

LEON S. AVAKIAN, INC. *Consulting Engineers*

788 WAYSIDE ROAD • NEPTUNE, NEW JERSEY 07753

LEON S. AVAKIAN, P.E., P.L.S. (1953-2004)
PETER R. AVAKIAN, P.E., P.L.S., P.P.
MEHRYAR SHAFAI, P.E., P.P.
GREGORY S. BLASH, P.E., P.P.
LOUIS J. LOBOSCO, P.E., P.P.
GERALD J. FREDA, P.E., P.P.
WILLIAM D. PECK, P.E., P.P.
RICHARD PICATAGI, L.L.A., P.P.
JENNIFER C. BEAHM, P.P., AICP

August 29, 2019

Ms. Colleen Mayer
Borough of Little Silver
480 Prospect Ave
Little Silver, NJ 07739

Re: 22 Mitchell Place
Block 44.01, Lot 15
Certificate of Approval of Inground Pool
Our File LS 19-01

Dear Ms. Mayer:

Pursuant to your request, our office inspected the above referenced property for our recommendation for certificate of approval of the inground pool. Please be advised that after inspection, review of the Development Permit and Asbuilt Plan, we find all sitework was completed to our satisfaction and we therefore recommend a certificate of approval. We make this recommendation conditional upon the applicant's compliance with the requirements of the Borough Zoning and Building Departments and payment of all fees.

Should you have any questions regarding this matter, please feel free to contact our office.

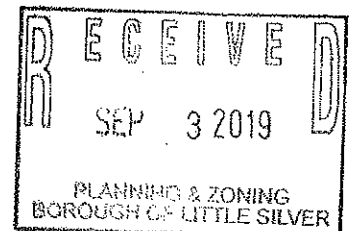
Very truly yours,

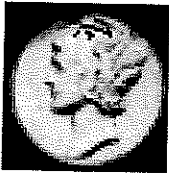
LEON S. AVAKIAN, INC.



Louis J. Lobosco, P.E., P.P.
Associate Engineer

LJL:mcs
LS/19/19-01f





Little Silver Borough
80 East River Road
Rumson, NJ 07760

Date Issued 7/27/2020
Control Number 17460
Permit Number 20170414
Permit Issue Date 10/3/2017
Certificate Number 20170414

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 22 MITCHELL PLACE Little Silver Borough, NJ Block: 44.1 Lot: 15 Qual: _____
Owner in Fee: GELSOMINE, SHAUN M
Owner Address: 22 MITCHELL PLACE LITTLE SILVER NJ 07739
Telephone: _____
Contractor: ANTHONY & SYLVAN POOLS CORP.
Address: 420 RT 46 E. FAIRFIELD NJ 07004
Telephone: (732) 536-1010 Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration Number: _____
Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: IN-GROUND SWIMMING POOL

Certificate Comments: FENCE ON RIGHT SIDE IS THE NEIGHBORS POOL COMPLIANT FENCE. LETTER IN FILE

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

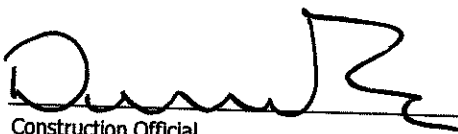
- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: _____ or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____
Conditions to be met:


Construction Official

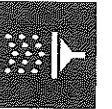
Date Printed: 7/30/2020

U.C.C. F260 (rev. 08/05)

Fee: \$0.00
Check Number: _____
Collected By: _____



PLUMBING SUBCODE TECHNICAL SECTION



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 4401 Lot 22 Qualification Code 07739

Work Site Location Little Silver NJ 07739

Owner in Fee: Frank and Rosemary

Tel. (732) 770-7121 e-mail little Silver (Gumson)

Address Same

Contractor: Anthony S. Gumson Tel. (732) 530-1010

Address Englishtown NJ 07726 e-mail

Contractor License No. 1310454670 Exp. Date 3/31/15

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 23-17703910 FAX: ()

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work \$ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial - Under-slab Utilities Approved

Date: Approved by:

☒ Plumbing Plans Approved

Date: 10/21/14 Approved by:

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL FOR PERMIT

Date: 10/21/14

Approved by:

