# **Board of County Commissioners**

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# **Department of Public Works**

Bryan Bokey, PE Director

ccdpw@carrollcountymd.gov Phone: 410-386-2248

Fax: 410-876-2431

**POOL ENCLOSURE 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

H:\Permits\Forms\Pool Enclosure Affidavit Revised 9-25-25.docx

225 North Center Street Westminster, Maryland 21157 410-386-2400; 1-888-302-8978

MD Relay 711/800-735-2258