

CONSTRUCTION PERMIT  
APPLICATIONRECEIVED  
MAR 20 1989

DIV. OF INSPECTION

LDS BR 10416293

## I. IDENTIFICATION

1. Proposed Work at: 520 NEBRASKA Ave

2. Owner Name: SCOTT Tel. ( )

Address: [REDACTED]

3. Principal Contractor: Alan Puel Tel. ( )

Address: 215 RT 27 E.

Lic. No. or Builder Reg. No. 1007 Federal Emp. No. 222-289-577-1072

4. Architect or Engineer: Tel. ( )

Address:

5. Responsible Person in Charge of Work: ED HINER Tel. (261) 899-7060

## II. PROPOSED WORK

| A. TYPE OF WORK                                                        |                                                 | B. CATEGORIES OF WORK     |                                                                                                                                                                                                                                                                                                                                                                                                                                        | C. DO YOU WANT:                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? |  |
|------------------------------------------------------------------------|-------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|--|
| 1. <input type="checkbox"/> Minor Work (Single Trade)                  | Permit/Category                                 | Estimated                 | <input type="checkbox"/> Elevators/Dumbwaiters<br><input type="checkbox"/> High-Pressure Boilers<br><input type="checkbox"/> Refrigeration Systems<br><input type="checkbox"/> Pressure Vessels<br><input type="checkbox"/> Hazardous Uses/Places of Assembly<br><input type="checkbox"/> Cross-connections/Backflow Preventors<br><input type="checkbox"/> Sprinklers<br><input type="checkbox"/> Smoke Control Systems in Open Wells | 1. <input type="checkbox"/> Elevators/Dumbwaiters<br>2. <input type="checkbox"/> High-Pressure Boilers<br>3. <input type="checkbox"/> Refrigeration Systems<br>4. <input type="checkbox"/> Pressure Vessels<br>5. <input type="checkbox"/> Hazardous Uses/Places of Assembly<br>6. <input type="checkbox"/> Cross-connections/Backflow Preventors<br>7. <input type="checkbox"/> Sprinklers<br>8. <input type="checkbox"/> Smoke Control Systems in Open Wells |  |                                                             |  |
| 2. <input type="checkbox"/> Small Job (\$5,000 and no Prior Approvals) | 1. <input type="checkbox"/> Building/Structural | \$                        |                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                             |  |
| Complete only II.B., III and IV.A. and Page 2                          | 2. <input type="checkbox"/> Plumbing            |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                             |  |
|                                                                        | 3. <input type="checkbox"/> Electrical          |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                             |  |
|                                                                        | 4. <input type="checkbox"/> Fire Protection     |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                             |  |
|                                                                        | 5. <input type="checkbox"/> Other               |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                             |  |
| 3. <input type="checkbox"/> New Building                               | 6. <input type="checkbox"/> Other               | TOTAL COST \$ <u>9000</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                             |  |
| 4. <input type="checkbox"/> Addition                                   | C. DO YOU WANT:                                 |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                             |  |
| 5. <input type="checkbox"/> Alteration                                 | 1. <input type="checkbox"/> Partial Releases    |                           | 2. <input type="checkbox"/> Prototype Processing                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                             |  |
| 6. <input type="checkbox"/> Repair, Replacement                        |                                                 |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                             |  |
| 7. <input type="checkbox"/> Demolition                                 |                                                 |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                             |  |
| 8. <input checked="" type="checkbox"/> Other: <u>Puel</u>              |                                                 |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                             |  |