SUBCODE APPROVAL FOR CERTIFICATE

☒ CO ☐ CCO ☐ CA

Date: 10/21/14

Approved by:

TCO Final

Final 6618

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor

sign and seal here:

Print name here:

☐ Licensed Plumbing Contractor ☒ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

For Pool

QTY. FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer existing

Greasetrap

Sewer Connection

Water Service Connection

Stacks

1 8" x 10" Double Bottom Manhole

100

100

100

100

100

100

100

100

100

Date Received 10/21/14

Control #

Date Issued 10/21/14

Permit #

Administrative Surcharge \$

Minimum Fee \$

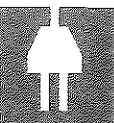
State Permit Surcharge Fee \$

TOTAL FEE \$

6-6-18 No 25 PSI Test on Pressure test good



ELECTRICAL SUBCODE TECHNICAL SECTION



A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 4001 Lot 1 Qualification Code 1

Work Site Location 123 Silver Pk.

Owner in Fee: Frank Devel. Ruffen

Tel. (732) 710-7121 e-mail Little Silver (Lansan)

Address same street municipality zip code

Contractor: CORBIN, Tel. ()

Address ELECTRICAL SERVICES, INC.

Contractor License No. 6419 Marlboro, NJ 07746

Home Improvement Contractor Registration No. or Ex. PH (732) 536-0824 Date 5/22/04

Federal Emp. ID No. 22-3121464 FAX: ()

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[] Pole/Pad # [] Temporary [] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 1200

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial - Underslab Utilities Approved

Date: 5/29 Approved by: [Signature]

[] Electric Plans Approved

Date: 5/29 Approved by: [Signature]

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL for PERMIT

Date: 5/29 Approved by: [Signature]

ENCODE APPROVAL for CERTIFICATE

Date: 5/29 Approved by: [Signature]

Approved by: [Signature]

U.C.C. F120 (rev. 11/03)

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: [Signature]

Print Name here: Steven Corbin

[] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: For Pool

QTY. SIZE ITEMS

1 Lighting Fixtures

1 Receptacles

1 Switches

1 Detectors

1 Light Poles

1 Motors - Fract. HP

1 Emergency & Exit Lights

1 Communications Points

1 Alarm Devices/F.A.C. Panel

1 TOTAL NUMBERS

1 Pool Permit/with UW Lights 2 SWIFT

1 Storable Pool/Spa/Hot Tub

1 KW Elec. Range/Receptacle

1 KW Oven/Surface Unit

1 KW Elec. Water Heater

1 KW Elec. Dryer/Receptacle

1 KW Dishwasher

1 HP Garbage Disposal

1 KW Central A/C Unit

1 HP/KW Space Heater/Air Handler

1 KW Baseboard Heat

1 HP Motors 1/4 HP

1 KW Transformer/Generator

1 AMP Service

1 AMP Subpanels

1 AMP Motor Control Center

1 KW Elec. Sign/Outline Light

1 Electric Heat Pump

Date Received 10/21/07

Control # 20170414

Date Issued

Permit #

Administrative Surcharge \$ 850

Minimum Fee \$ 850

State Permit Surcharge Fee \$ 850

TOTAL FEE \$ 850

To render call: ALLEGRA

Marketing - Print - Mail

(609) 390-1400



ELECTRICAL SUBCODE TECHNICAL SECTION



A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 44.1 Lot 15 Qualification Code _____

Work Site Location: 22 MITCHELL PLACE, Little Silver Borough, NJ

Owner in Fee: ANDERSON, CLIFFORD D & BARBARA M

Address 22 MITCHELL PLACE, LITTLE SILVER NJ 07739

Tel. _____ Email _____

Contractor: _____

Address NJ Email _____

Tel. _____ Fax _____

Lic No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Employee No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____ R-5 _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$1,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan _____ Date _____ Initial _____

☐ Required _____

☐ Partial Under-slab Utilities Approved _____

Date: _____ by: _____

Electric Plans Approved _____

Date: _____ by: _____

Joint Plan Review Required _____

☐ Building ☐ Plumbing _____

☐ Fire ☐ Elevator _____

☐ Electrical Plans Approved _____

SUBCODE APPROVAL for PERMIT

Date: _____ by: _____

Barrier-Free _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding _____

INSPECTIONS

Dates (Month/Day)

Type: _____

Boyle 6-5 6-19 7-10

Boyle 6-5 6-19 7-10

Boyle 6-5 6-19 7-10

Boyle 6-5 6-19 7-10

Boyle 6-5 6-19 7-10

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Boyle 6-5 6-19 7-10

Boyle 6-5 6-19 7-10

Date Received 9/28/2017
Date Issued 10/3/2017
Control # 17460
Permit # 20170414

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Contr ☐ Certif'd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
IN-GROUND SWIMMING POOL.

