pool Structure as Barrier	<input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner
<input type="checkbox"/> Other (Indicate: _____)	<input type="checkbox"/> Contractor <input type="checkbox"/> 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 the Roanoke County Code and the Virginia Uniform Statewide Building 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 Roanoke County 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 Roanoke County Department of Building Safety.

_____ Pool Contractor's Name (Print)	_____ Pool Contractor's Signature	_____ Date
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**Owner's Notarized Signature is only required when the owner is a Responsible Party**

_____ Owner's Name (Print)	_____ Owner's Signature	_____ Date
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**COMMONWEALTH OF VIRGINIA**

**County of Roanoke, to wit:** I, the undersigned Notary Public for the aforesaid jurisdiction, do hereby certify that \_\_\_\_\_, owner of the property described in the form, whose name is signed to the foregoing form, has appeared before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ and acknowledge the same as true and correct.

\_\_\_\_\_  
Notary

My commission expires: \_\_\_\_\_