## III. DESCRIPTION OF BUILDING USE (USE GROUPS)

| A. RESIDENTIAL                                 |                                                              | IV. BUILDING CHARACTERISTICS                                                    |  |
|------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------|--|
| 1. <input type="checkbox"/> Hotels (R-1)       | If new construction, enter no. of dwelling units             | A. OWNERSHIP                                                                    |  |
| 2. <input type="checkbox"/> Multi-Family (R-2) | If other than new construction, enter no. of dwelling units: | 1. <input type="checkbox"/> Private (Individual, Corp., Non-profit Inst., Etc.) |  |
| HMD Reg. No.:                                  | Before Construction: _____                                   | 2. <input type="checkbox"/> Public (State, County or Local Govt.)               |  |
|                                                | After Construction: _____                                    | B. HEATING FUEL                                                                 |  |
|                                                | Net Gain (or loss): _____                                    | Principal Secondary Type                                                        |  |
| 3. <input type="checkbox"/> Two Family (R-3b)  |                                                              | 3. <input type="checkbox"/> Gas <input type="checkbox"/> Oil                    |  |
| 4. <input type="checkbox"/> One-Family (R-3a)  |                                                              | 4. <input type="checkbox"/> Electric                                            |  |
|                                                |                                                              | 5. <input type="checkbox"/> Solid (Wood, Coal, Etc.)                            |  |
|                                                |                                                              | 6. <input type="checkbox"/> Propene                                             |  |
|                                                |                                                              | 7. <input type="checkbox"/> Solar                                               |  |
|                                                |                                                              | 8. <input type="checkbox"/> Other                                               |  |
|                                                |                                                              | 9. <input type="checkbox"/> Other                                               |  |
|                                                |                                                              | C. TYPE OF SEWAGE DISPOSAL                                                      |  |
|                                                |                                                              | 10. <input type="checkbox"/> Public or Private Company                          |  |
|                                                |                                                              | 11. <input type="checkbox"/> Private (Septic Tank, Etc.)                        |  |
|                                                |                                                              | D. TYPE OF WATER SUPPLY                                                         |  |
|                                                |                                                              | 12. <input type="checkbox"/> Public or Private Company                          |  |
|                                                |                                                              | 13. <input type="checkbox"/> 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.                                     |  |

## 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. ☐ Businesses (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F-1)
14. ☐ Low-Hazard Factory (F-2)
15. ☐ High-Hazard (H)

State Specific Use: \_\_\_\_\_

If Change in Use Group, Indicate Former: \_\_\_\_\_

| SUBCODES AND SPECIAL REGULATIONS APPLICABLE:                                                                                                                                                   |                                                                                                                                                                           |                                                                                                                                                        |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| EDITION OF CODE                                                                                                                                                                                |                                                                                                                                                                           | EDITION OF CODE                                                                                                                                        |  |
| <input type="checkbox"/> One and Two Family Dwellings _____<br><input type="checkbox"/> Building _____<br><input type="checkbox"/> Electrical _____<br><input type="checkbox"/> Plumbing _____ | <input type="checkbox"/> Mechanical _____<br><input type="checkbox"/> Energy _____<br><input type="checkbox"/> Barrier Free _____<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Flood Hazard _____<br><input type="checkbox"/> As Built Elevation Certification _____<br><input type="checkbox"/> Other _____ |  |

## A. IDENTIFICATION

APPLICANT — Complete unshaded areas only

When changing contractors, notify this office

Owner SCOTT  
Address 520 NEBRASKA AVE  
BRICK NJ  
Tel. ( ) Amu  
Work Site Address Amu

Contractor LINNEY POUL  
Address 2150 RT 88 E  
BRICK NJ  
Tel. (201) 899-7060  
Lic. No. 1007  
Federal Emp. No. 222-299-577/000

## 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.

[Signature]  
AGENT SIGNATURE

## B. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

INSTALL 16 X 32  
W/STEPS IN GRIND  
POOL

ORIGINAL  
ILLEGIBLE

### TYPE OF WORK:

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

### Fee Base

### Fee

|  |    |
|--|----|
|  | \$ |
|  |    |
|  |    |
|  |    |
|  |    |
|  |    |
|  |    |
|  |    |
|  |    |
|  |    |

### SUBTOTAL

Minimum Building Fee (if applicable)

Total Building Fee (Greater of Minimum or Subtotal)

☐ See Plans

## C. BUILDING CHARACTERISTICS

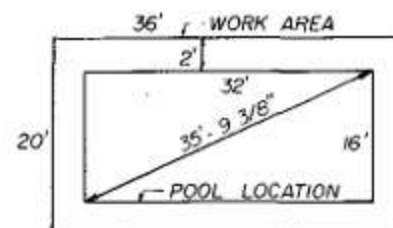
USE GROUP: \_\_\_\_\_ Present \_\_\_\_\_ Proposed

No. of Stories \_\_\_\_\_ Total Building Area—All Floors \_\_\_\_\_ Sq. Ft.

