



ANTI-ENTRAPMENT CERTIFICATION FORM

**City of Lathrop
Building Department**

390 Towne Centre Drive – Lathrop, CA 95330
Email: PermitOffice@ci.lathrop.ca.us
Phone #: (209) 941-7270

THE FOLLOWING FORM IS REQUIRED WHENEVER A BUILDING PERMIT IS ISSUED TO CONSTRUCT OR REPAIR (RE-PLASTERING) A SWIMMING POOL OR SPA, TO ACKNOWLEDGE AND CERTIFY COMPLIANCE WITH THE "SWIMMING POOL SAFETY ACT"

STATEMENT TO BE SIGNED BY PROPERTY OWNER PRIOR TO FINAL APPROVAL

Verification of Compliance with the "Swimming Pool Safety Act"
(CA Health & Safety Code 115920 – 115929)

Property Owner Information

Property Address: _____

Property Owner: _____ Phone Number: _____

Property Owner Email: _____

Contractor Information

Company Name: _____

CA Contractor License Number: _____ Type: _____ Expiration Date: _____

Mailing Address: _____

Contact Name: _____ Phone Number: _____

Contractor Email: _____

VERIFICATION OF COMPLIANCE

I hereby certify that the swimming pool or spa located at the above-mentioned address complies with the provisions of the "Swimming Pool Safety Act", has been equipped with an Anti-Entrapment Cover meeting the current ANSI/APSP-16 as required under the provisions of the law, and have received additional information on Pool Barrier Requirements.

Property Owner Signature: _____

Date: _____

Contractor Signature: _____

Date: _____