

Division of Permits & Inspections
410-386-2674, 1-888-302-8978
Fax 410-386-9252
MD Relay service 7-1-1/1-800-735-2258



Department of Public Works
Carroll County Government
225 North Center Street
Westminster, Maryland 21157

POOL BARRIER AFFIDAVIT

DATE: _____

PERMIT NO.: _____

TO: Carroll County Bureau of Permits and Inspections

Please accept this letter as certification that I assume total responsibility for the construction of the pool as outlined in the Code of Public Laws and Ordinances of Carroll County and the International Swimming Pool and Spa Code as adopted and amended by Carroll County.

(Address): _____.

NOTE:

I am aware that the pool barrier must be erected **BEFORE water can be added to the pool**. If water is added prior to the pool barrier being approved, the pool may be posted **Unsafe**.

I am aware that to use the pool prior to a Use and Occupancy Certificate being issued may cause the property to be posted **Unsafe**.

I am aware that adding water to the pool before the pool barrier is approved may cause me and/or the company responsible for this permit to be denied future permits.

POOL CONTRACTOR'S SIGNATURE

PRINT NAME

PRINT COMPANY NAME

WITNESS SIGNATURE

PRINT NAME