

BLOCK 1140.03 LOT 1, 2 & 3 QUALIFICATION CODE \_\_\_\_\_ ADDRESS (SITE) 281 Lehigh ST. PERMIT NO. 02-4204



# CONSTRUCTION PERMIT APPLICATION

Application Completes: Sections I, II, III (optional), IV, VI, and VII

|                                                                     |                                                  |
|---------------------------------------------------------------------|--------------------------------------------------|
| <b>I. IDENTIFICATION</b>                                            |                                                  |
| 1. Proposed Work Site at:                                           | <u>281 Lehigh ST Brick, NJ 08724</u>             |
| 2. Name of Owner in Fee:                                            | <u>CAROL H. YROW</u> Tel. <u>[REDACTED]</u>      |
| Address <u>same</u>                                                 |                                                  |
| street municipality zip code                                        |                                                  |
| 3. Ownership in Fee:                                                | Public _____ Private <u>X</u>                    |
| 4. Principal Contractor:                                            | <u>OFFSHORE POOLS</u> Tel. <u>(732) 477-7073</u> |
| Address <u>260 BRICK BLVD. BRICK, NJ 08723</u>                      |                                                  |
| License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____ |                                                  |
| Federal Employee No. <u>22-3096954</u> FAX: <u>(732)</u>            |                                                  |
| 5. Architect or Engineer                                            | _____ Tel. ( ) _____                             |
| Address _____                                                       |                                                  |
| 6. Responsible Person in Charge of Work                             | <u>MIKE NEWMAN</u>                               |
| Tel. <u>(732) 477-7073</u> FAX <u>(732) 477-4477</u>                |                                                  |

## V. FEE SUMMARY (for office use only)

|                                   |               | Update | Update |
|-----------------------------------|---------------|--------|--------|
| 1. Building                       | \$ <u>108</u> |        |        |
| 2. Electrical                     | <u>58</u>     |        |        |
| 3. Plumbing                       |               |        |        |
| 4. Fire Protection                |               |        |        |
| 5. Elevator Devices               |               |        |        |
| 6. Subtotal                       | \$ _____      |        |        |
| 7. Less 20% for State Plan Review |               |        |        |
| 8. Subtotal                       | \$ _____      |        |        |
| 9. DCA Training Fee               | <u>72</u>     |        |        |
| 10. Subtotal                      |               |        |        |
| 11. Cert. of Occupancy            | <u>30</u>     |        |        |
| 12. Other                         |               |        |        |
| 13. TOTAL                         | \$ <u>219</u> |        |        |

## VI. BUILDING/SITE CHARACTERISTICS

- |                                            |  |
|--------------------------------------------|--|
| 1. Number of Stories _____                 |  |
| 2. Height of Structure _____ ft.           |  |
| 3. Area — Largest Floor _____ sq. ft.      |  |
| 4. New Building Area _____ sq. ft.         |  |
| 5. Volume of New Structure _____ cu. ft.   |  |
| 6. Construction Classification _____       |  |
| 7. Total Land Area Disturbed _____ sq. ft. |  |
| 8. Flood Hazard Zone _____                 |  |
| 9. Base Flood Elevation _____ ft.          |  |
| 10. Wetlands yes _____<br>no _____         |  |
| 11. Max. Live Load _____                   |  |
| 12. Max. Occupancy Load _____              |  |

(office use only)

|                                                     |               |                                |            |                |                |           |                             |           |           |
|-----------------------------------------------------|---------------|--------------------------------|------------|----------------|----------------|-----------|-----------------------------|-----------|-----------|
| <b>II. PROPOSED WORK</b>                            | Est. Cost     | OPTIONAL (for office use only) |            |                |                |           |                             |           |           |
|                                                     |               | Plans Rec'd by                 | Date Rec'd | Rejection Date | Approval Date  | Re-viewer | Resubmission Dates Approval | Rejection | Re-viewer |
| 1. <input type="checkbox"/> Minor Work              |               |                                |            |                |                |           |                             |           |           |
| 2. <input type="checkbox"/> New Building            |               |                                |            |                |                |           |                             |           |           |
| 3. <input type="checkbox"/> Addition                |               |                                |            |                |                |           |                             |           |           |
| 4. <input checked="" type="checkbox"/> Alteration   | <u>16,145</u> |                                |            |                |                |           |                             |           |           |
| 5. <input type="checkbox"/> Fire Protection         |               |                                |            |                |                |           |                             |           |           |
| 6. <input type="checkbox"/> Plumbing                |               |                                |            |                |                |           |                             |           |           |
| 7. <input checked="" type="checkbox"/> Electrical   |               |                                |            |                | <u>9/10/03</u> | <u>NM</u> |                             |           |           |
| 8. <input type="checkbox"/> Elevator Devices        |               |                                |            |                |                |           |                             |           |           |
| 9. <input type="checkbox"/> Asbestos Abat. Subch. 8 |               |                                |            |                |                |           |                             |           |           |
| 10. <input type="checkbox"/> Lead Hazard Abatement  |               |                                |            |                |                |           |                             |           |           |
| 11. <input type="checkbox"/> Demolition             |               |                                |            |                |                |           |                             |           |           |
| TOTAL COSTS                                         | <u>16,145</u> |                                |            |                |                |           |                             |           |           |