QTY. SIZE ITEMS FEE (Office Use Only)

Lighting Fixtures _____

Receptacles _____

Switches _____

Detectors _____

Light Poles _____

Motors - Fract. HP _____

Emergency & Exit Lights _____

Communication Points _____

Alarm Devices/F.A.C. Panel _____

TOTAL NUMBERS _____

Pool Permit/with UW Lights _____

Storable Pool/Spa/Hot Tub _____

KW Elec. Range/Receptical _____

KW Oven/Surface Unit _____

KW Elec. Water Heater _____

KW Elec. Dryer/Recepticle _____

KW Dishwasher _____

HP Garbage Disposal _____

KW Central A/C Unit _____

HP/KW Space Heater/Air _____

KW Baseboard Heat _____

HP Motors 1/4 HP _____

KW Transformer/Generator _____

AMP Service _____

AMP Subpanels _____

AMP Motor Control Center _____

KW Elec. Sign/Outline Light _____

Administrative Surcharge _____

Minimum Fee _____

State Permit Surcharge Fee _____

TOTAL FEE _____



Little Silver Borough
80 East River Road
Rumson, NJ 0760

Permit Number
20170414

Inspection Activity Report

Inspections for Permit Number 20170414

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner	Location	Work Type	Work Description	Inspection Comments
11/13/2017	BONDING	Nick Fabiano	Electrical	Pass	ANDERSON, CLIFFORD D & BARBARA M	22 MITCHELL PLACE	Alteration	IN-GROUND SWIMMING POOL	Agent: ANTHONY & SYLVAN POOLS CORP. Phone: (732) 536-1010/ bond pool rebar
04/24/2018	TRENCH	Nick Fabiano	Electrical	Pass	ANDERSON, CLIFFORD D & BARBARA M	22 MITCHELL PLACE	Alteration	IN-GROUND SWIMMING POOL	Agent: ANTHONY & SYLVAN POOLS CORP. Phone: (732) 536-1010/



Little Silver Borough
80 East River Road
Rumson, NJ 07760
(732) 830-3022
Hours: 8:00AM to 4:00 PM

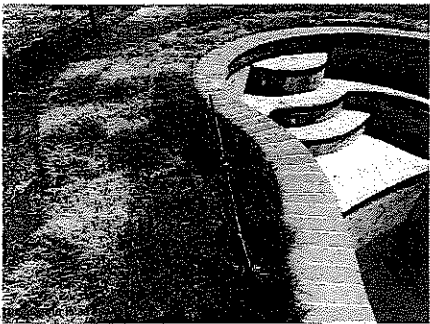
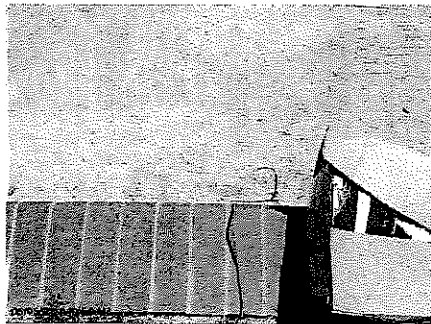
Construction Inspection

Inspection Date: 06/05/2018

Prepared By: Nick Fabiano

Permit			
Location	22 Mitchell Place	Property	Block/Lot: 44.1-15
Permit	20170414	Subcode	Electrical Subcode
Work Type	Alteration	Work Description	IN-GROUND SWIMMING POOL

Inspection Results	
Inspection Type	BONDING
Result	Fail
Findings	provide proper bonding grid 2014 NEC 680.26

Photos		
		



BUILDING SUBCODE TECHNICAL SECTION



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 4401 Lot 13 Qualification Code _____