Height of Structure \_\_\_\_\_ Ft. Volume of Structure \_\_\_\_\_ Cu. Ft.

## D. COMMENTS

ORIGINAL  
ILLEGIBLE



### Digging Layout

**NSPI  
TYPE II DIMENSIONAL  
SPECIFICATIONS AS APPLIED TO  
WEATHERKING POOLS**

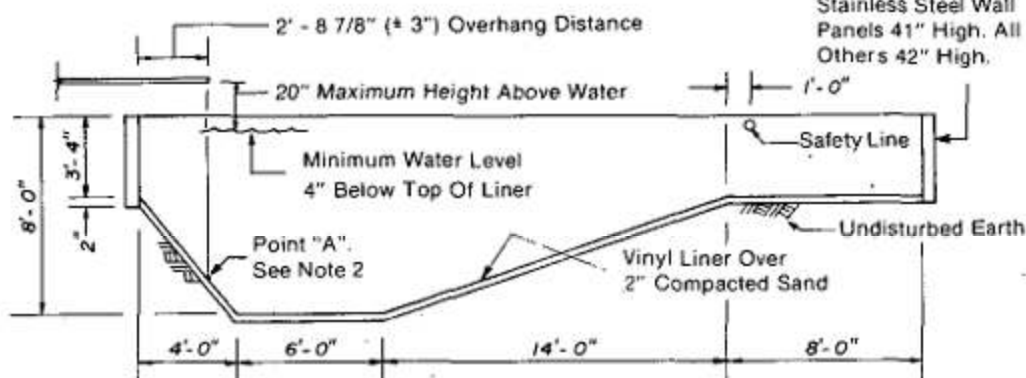
1. Overhang of diving board from edge of pool is 2'-8 7/8" ( $\pm 3$  inches).
2. Water depth under tip of diving board is a minimum of 72" at Point "A".
3. Maximum board length is 8' - 0".
4. Maximum board height over water is 20 inches.
5. Diving board must be centered in width of pool.
6. Refer to manufacturers' specifications for fulcrum locations.
7. Safety lines must be mechanically attached on one side supported by buoys.
8. A step or ladder or other approved means shall be provided at both the shallow and deep ends.



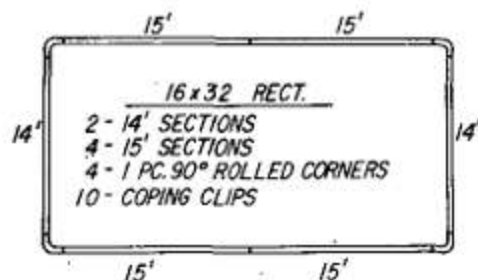
Raymond Rosta  
3/1/88

## Plan

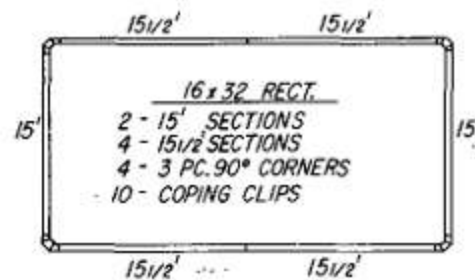
Note:  
Stainless Steel Wall  
Panels 41" High. All  
Others 42" High.



## Profile



### Holiday Coping Layout



### Snap Strip Coping Layout

**FOLLOW ALL APPLICABLE SAFETY AND BUILDING CODES, AS WELL AS INSTALLATION INSTRUCTIONS FOR THE POOL AND ALL EQUIPMENT AND ACCESSORIES.**