|                                                  |
|--------------------------------------------------|
| <b>III. DO YOU WANT:</b> (optional)              |
| 1. <input type="checkbox"/> Partial Releases     |
| 2. <input type="checkbox"/> Prototype Processing |

|                                                                                 |                                                                   |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?</b>             |                                                                   |
| 1. <input type="checkbox"/> Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks | 5. <input type="checkbox"/> Cross-Connections/Backflow Preventers |
| 2. <input type="checkbox"/> High Pressure Boilers                               | 6. <input type="checkbox"/> Hazardous Uses/Places of Assembly     |
| 3. <input type="checkbox"/> Pressure Vessels                                    | 7. <input type="checkbox"/> Sprinklers                            |
| 4. <input type="checkbox"/> Refrigeration Systems                               | 8. <input type="checkbox"/> Smoke Control Systems in Open Wells   |
|                                                                                 | 9. <input type="checkbox"/> Underground Storage Tanks             |

## VII. DESCRIPTION OF BUILDING USE

|                                                              |       |
|--------------------------------------------------------------|-------|
| <b>A. RESIDENTIAL</b>                                        |       |
| 1. <input type="checkbox"/> Hotels (R-1)                     |       |
| 2. <input type="checkbox"/> Multi-Family (R-2)               |       |
| 3. <input type="checkbox"/> Two-Family (R-3) BOCA            |       |
| 4. <input type="checkbox"/> Two-Family (R-4) CABO            |       |
| 5. <input checked="" type="checkbox"/> One-Family (R-3) BOCA |       |
| 6. <input type="checkbox"/> One-Family (R-4) CABO            |       |
| No. of dwelling units:                                       |       |
| Before Construction                                          | _____ |
| After Construction                                           | _____ |
| Net Gain or Loss                                             | _____ |
| <b>B. NON-RESIDENTIAL</b>                                    |       |
| 1. State Specific Use:                                       |       |
| 2. Use Group: <u>Single Family</u>                           |       |
| 3. Change in Use Group, Indicate Former:                     |       |

**CERTIFICATION IN LIEU OF OATH**

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 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.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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 further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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.

**OFFSHORE POOLS**  
**260 BRICK BLVD.**  
**BRICK, NJ 08723**  
**TEL. #732-477-7073**

Agent Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Signature \_\_\_\_\_

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONSUCC NEW JERSEY  
ELECTRICAL  
SUBCODE  
TECHNICAL SECTIONDate Received 09/02/2003  
Date Issued 9/18/03  
Control # C04-14  
Permit # 03-4204

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

Block 1140.03 Lot 1 Qual \_\_\_\_\_  
Work Site Location 281 LEHIGH ST

IG POOL/FENCE

Owner in Fee HYRON, CAROL

Address SAME

BRICK, NJ 08724-

1

Contractor STRICTLY ELECTRIC

Address 514 DOROTHY PLACE

BRICK, NJ 08723-

Tele. (212) 477-9260

Lic. No. or Bldrs. Reg. No. 13205A

Federal Exp. No. 22-3709311

## B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U  
( ) Pole/Pad # ( ) Temporary ( ) Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 450

## JOB SUMMARY (Office Use Only)

## PLAN REVIEW

☒ No Plans Required

Joint Plan Review Required:

( ) Bldg ( ) Plumb

( ) Fire ( ) Elevator

( ) Elect Plans Approved

Date: 9/7/03

Approved By: [Signature]

## SUBCODE APPROVAL

( ) CO ( ) CCO ( ) CA

Date:

Approved By:

## INSPECTIONS

Type Failure Failure Approval Initial

Rough

Temp Serv

Const Serv

TCO

Other

Service

Final

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

## C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

( ) Licensed Electrical Contractor ( ) Exempt Applicant

## D. TECHNICAL SITE DATA

| NO. | SIZE | ITEM                           | FEE (Office Use Only) |
|-----|------|--------------------------------|-----------------------|
| 0   |      | Lighting Fixtures              |                       |
| 0   |      | Receptacles                    |                       |
| 0   |      | Switches                       |                       |
| 0   |      | Detectors                      |                       |
| 0   |      | Light Poles                    |                       |
| 0   |      | Motors-Fract HP                |                       |
| 0   |      | Emergency & Exit Lights        |                       |
| 0   |      | Communications Points          |                       |
| 0   |      | Alarm Devices/P.A.C. Panel     |                       |
| 0   |      | TOTAL NUMBERS                  | 0                     |
| 1   |      | Pool Permit/with UV Lights     | 9                     |
| 0   |      | Storable Pool/Spa/Hot Tub      | 0                     |
| 0   |      | KW Elect Range/Receptacle      | 0                     |
| 0   |      | KW Oven/Surface Unit           | 0                     |
| 0   |      | KW Elect Water Heater          | 0                     |
| 0   |      | KW Elect Dryer/Receptacle      | 0                     |
| 0   |      | KW Dishwasher                  | 0                     |
| 0   |      | HP Garbage Disposal            | 0                     |
| 0   |      | KW Central A/C Unit            | 0                     |
| 0   |      | HP/KW Space Heater/Air Handler | 0                     |
| 0   |      | Baseboard Heat                 | 0                     |
| 1   | 2    | HP Motors 1/+ HP               | 9                     |
| 0   |      | KW Transformer/Generator       | 0                     |
| 0   |      | AMP Service                    | 0                     |
| 1   | 30   | AMP Subpanels                  | 40                    |
| 0   |      | AMP Motor Control Center       | 0                     |
| 0   |      | KW Elect Sign/Outline Light    | 0                     |
| 0   |      | Other                          | 0                     |
| 0   |      | Other                          | 0                     |

Paid ( ) Check #  
Collected by: TOTAL FEE  
DCA State Permit FeeAdministrative Surcharge \$  
Minimum Fee \$  
TOTAL FEE \$ 58  
DCA State Permit Fee \$ 1

TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONSUCC NEW JERSEY  
ELECTRICAL  
SUBCODE  
TECHNICAL SECTIONDate Received 09/02/2003  
Date Issued 9/18/03  
Control # C04-14  
Permit # 03-4204

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Block 1140.03 Lot 1 Qual \_\_\_\_\_  
Work Site Location 281 LEHIGH ST

IG POOL/FENCE

Owner in Fee HYRON, CAROL

Address SAME

BRICK, NJ 08724-

[REDACTED] Y ELECTRIC

Address 514 DOROTHY PLACE

BRICK, NJ 08723-

Tele. (732) 477-9260

Lic. No. or Bldrs. Reg. No. 13905A

Federal Emp. No. 22-3709311

## B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U  
[ ] Pole/Pad # [ ] Temporary [ ] Other  
Building Occupied as Utility Co.  
Estimated Cost of Electrical Work \$ 450

## JOB SUMMARY (Office Use Only)

## PLAN REVIEW

☒ No Plans Required

Joint Plan Review Required:

[ ] Bldg [ ] Plumb

[ ] Fire [ ] Elevator

[ ] Elect Plans Approved

Date: 9/17/03

Approved By: [Signature]

## SURCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

INSPECTIONS  
Type Failure Dates (Month/Day)  
Rough \_\_\_\_\_  
Temp Serv \_\_\_\_\_  
Const Serv \_\_\_\_\_  
TCO \_\_\_\_\_  
Other \_\_\_\_\_  
Service \_\_\_\_\_  
Final \_\_\_\_\_  
Temp. Cut-in-Card Date Issued \_\_\_\_\_  
Final Cut-in-Card Date Issued \_\_\_\_\_

## 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's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

## D. TECHNICAL SITE DATA

| NO. | SIZE | ITEM                           | FEE (Office Use Only) |
|-----|------|--------------------------------|-----------------------|
| 0   |      | Lighting Fixtures              |                       |
| 0   |      | Receptacles                    |                       |
| 0   |      | Switches                       |                       |
| 0   |      | Detectors                      |                       |
| 0   |      | Light Poles                    |                       |
| 0   |      | Motors-Fract HP                |                       |
| 0   |      | Emergency & Exit Lights        |                       |
| 0   |      | Communications Points          |                       |
| 0   |      | Alarm Devices/F.A.C. Panel     |                       |
| 0   |      | TOTAL NUMBERS                  | 0                     |
| 1   |      | Pool Permit/with UW Lights     | 9                     |
| 0   |      | Storable Pool/Spa/Hot Tub      | 0                     |
| 0   |      | KW Elect Range/Receptacle      | 0                     |
| 0   |      | KW Oven/Surface Unit           | 0                     |
| 0   |      | KW Elect Water Heater          | 0                     |
| 0   |      | KW Elect Dryer/Receptacle      | 0                     |
| 0   |      | KW Dishwasher                  | 0                     |
| 0   |      | HP Garbage Disposal            | 0                     |
| 0   |      | KW Central A/C Unit            | 0                     |
| 0   |      | HP/KW Space Heater/Air Handler | 0                     |
| 0   |      | Baseboard Heat                 | 0                     |
| 1   | 2    | HP Motors 1/4 HP               | 9                     |
| 0   |      | KW Transformer/Generator       | 0                     |
| 0   |      | AMP Service                    | 0                     |
| 1   | 30   | AMP Subpanels                  | 40                    |
| 0   |      | AMP Motor Control Center       | 0                     |
| 0   |      | KW Elect Sign/Outline Light    | 0                     |
| 0   |      | Other                          | 0                     |
| 0   |      | Other                          | 0                     |

