

JUL 30/87

BUILDING

TOWNSHIP OF BRICK



CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 1011 Carolina Ave., Brick
2. Owner Name: Gary + Heidi Rothermel Tel. () [REDACTED]
- Address 1011 Carolina Ave., Brick
3. Principal Contractor: Self Tel. () _____
- Address _____
- Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. () _____
- Address _____
5. Responsible Person in Charge of Work _____ Tel. () _____

II. PROPOSED WORK

A. TYPE OF WORK

1. ☒ Minor Work (Single Trade)
2. ☐ Small Job (\$5,000 and no Prior Approvals)
Complete only II.B., III and IV.A. and Page 2

3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

Above Ground Pool
rehab shed, Deck

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/Structural	\$ _____
2. ☐ Plumbing	_____
3. ☐ Electrical	_____
4. ☐ Fire Protection	_____
5. ☐ Other _____	_____
6. ☐ Other _____	_____
TOTAL COST	\$ <u>2,000</u>

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
HMD Reg. No.: _____
3. ☐ Two Family (R-3b)
4. ☒ One-Family (R-3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units: _____

Before Construction: _____

After Construction: _____

Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A-1-A)
6. ☐ Movie Theatres (A-1-B)
7. ☐ Night Clubs (A-2)
8. ☐ Restaurants, Libraries, Museums (A-3)
9. ☐ Religious Assembly (A-4)
10. ☐ Outdoor Assembly (A-5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F-1)
14. ☐ Low-Hazard Factory (F-2)
15. ☐ High-Hazard (H)

16. ☐ Institutional Detention Center (I-1)
17. ☐ Hospitals, Infirmeries (I-2)
18. ☐ Group Homes (I-3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S-1)
21. ☐ Low-Hazard Warehouse (S-2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

Principal	Secondary	Type
3. ☐	☐	Gas
4. ☐	☐	Oil
5. ☐	☐	Electric
6. ☒	☐	Solid (Wood, Coal, Etc.)
7. ☐	☐	Propane
8. ☐	☐	Solar
9. ☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area—Largest Floor _____ Sq. Ft.
17. Bldg. Area—All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10521010

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

- A. ☒ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.
- B. ☒ I further certify that I will perform the work below.
 B1. ☒ Building B2. ☐ Electrical B3. ☐ Plumbing
- C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 46:3B-1 et. seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.
- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE Gary Rothamel DATE 7/29/87

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☐ Check if contractor.

AGENT NAME _____ TEL. () _____

ADDRESS _____

SIGNATURE _____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

- ☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN - FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Receiver	Approval Date	Reviewer	Comments
☐	BUILDING			8/6/87	ED	
	Footings/Foundations					
	Framing					
	Architectural					
	Other 2					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION		8/22/87	KIR
	BUILDING			
	Footings/Foundations			
	Framing			
	Architectural			
	Other			
	PLUMBING			
	ELECTRICAL			
	FIRE PROTECTION			
	OTHER			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	_____

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Ticker
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	\$ 35.00
PLUMBING	•
ELECTRICAL	•
FIRE PROTECTION	•
OTHER	•
SUBTOTAL	\$ 35.00
- LESS: 20% of subtotal (when plan review performed by state agency).	(5.00)
D.C.A. TRAINING FEE .0006 x	•
CERTIFICATE OF OCCUPANCY	20.00
OTHER	15.00
OTHER	15.00
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 90.00
DATE 8-1-87	Collected By [Signature]

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

Date	Collected By	AMOUNT
		•
		•
		•
		•
- LESS: Refunds		(•)
TOTAL COLLECTED AFTER PERMIT ISSUED		\$ •

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	\$ •
COLLECTED AFTER PERMIT (VB)	•
TOTAL	\$ •



BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO. 12081
DATE ISSUED 8-7-87
REVISION DATE _____
Block 1418-14 Lot 601-104
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only When changing contractors, notify this office

Owner Gary + Heidi Kothermel Contractor Self
Address 1418 Carolina Ave Address _____
Tel. (610) _____ Tel. (_____) _____
Work Site Address Same Lic. No. _____
Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

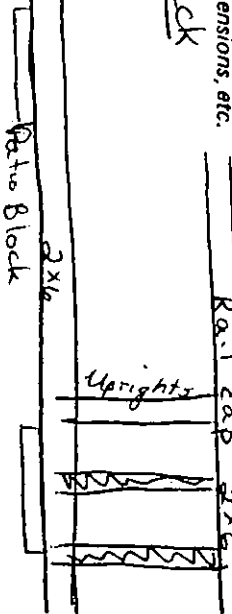
AGENT SIGNATURE _____

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used dimensions, etc. RAIL CAR 2x6

Deck



See enclosed drawings (3).