Work Site Location: Little Silver NJ 07729

Owner in Fee: Front Street Properties LLC & Susan Pava/HO

Tel. (732) 770-7121 e-mail _____

Address: Some Little Silver (Kramer)

Contractor: Anthony & Susan Pava Corp Tel. (732) 566-1100

Address: Englishtown NJ 07726 e-mail _____

Contractor License No. or Builder Registration No. 13VH054670 Exp. Date 3/31/15

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 23-1720390 FAX: (____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Approval
☐ No Plans Required			Footing		
☐ All			Footing Bonding		
☐ Footings/Foundations			Foundation		
☐ Structural/Framework			Slab		
☒ Exterior			Flame		
☐ Interior			Truss Sys/Bracing		
Joint Plan Review Required:			Barrier-Free		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation		
SUBCODE APPROVAL FOR PERMIT			Finishes -Base Layer		
Date: <u>10-22-13</u>			Finishes -Final		
Approved by: <u>[Signature]</u>			Energy		
SUBCODE APPROVAL FOR CERTIFICATE			Mechanical		
☐ CO ☐ CA			TCO		
Date: <u>10-22-13</u>			Other		
Approved by: <u>[Signature]</u>			Final		
			Barrier-Free		

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building: _____

State Approved _____ HUD _____

Est. Cost of Bldg. Work: _____

1. New Bldg. \$ 42,000

2. Rehabilitation \$ 1,400

3. Total (1+2) \$ 43,400



Date Received 10.2.14
Control # _____
Date Issued 20130414
Permit # _____

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature: [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Inground concrete freestair
18' x 40' box w/ attached
100 SF sunshelf & attached
50 SF logy corner depend.
(NO DIVING BOARD)

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign _____ Sq. Ft.
- ☐ Pool _____ Sq. Ft.
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge \$	
Minimum Fee \$	
State Permit Surcharge Fee \$	
TOTAL FEE \$	<u>200</u>



BUILDING SUBCODE TECHNICAL SECTION



(Fence per Attached)

Date Received 10-3-17
Control #
Date Issued 2017-04-4
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 44-01 Lot 15 Qualification Code _____
Work Site Location Little River NJ 07739
Owner in Fee: Rockport K&S E&B
Tel. (732) 770-7121 e-mail little.river@comcast.net
Address Stone street municipality Little River (Rumson) ZIP code _____
Contractor: Functional Tel. (732) 770-7121 e-mail _____
Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (_____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Approval
☐ No Plans Required			Footing		
☐ All			Footing Bonding		
☐ Footings/Foundations			Foundation		
☐ Structural/Framework			Slab		
☒ Exterior	<u>10-2</u>	<u>AT</u>	Frame		
☐ Interior			Truss Sys./Bracing		
Joint Plan Review Required:			Barrier-Free		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation		
SUBCODE APPROVAL for PERMIT			Finishes -Base Layer		
Date: <u>10-2-17</u>			Finishes -Final		
Approved by: <u>[Signature]</u>			Energy		
SUBCODE APPROVAL for CERTIFICATE			Mechanical		
☐ CO ☐ TCO			Other		
Date: <u>10-2-17</u>			Final		
Approved by: <u>[Signature]</u>			Barrier-Free		

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ 3,000
2. Rehabilitation \$ _____
3. Total (1 + 2) \$ 3,000

U.C.C. F110(Sale)
(rev. 11/09)