**CAUTION: DIVE FROM DIVING BOARD ONLY.**

**WEATHERKING PRODUCTS, INC.**

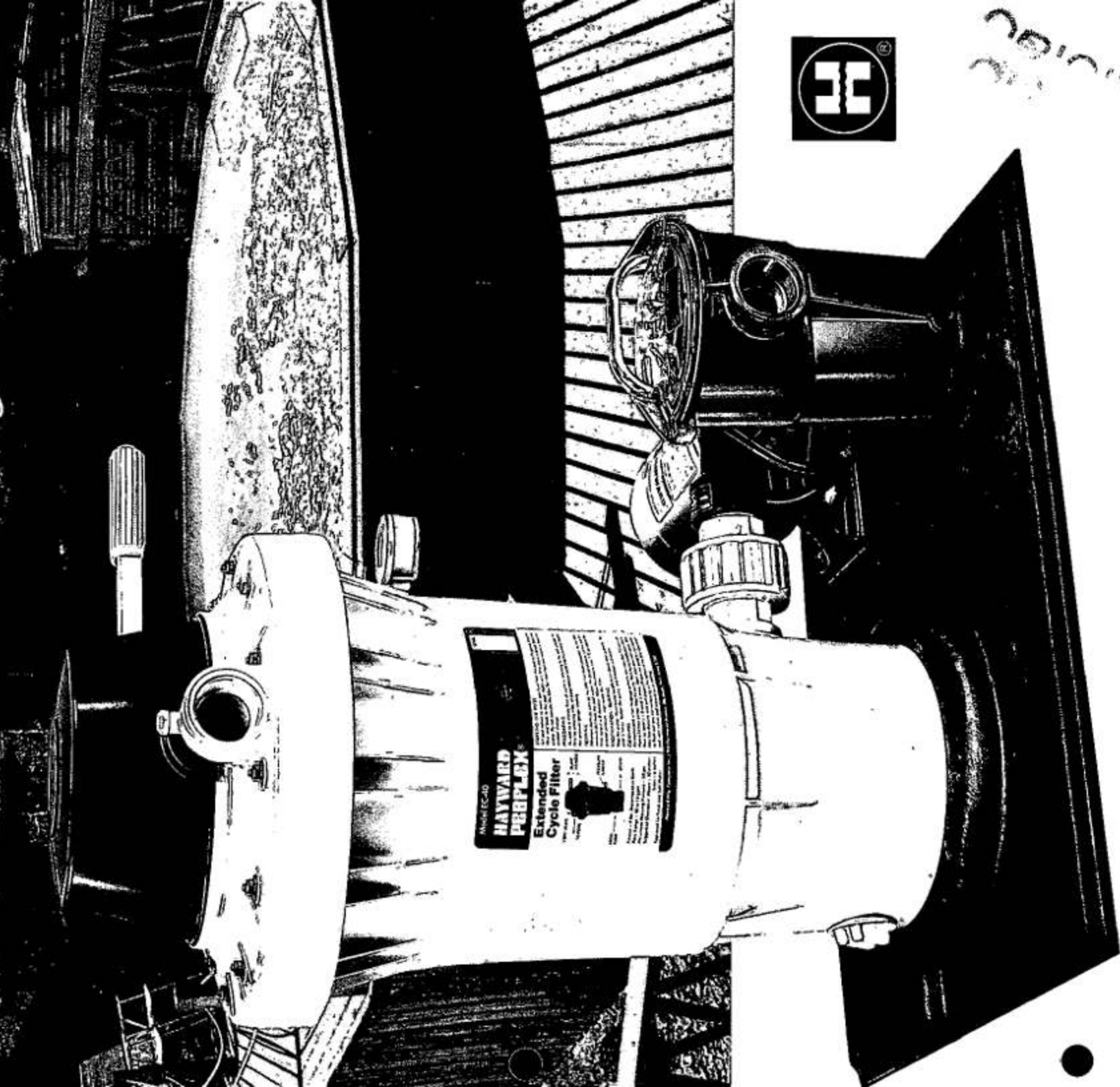
**EAST GREENWICH, R.I.**

16 x 32 x 8 BGT II  
RECTANGLE

|              |             |
|--------------|-------------|
| DRAWN: AF/HW | APP: J.P.P. |
| DATE: 12-82  |             |



# Clean Sparkling Pools



PERFLEX® Extended Cycle Filter System



## The enjoyment of a swimming pool begins with the choice of the filter system...

One glance at a crystal clear, sparkling swimming pool tells you a lot about Perfex performance. But there's a satisfaction you can only know from owning one. The Perfex performance-tuned system lets you enjoy your pool ... keeps you swimming, having fun ... not working!