Shed -
A ground pool -

☐ See Plans

TYPE OF WORK:

- ☐ New Building
☐ Addition
☐ Alteration/Renovation
☐ Roofing
☐ Siding
☐ Other _____
☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☒ Pool
☐ Elevator
☐ Other _____

Fee Basis

Fee

SUBTOTAL \$ _____

Minimum Building Fee (if applicable) \$ _____
Total Building Fee (Greater of Minimum or Subtotal) \$ _____

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed _____

No. of Stories _____ Total Building Area--All Floors _____ Sq. Ft.
Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.
Area--Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.
Estimated Cost of Building Work: \$ 2000

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

JOB CONDITION/COMMENTS[illegible]

Maximum Occupancy Load:

INSPECTIONS

Type	Failure Dates	Approval Date
☒ Footing/Foundation		8-27-87 1264
☐ Slab		
☐ Frame		
☐ Architectural		
☐ Insulation		
☒ Finishes		8-27-87 164
☐ Energy		
☐ Mechanical		
☐ TCO		
☐ Other		

☒	CA
☐	CC
☐	CC

Date: 8-27-87
Inspected By: KG

TOWNSHIP OF BRICK

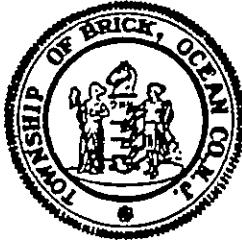
OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Daniel F. Newman, Mayor

Members of Township Council

Mary Anne L. Butler, Council President
Charles E. Anderson
Patrick L. Bottazzi
Edmund H. Hibbard
Joseph C. Scarpelli
Warren H. Wolf
David W. Wolfe



Division of Inspections

A.J. Cierzo,
Construction Official

(201) 477-3000, ext. 262

CHECK LIST

RE: Block 1418.14 Lot 61-64 Address 616 Cardina Ave.

Please be advised that your application for a construction permit for the subject property has been rejected due to deficiencies in the following areas:

Administrative ~~clear height of shed~~
Zoning _____
Engineering _____
Building _____
Plumbing _____
Electric _____
Fire _____

See attached review check list(s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a construction permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection(s) have been corrected and the application resubmitted.

Arthur J. Cierzo,
Construction Official

Date 8-4-87

LASALLE

Dawning of the Newest in Home Pool Technology

by
SwimUP Play, Inc.

OKED



SwimUP Play, Inc. is a leading manufacturer of inflatable pools and pool accessories. Our products are designed for safety and fun, and are available in a variety of sizes and colors. We are proud to be a part of the swimming pool industry, and we look forward to serving you for many years to come.

①

main deck
(flange joists will rest on ground & posts, blocking)

22'

$\frac{5}{4}$ " blocking

19'

24'

posts
block
testings
inside flange
with ground
surface,
siding

2'x8' flange joists
24" apart

all wood .40
pressure treated

OKED

$\frac{1}{4}$ " = 1'

12'

5'

10'

24"

- 6-in. extruded aluminum, bullnose ledge, as used on inground pools, with non-skid finish. Ledge designed for proper water runoff. No water puddling to corrode metal.
- Large 6-in. x 7-in. form-fitted aluminum ledge cover.
- Stainless steel top cover hardware.
- Massive 6-in. box aluminum vertical side support with accent strips.
- Sturdy universal top and bottom plates.
- Rectangular 1-in. aluminum top and bottom sub frame assembly for added strength and rigidity.
- Posi-Lock frame construction for maximum pool stability.

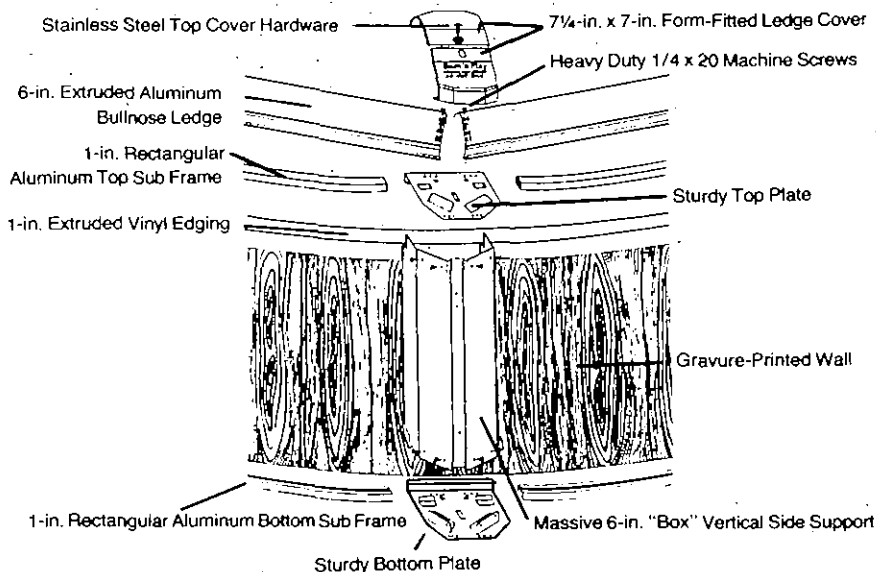
- Baked outdoor enamel, alodized and bonded paint system used on both sides of frame and wall for maximum protection of metals.
- Full 1-in. extruded vinyl pool edging to insure maximum liner protection.
- Modular ledge and vertical structures for easy assembly.
- Wall corrugated for added vertical strength.
- Wall scored for through-the-wall skimmer and return fitting.
- Patented (U.S. Patent No. 4,223,498) four-bar wall closure system to insure proper assembly and maximum strength at the wall seam.

