

**CITY OF RICHARDSON  
BUILDING INSPECTION DEPARTMENT**

**HOMEOWNER CERTIFICATION OF INSTALLATION OF REQUIRED HOUSE-  
SWIMMING POOL/SPA PROTECTION DEVICES**

This document provides for the homeowner to certify that one (1) of the following swimming pool/spa protection devices have been installed at:

Property location \_\_\_\_\_ Permit/Application # \_\_\_\_\_

2018 International Swimming Pool & Spa Code, Section 305.4, Barrier Requirements “Where a wall of a one or two family dwelling or townhouse or its accessory structure serves as a part of the pool barrier and where doors provide direct access to the pool or spa through that wall, one of the following shall be required:”

**‘I CERTIFY THAT ONE (1) OF THE FOLLOWING PROTECTION DEVICES ARE INSTALLED BETWEEN ALL DOORS LEADING FROM ANY RESIDENTIAL STRUCTURE INTO THE POOL AREA.’ (Check one)**

- \_\_\_\_\_ 1). Doors with direct access to the pool through any wall shall be equipped with an alarm which produces an audible warning throughout the dwelling when the door and/or its screen, if present, are opened. The alarm shall be listed and labeled in accordance with UL 2017. The deactivation switch shall be located at least 54 inches (1372 mm) above the threshold of the door.
- \_\_\_\_\_ 2). Other means of protection, such as self-closing doors with self-latching devices, which are approved by the governing body, shall be acceptable so long as the degree of protection afforded is not less than the protection afforded by Item 1 described above.

‘I certify that the City of Richardson has not inspected and/or may or may not inspect pool protection devices and the above safety device will remain installed and maintained in good working order as long as the pool exists.’

‘I hereby agree to hold the City of Richardson, its agents and employees, harmless from any and all actions, causes of actions, claims, damages, costs, loss of services, attorney fees, expenses and compensation on account of, or in any way. I agree to indemnify the City of Richardson, its agents and employees, against any loss as a result.’

\_\_\_\_\_  
Property Owner / Print Name

\_\_\_\_\_  
Property Owner / Signature

**STATE OF TEXAS**                                 §  
  §  
**COUNTY OF** \_\_\_\_\_                     §

Before Me, the undersigned authority, on this day personally appeared, \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND SEAL OF OFFICE, This \_\_\_ day of \_\_\_\_\_ A.D. 20\_\_.

\_\_\_\_\_  
Notary Public, State of Texas