



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



SITE ADDRESS _____

POOL CONTRACTOR
NAME _____

ADDRESS _____

STATE LICENSE # _____

PHONE # _____

HOMEOWNER
NAME _____

ADDRESS _____

PHONE # _____

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
<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

Owner's Notarized Signature is only required when the owner is a Responsible Party

Owner's Name (Print)

Owner's Signature

Date

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.

My commission expires: _____

Notary