OVAL POOL FEATURES

- Seamless U Channel buttress and brace construction.
- Patented hold down pressure sheet.
- Interlocking post and strap assembly.
- High strength tension bolts.

WARRANTY

Twenty (20) year limited warranty first two seasons, no charge for parts.



OKED

LASALLE POOL SIZES AND CAPACITIES (approximate)

ROUND POOL

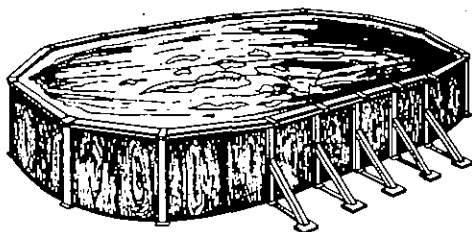
SIZE	CAPACITY
12-ft. x 48-in.	4,300 gal.
15-ft. x 48-in.	5,525 gal.
18-ft. x 48-in.	7,700 gal.
21-ft. x 48-in.	10,400 gal.
24-ft. x 48-in.	13,500 gal.
27-ft. x 48-in.	17,100 gal.

OVAL POOL

SIZE	CAPACITY
18-ft. x 12-ft. x 48-in.	5,525 gal.
24-ft. x 12-ft. x 48-in.	7,688 gal.
24-ft. x 15-ft. x 48-in.	10,000 gal.
30-ft. x 15-ft. x 48-in.	12,000 gal.
33-ft. x 18-ft. x 48-in.	16,000 gal.

DECOR

- Tan plank, gravure-printed woodgrain wall with complimenting almond frame.
- Highlights provided by chestnut brown ledge covers and accent strips.




Swim'n Play, Inc.

U.S. HIGHWAY 1 and 9 SOUTH and INTERNATIONAL WAY • NEWARK, NEW JERSEY 07114 • 201/242-0187
TELEX # 844136

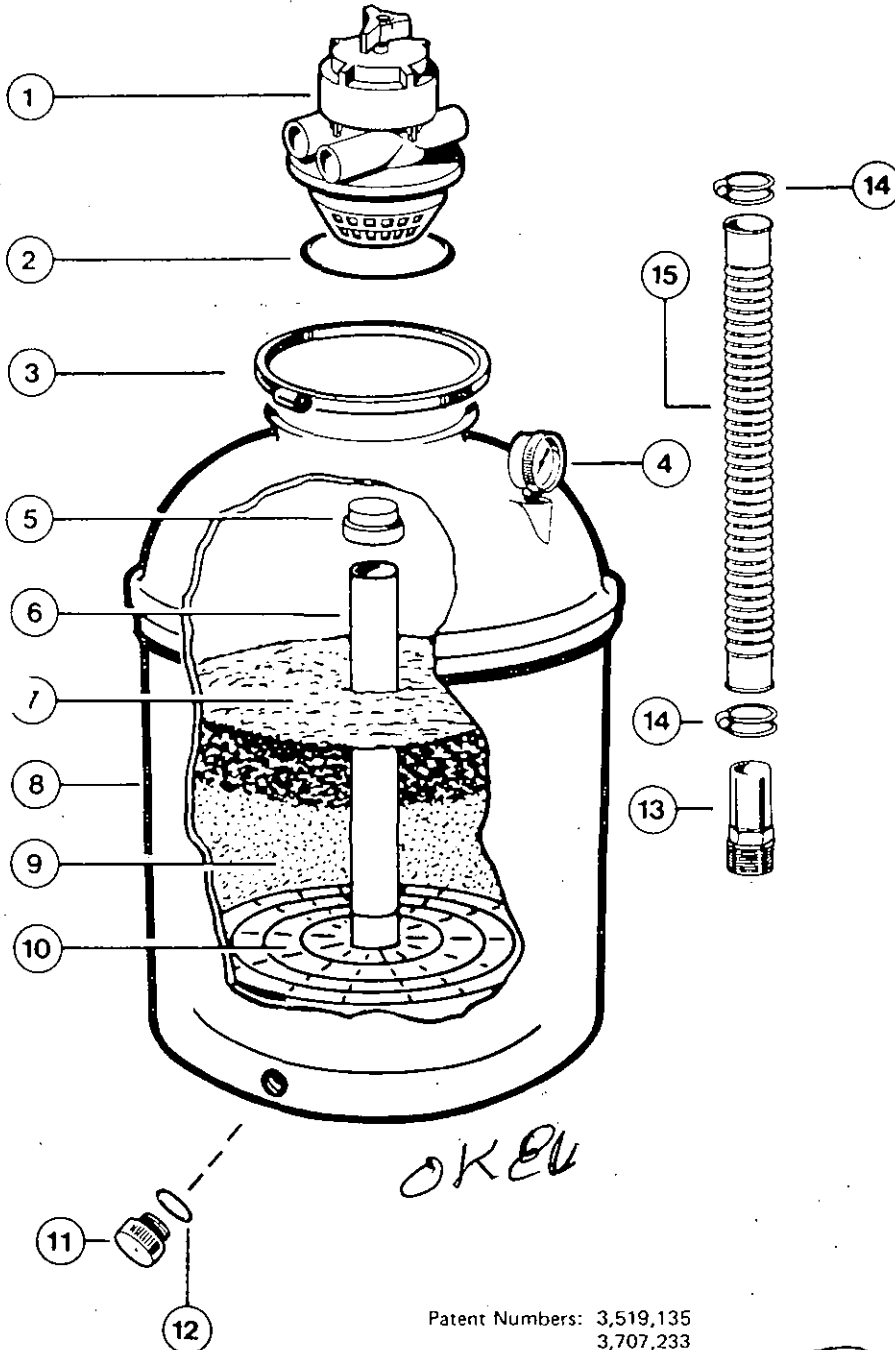
WARNING: POOLS ARE NOT DESIGNED FOR DIVING OR JUMPING — 4 FEET DEEP.

