



City of Port St. Lucie

Building Department
121 SW Port St. Lucie Blvd
Port St. Lucie, FL 34984 • 772-871-5132

In-Ground Pool Alarm Affidavit

To use the "In pool alarm" allowed in HB 535 Section 14, subsection (1) 515.27(e), this affidavit must be completed and submitted to inspections@cityofpsl.com

Permit #: _____

The in-ground pool alarm device was installed at _____.

The manufacturer of the device is _____ Model # _____

Please initial before each statement:

_____ I understand that the pool alarm device MUST be installed immediately upon filling the pool with water.

_____ I have personally tested the device as per the specifications and installation manual provided by the manufacturer and the device met all criteria included there-in.

_____ I am personally accepting all responsibility for the proper installation and testing of this device.

_____ I have instructed the occupants of the residence on the operation and performance of this device.

_____ I have provided the occupants with a copy of the installation manual and product specifications.

Signature of License Holder (qualifier)

Date

Print Name

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by

_____.

Notary Public Signature

Personally known _____ Produced ID _____