

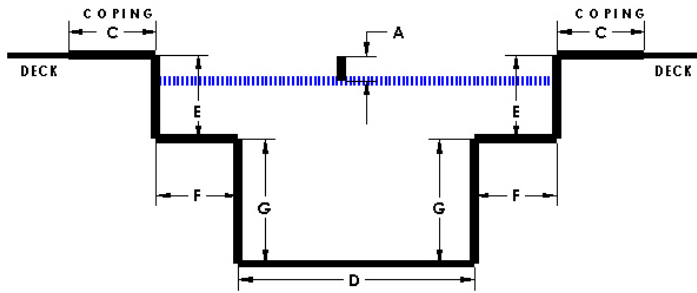


deck profile sheet **SPA LIFT***

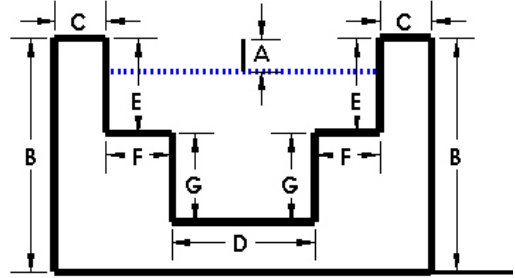
*Deck profile sheet must accompany your spa lift order

1. Preferred Lift: PAL PAL2 Splash! Splash! 300 aXs2 multiLift ML300

In-Ground Spa



Above Ground Spa



2. Spa Shape



OTHER*

*If none of the images above match your gutter configuration, please draw the shape on a separate piece of paper and attach.

3. Facility Type (check one): Health Club Hospitality Public Pool Residential Commercial

4. Deck (check one): New Construction Pre-existing

5. Deck Material (check one): Concrete Pavers

SPA

- 6. Distance from spa deck to water line (A): _____
- 7. Height of curb (B): _____
- 8. Width of curb (C): _____
- 9. Width of spa floor (D): _____
- 10. Depth of seat (E): _____
- 11. Width of seat (F): _____
- 12. Spa seat to floor (G): _____
- 13. Decorative stone setback: _____
- 14. Spa location: Floor Level Story Level # _____

Check this box to confirm that you have verified the location of the lift will meet the ADA Clear Deck Space Requirement (1009.2.3):

"On the side of the seat opposite the water, a clear deck space shall be provided parallel with the seat. The space shall be 36" wide minimum and shall extend forward 48" minimum from a line located 12" behind the rear edge of the seat."

Note: Pool lifts are application specific. Please provide accurate measurements for your pool in the space provided. S.R.Smith will confirm that the lift selected will meet the location and installation requirements based on the ADA Design Standards (2010) or suggest an alternative lift that will meet the requirements. S.R.Smith bears no responsibility due to misapplication of a lift without a completed Deck Profile Sheet on record.

Fax this completed form to 503.266.4334, email to lifts@srsmith.com, or complete the form online at www.srsmith.com/liftprofile. Call toll free 800.824.4387

Name of Distributor Lift Will Be Purchased From _____ City _____ State _____

Your Name _____ Email _____ Phone _____

Property or Project Name _____ City, State _____ PO Number _____

S.R.Smith Use Only

- APPROVAL# _____ PAL PAL HI/LO PAL SPA PAL2 SPLASH SPLASH HI/LO SPLASH ER SPLASH ER HI/LO SPLASH SPA SPLASH 300 MULTILIFT SPLASH 300 HI/LO SPLASH W/ROUND POST AXS2 AXS2 W/ROUND POST ML300