

TOWN OF WAPPINGER



BUILDING DEPARTMENT
20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590-0324
(845) 297-6256
FAX: (845) 297-0579

Building Department ***POOL ALARM CERTIFICATION*** **(ASTM F 2208 only)**

Building Permit: _____

Date: _____

Location: _____

Owner / Builder: _____

Company / Business: _____

The undersigned hereby attests to the fact that the building/structure has installed an alarm system which conforms to the laws, title or regulation governing Building Construction, Title 19 NYCRR Residential Code of New York State (RCNYS) Chapter XXXIII, Subchapter A, Part 1220.5, Building Code Part 1221.3.

The above-listed owner/builder company/business hereby acknowledges that the alarm system and all components have been tested and that both manual and automatic features are working properly. The alarm sound is a minimum of 85 dba (decibel) when measures 10' away from alarm mechanism and meets requirements of ASTM F 2208. (Alarm sound both at poolside and inside any adjacent residence of building of occupancy.)

Property Owner/Authorized Agent that installed working pool alarm.