SPECIFICATIONS

IS-140B-80

MODEL NO.	FILTER AREA (FT. ²)	AVERAGE FLOW RATE	MAXIMUM WORKING PRESSURE	SUGG. CLEARANCE		MEDIA REQUIRED	
				SIDE	ABOVE	TYPE	AMOUNT
GM-140	1.07	25-35 GPM	50 PST	18"	18"	.45mm - .55mm FILTER SAND*	40 lbs.

*Also known as No. 20 or No. 1/2 Silica Sand.
Use with 7.5 lbs. Multi-Stage Media if supplied.



OK

Patent Numbers: 3,519,135
3,707,233
3,709,786

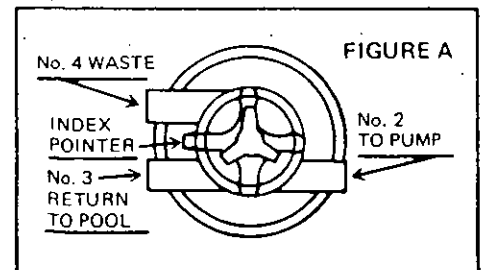
Note: used Emerson 115V 3/4HP motor will be utilized.

PARTS Model GM-140B

REF. NO.	PART NUMBER	DESCRIPTION	NO. REQ'D.
1	GM-400-CP	4-Way Multiport Valve	1
2	GM-400-F	Valve / Tank O-Ring	1
3	GM-400-K	Flange Clamp (Valve - Tank)	1
4	EC-2708-6	Pressure Gauge	1
5	GM-142-Z-1	Protector Cap	1
6	-----	Standpipe (Part of Tank Assembly)	1
7	GM-101	Multi-Stage Media, 7.5 lbs. (optional)	1
8	GM-140-AB-1	Filter-Tank with Underdrain and Standpipe	1
9	-----	40 lbs. No. 1/2 (.45-.55mm) Filter Sand - Supplied Separately	----
10	-----	Underdrain (Part of Tank Assembly)	1
11	GM-152-Z-4	Tank Drain Plug (3/4")	1
12	GM-152-Z-5	Drain Plug O-Ring	1
13	SP-1091-Z-7	1 1/2" x 1 1/2" / 1 1/4" Combo Hose Adapter	1
14	SP-1091-Z-6	Hose Clamp	2
15	GM-140-Z-2	Pump Connecting Hose - Ribbed	1

INDICATE FILTER MODEL NUMBER, REFERENCE NUMBER, PART NUMBER AND DESCRIPTION WHEN ORDERING.

VALVE PORT POSITION



HAYWARD MANUFACTURING COMPANY, INC.

900 FAIRMOUNT AVENUE, ELIZABETH, NEW JERSEY 07207 / Phone: (201) 351-5400

Printed in U.S.A.