Perfex filters use diatomite filter powder, (commonly called D.E.), which is so superior a dirt remover, it even removes microscopic dust and pollen. When the filter is first started, D.E. is automatically fed into the filter, where it forms a "working surface" on the Flex-Tubes. Similarly, dirt in the water is stopped on this surface. Eventually, the accumulated dirt will cause the filter pressure to rise and the flow to diminish. This is when conventional systems need backwashing — but not Perfex. With its exclusive "BUMP" action, flow and pressure can be restored without backwashing. Bumping repositions the dirt and D.E. within the filter so the flow of water is no longer impeded. The same D.E. is used over and over again. It's a real work-saving feature as the entire procedure takes less than a minute to complete. When the dirt holding capacity of

the Perfex is reached, cleaning is simple — just "BUMP" and drain.

The Perfex system is economical to operate. Because it uses the same D.E. powder over and over, only 3-4 charges are required during the average pool season. Since Perfex cleans without backwashing, hundreds of gallons of treated pool water are saved, and the problem of waste water disposal is eliminated. Perfex filters also offer less resistance to flow and produce more filtered water with less pump horsepower.

The Perfex System offers you a professional level of performance at an affordable price. It gives year after year convenience ... dependability ... and attractiveness, thanks to its superior design and corrosion-free materials that naturally stay young. Most of all, you will enjoy the consistently clean, sparkling water it delivers with such little effort and cost.

Enjoy your pool more. Step up to Perfex — the filter that makes pools more fun.

OFFICE OF  
DIVISION OF INSPECTION

ENGINEERING DEPARTMENT,

I request to be exempted from the plot plan ordinance for the minor  
addition to be constructed at 520 NE SR 152nd Ave

1399-  
BLOCK 24  
LOT 24-87

RECEIVED

MAR 20 1993

MUNICIPAL ENGINEER PHONE NUMBER \_\_\_\_\_

THANK YOU,

APPLICANT SIGNATURE

1. YES ☐ NO ☒

Are you removing excavated materials from site?  
Please explain.

No we are replacing wood  
wall post.

2. YES ☐ NO ☐

Are you constructing a retaining wall?  
If yes, provide following information

Type:

☐ Railroad ties  
☐ Concrete

Height: \_\_\_\_\_  
Length: \_\_\_\_\_

Attach plan providing details location - Plan must be  
certified by licensed Engineer or Architect.

