

POOL INSPECTION

DCF-030
6/17 (Rev.)



DATE:: _____

TO: Building Inspector

FROM DCF Worker: _____

DCF Office Address: Please Select DCF Office

DCF Worker Phone # _____

Please complete the bottom section of this form certifying your inspection of an:

Above ground pool In-ground pool

At the address listed below to insure that the pool is in compliance with state and local regulations. Thank you for your cooperation in this matter.

Name of Occupant:

Address: (No. and Street): _____ City: _____ State: _____ Zip: _____

Home Phone: _____ E-mail: _____

Any special directions or instructions to the home?

CERTIFICATE OF INSPECTION

I, _____, Building Inspector in the Town /City of _____

State of Connecticut, have on this date, _____ inspected the pool at the address indicated above

And found the usage to be:

- in compliance with state and local regulations; or
- NOT in compliance with state and local regulations, for the reasons specified below:

Inspector's Signature

Date