



CITY OF HOMESTEAD DEVELOPMENT SERVICES  
790 N HOMESTEAD BLVD  
HOMESTEAD, FL 33033  
TEL. 305-224-4500  
FAX. 305-224-4539

## SWIMMING POOL OWNER'S CERTIFICATION

Date: \_\_\_\_\_

Attention Building Official

I certify that I am the legal owner of the property described as

\_\_\_\_\_

Located at, \_\_\_\_\_

\_\_\_\_\_

In accordance with Section 33-12(e) and (f), Code of Metropolitan Dade County, I certify that I understand and agree that the swimming pool to be constructed at the above address cannot be used or filled with water until a separate permit has been obtained for an approved SAFETY BARRIER including a SPRING LOCK SELF CLOSING GATE (double gates do not meet this requirement), equipped with a SAFETY LOCK (no pad locks permitted) and utilized when pool is not in use, and such barrier erected, Inspected and Approved.

I further understand that this certification, however, does not eliminate the need for obtaining a permit and erecting an approved barrier prior to final inspection and use of pool.

I have read and understand the reverse side of this form.

**I understand that failure to comply will result in the issuance of a \$500.00 ticket to me without further notice.**

LEGAL OWNER: \_\_\_\_\_