

CONCORD TOWNSHIP
43 THORNTON ROAD
GLEN MILLS, PA 19342

AFFIDAVIT – SWIMMING POOL – SPA SAFETY

THIS IS TO CERTIFY THAT THE REQUIRED SAFETY EQUIPMENT FOR YOUR POOL IS IN THE PROPER PLACE AND IS IN GOOD WORKING ORDER

Check-off compliant items,

- _____ 1. FENCE ENCLOSURE, (MUST BE RIGID TYPE STRUCTURE) – 4FT MIN. HEIGHT.
- _____ 2. FENCE GATES – SELF CLOSING w/ PERMANENT LOCKING EQUIPMENT IN PLACE.
- _____ 3. (HOUSE PART OF ENCLOSURE)-PROPER DOOR OPENING WARNING ALARM EQUIPMENT, (write N/A if house is not part of fence enclosure).

All doors with direct access to the pool through that wall shall be equipped with an alarm which produces an audible warning when the door and its screen, if present, are opened. The alarm shall sound continuously for a minimum of 30 seconds immediately after the door is opened and be capable of being heard throughout the house during normal household activities. The alarm shall automatically reset under all conditions. The alarm system shall be equipped with a manual means, such as touchpad or switch, to temporarily deactivate the alarm for a single opening. Such deactivation shall last for not more than 15 seconds. The deactivation switch(es) shall be located at least 54 inches (1372 mm) above the threshold of the door.

(ADDRESS)

(Signature)

(Date)

(Address)

COMMONWEALTH OF _____)

)SS

COUNTY OF _____)

On this, the _____ day of _____ 20____, before me a notary public, the undersigned officer, personally appeared _____, known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public