OFFICIAL USE ONLY

Preliminary Inspection Construction Inspection Final Inspection

Accepted ☒

Accepted ☐

Accepted ☐

Rejected ☐

Rejected ☐

Rejected ☐

Date Feb 28

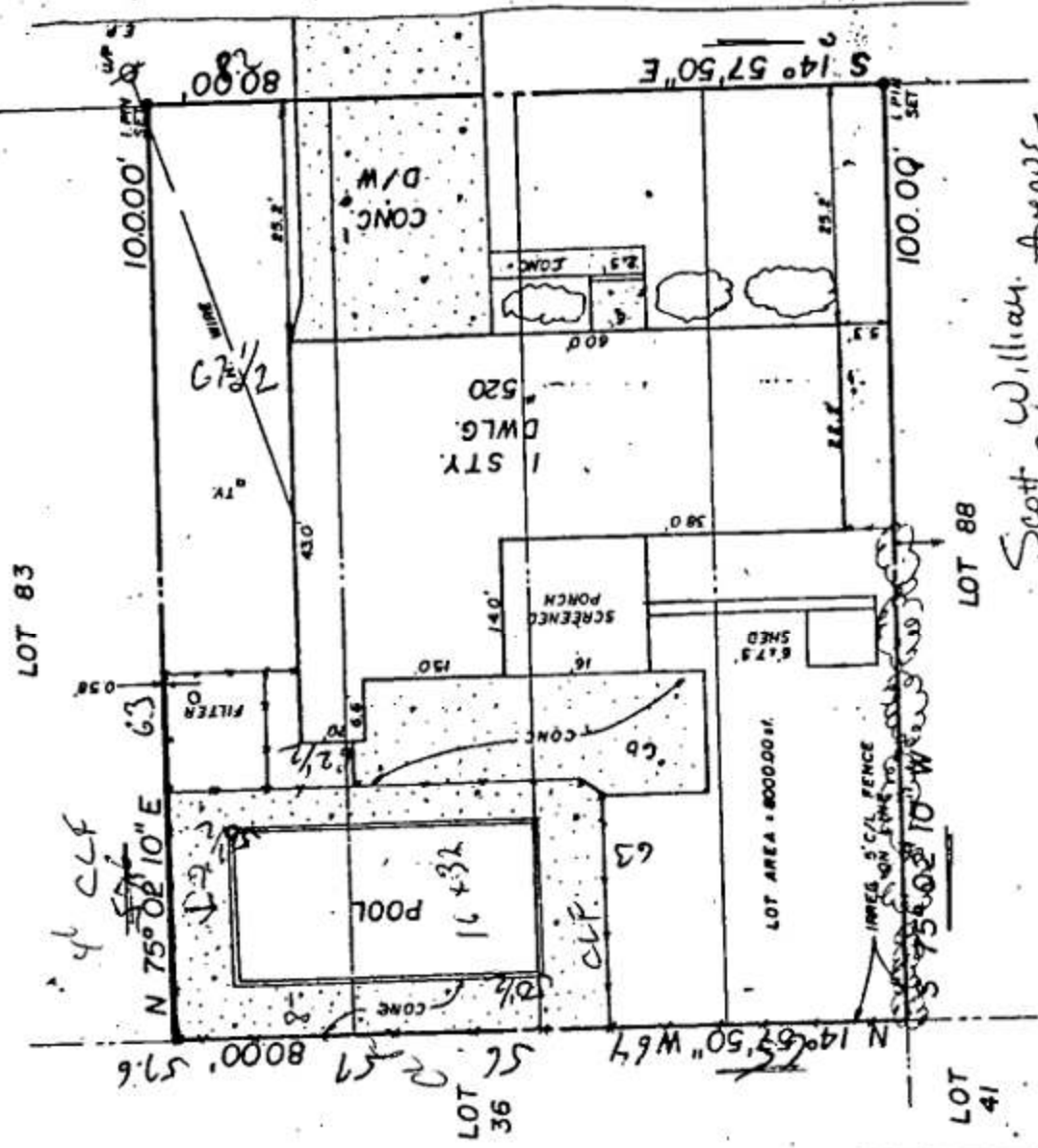
Date \_\_\_\_\_

Date \_\_\_\_\_



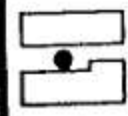
AVE.

*Handwritten:* 1/12/20  
1/13/20  
1/14/20



*Handwritten:* Scott William Avenue  
520 Nebraska  
Bucktown n

**MAP of SURVEY**  
**TAX LOTS 84-87 TAX BLOCK 1399-24**  
**BRICK (TAX MAP SHEET No. 68A) TOWNSHIP**  
**COUNTY of OCEAN, NEW JERSEY**



**LEONARD J. HENKEL, P.E.**  
Consulting Engineer

50 HADLEY AVE, P.O. BOX 69, (201) 349-7677  
TOMS RIVER, NEW JERSEY 08763

♥ FILED MAP REFERENCE

**CERTIFICATION**

TO: Scott, William F. III & Diana L.  
David Connelly Esq.  
Murry Financial Assoc. Inc.  
Baker Abstract Co.  
Continental Title Ins. Co.