1 White = Applicant Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Manila = Inspector Copy

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

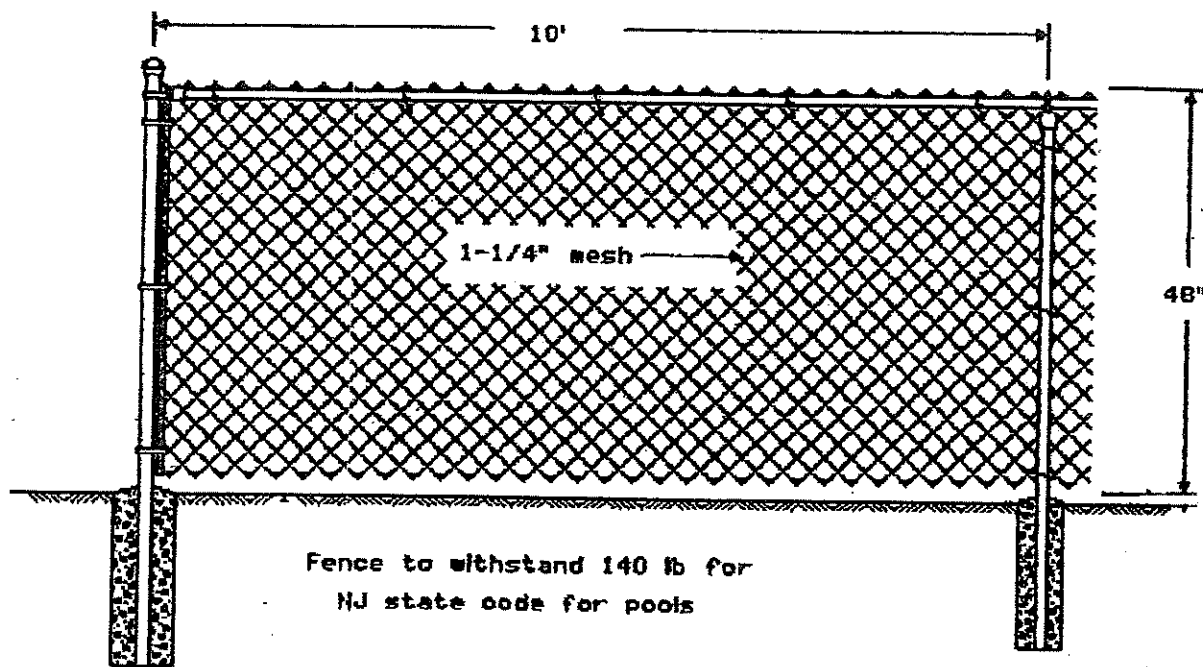
fence 4' charcolinked 1 1/4" mesh on side and rear 54' Along front w/ self locking fence per site.

FEE (Office Use Only)

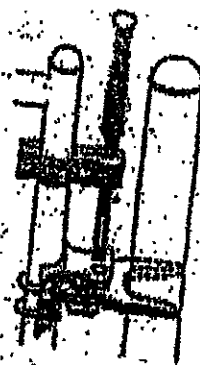
Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 75

TYPE OF WORK:	Sq. Ft.	Sq. Ft.
☐ New Building		
☐ Addition		
☐ Rehabilitation		
☐ Roofing		
☐ Sliding		
☒ Fence <u>4' x 54'</u> Height (exceeds 6')		
☐ Sign _____ Sq. Ft.		
☐ Pool		
☐ Retaining Wall _____ Sq. Ft.		
☐ Asbestos Abatement Subchapter 8		
☐ Lead Haz. Abatement NJAC 5:17		
☐ Radon Remediation		
☐ Other _____		
☐ Demolition		

(Proposed Per Code by owner).



SELF CLOSER



AUTOMATIC GATE LATCH



CONSTRUCTION PERMIT

Date Issued 10-2-17
Permit # 20170414

IDENTIFICATION Block A4.01 Lot 15 Qualification Code
Work Site Location 22 Mitchell Pl. Contractor Anthony E. Sullivan Pools Corp.
Little Silver, NJ 07739 Address 350 Rt 19N
Owner in Fee Frank Derek Rescher/Suzanne KAHALHO Tel. (132) 536-1010
Address 5000 Little Silver Lic. No. or Bldrs. Reg. No. 13VH01546700
Tel. (132) 770-7121

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:

Inground Concrete Freeway 18' x 40' Pool
(NO DRAINING BASE)
Will attach 100 SF. Sunshade & 50 SF. Gazebo.

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 43,000

Construction Official C. J. [Signature] Date 10-2-17

PAYMENTS (Office Use Only)	
Building	<u>225</u>
Electrical	<u>250</u>
Plumbing	<u>100</u>
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	<u>90</u>
Cert. of Occupancy	
Other	<u>815</u>
Total	
Check No.	
Cash	
Collected by	

U.C.C. F170 (rev. 01/04)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

(see reverse side)

Recorder call: (732) 534-3000