

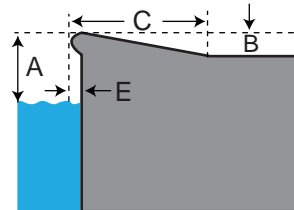
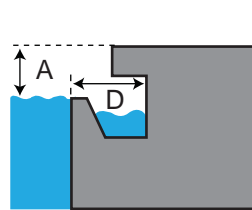
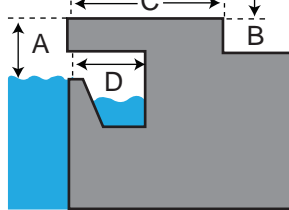
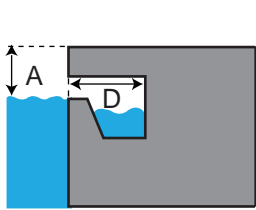
pool lift deck profile sheet*

*Deck profile form must accompany your pool lift order.

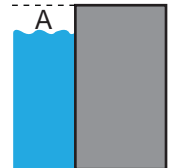
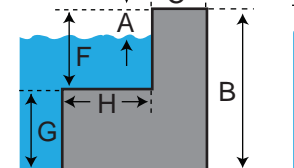
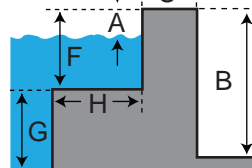
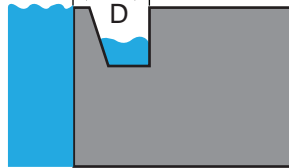
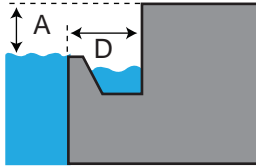
1. Preferred Lift: PAL Splash! aXs multiLift

2. Gutter Configuration:

Fully recessed gutter Fully recessed gutter w/ parapet Partially recessed gutter Bull Nose Coping



Rollout gutter Flush gutter and deck w/ or w/o bullnose Above ground spa In ground spa Standard backyard pool



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

3. Deck Material (check one): Concrete Pavers

4. Distance from pool deck to water line (A): _____

If applicable:

5. Height of curb (B): _____

6. Width of curb (C): _____

7. Width of gutter (D): _____

8. Bull Nose Radius (E): _____

9. Depth of seat (F): _____

10. Spa seat to floor (G): _____

11. Width of seat (H): _____

12: Decorative stone setback: _____

Check this box to confirm that you have checked to make sure 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 609.646.4447 or email to sales@mobility123.com

Name of Distributor Lift Will Be Purchased From

City

State

Your Name

Email

Phone

Project Name

PO Number

P: 800-485-7789
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