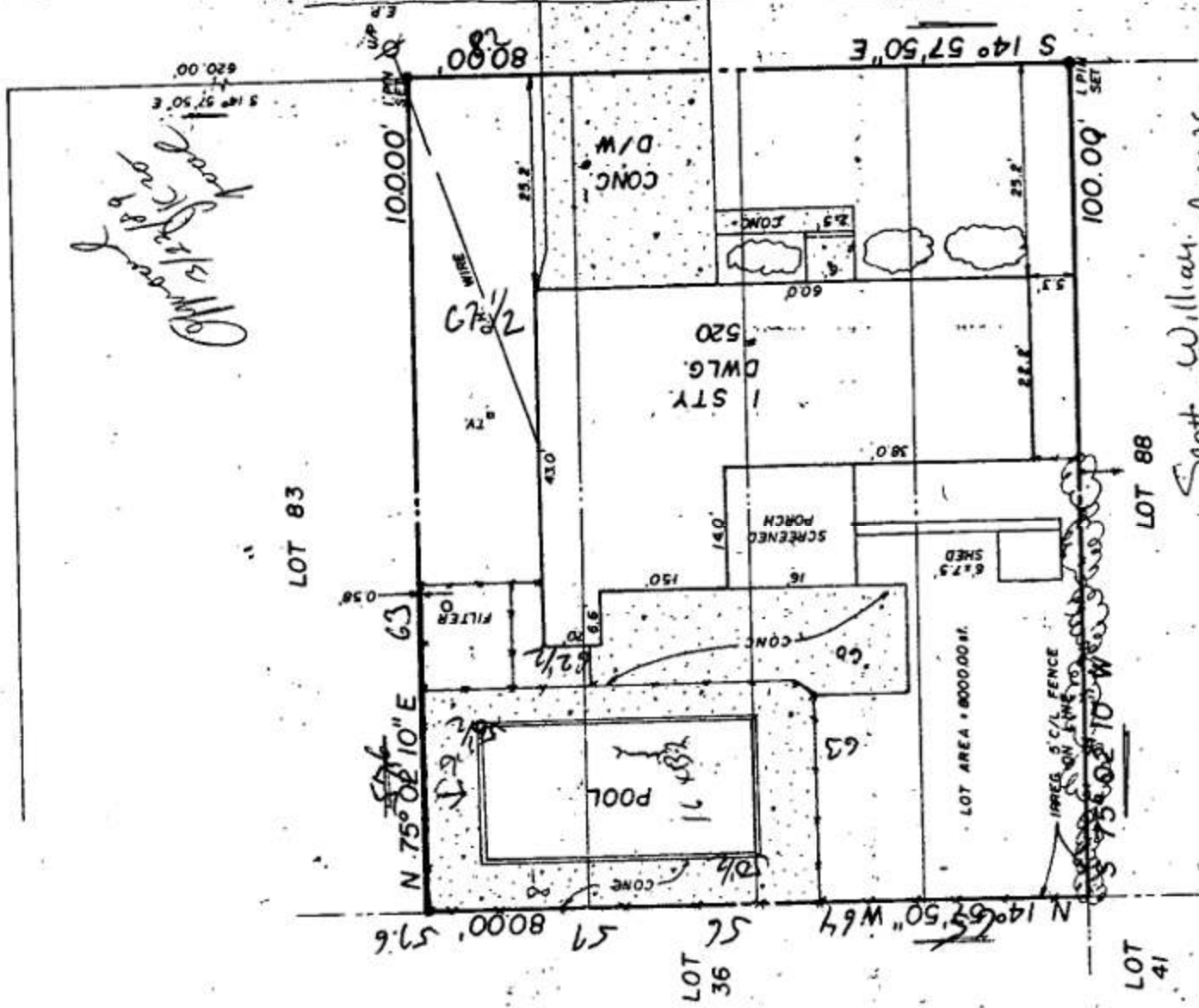
This certification is made only to above named parties for purchase and/or mortgage of herein delineated property by above named purchaser. No responsibility of liability is assumed by SURVEYOR for use of survey for any other purpose including, but not limited to, use of survey for current abstracts, records of property or to any other person not named herein.

NEBRASKA (50' ROW)  
FORMERLY AVE 1



WASHINGTON (60' R.O.W.)

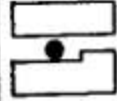
(AKA. LANES MILL ROAD)



Scott William Avenue  
520 Nebraska  
Beverly Hills

# MAP of SURVEY

TAX LOTS 84-87 TAX BLOCK 1399-24  
BRICK (TAX MAP SHEET No. 68A) TOWNSHIP  
COUNTY of OCEAN, NEW JERSEY



LEONARD J. HENKEL, P.E.  
Consulting Engineer

50 HADLEY AVE, P.O. BOX 69, (201) 349-7677  
TOMS RIVER, NEW JERSEY 08763

## CERTIFICATION

TO: Scott, William F. III & Diana E.  
David Connelly Esq.  
Murry Financial Assoc., Inc.  
Baker Abstract Co.  
Continental Title Ins. Co.

This certification is made only to above named parties for purchase and/or mortgage of herein delineated property by above named purchaser. No responsibility of liability is assumed by SURVEYOR for use of survey for any other purpose.