Paid [ ] Check # \_\_\_\_\_  
Collected by: \_\_\_\_\_  
Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
TOTAL FEE \$ 58  
DCA State Permit Fee \$ 1

NJ UCCARS 5.24E  
TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONS

UCC NEW JERSEY  
BUILDING  
SUBCODE  
TECHNICAL SECTION

Date Received 09/02/2003  
Date Issued 9/22/03  
Control # C04-14  
Permit # 03-4204

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

Block 1140.03 Lot 1 Qual  
Work Site Location 281 LEHIGH ST  
IG POOL/FENCE

Owner in Fee HYRON, CAROL  
Address SAME  
BRICK, NJ 08724-

Contractor OFFSHORE POOLS  
Address 260 BRICK BLVD  
BRICK, NJ 08723-  
Tele. (732) 477-7073 Fax ( )

Lic. No. or Bldrs. Reg. No.  
Federal Emp. No. 22-3096954

*\* MUST COMPLY WITH ZONING CONDITIONS*  
JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                       | Date                           | Initial                       | INSPECTIONS | Dates (Month/Day) |          |         |
|---------------------------------------------------|--------------------------------|-------------------------------|-------------|-------------------|----------|---------|
| <input checked="" type="checkbox"/> No Plans Req. | 9-12-03                        | KA                            | Type        | Failure           | Approval | Initial |
| <input checked="" type="checkbox"/> All           |                                |                               | Footing     |                   |          |         |
| <input type="checkbox"/> Footing                  |                                |                               | Foundation  |                   |          |         |
| <input type="checkbox"/> Foundation               |                                |                               | Slab        |                   |          |         |
| <input type="checkbox"/> Frame                    |                                |                               | Frame       |                   |          |         |
| <input type="checkbox"/> Other                    |                                |                               | BarrierFree |                   |          |         |
| Joint Plan Review Required:                       |                                |                               | Insulation  |                   |          |         |
| <input type="checkbox"/> Elect                    | <input type="checkbox"/> Plumb | <input type="checkbox"/> Fire | Finishes    |                   |          |         |
| SUBCODE APPROVAL                                  |                                |                               | Energy      |                   |          |         |
| <input type="checkbox"/> CO                       | <input type="checkbox"/> CCO   | <input type="checkbox"/> CA   | Mechanical  |                   |          |         |
| Date:                                             |                                |                               | TCO         |                   |          |         |
| Approved By:                                      |                                |                               | Other       |                   |          |         |
|                                                   |                                |                               | Final       |                   |          |         |
|                                                   |                                |                               | BarrierFree |                   |          |         |

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U  
Constr. Class Present Proposed  
No. of Stories 0  
Height of Structure 0 Ft.  
Area Largest Floor 0 Sq. Ft.  
New Bldg. Area/All Floors 0 Sq. Ft.  
Volume of New Structure 0 Cu. Ft.  
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:  
1. New Bldg. \$ 0  
2. Alteration \$ 16,145  
3. Total (1+2) \$ 16,145

Industrialized Building:  
☐ State Approved  
☐ HUD

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

D. TECHNICAL SITE DATA  
DESCRIPTION OF WORK

6' PVC STOCKADE FENCE  
16X32 IG POOL

*\* MUST ENCLOSE Pool Area To Code*  
*Per AFFIDAVIT Signed by owner.*

| TYPE OF WORK                                             | FEE (Office Use Only) |
|----------------------------------------------------------|-----------------------|
| <input type="checkbox"/> New Building                    | \$ 0                  |
| <input type="checkbox"/> Addition                        | 0                     |
| <input checked="" type="checkbox"/> Alteration           | 0                     |
| <input type="checkbox"/> Roofing                         | 0                     |
| <input type="checkbox"/> Siding                          | 0                     |
| <input type="checkbox"/> Fence                           | 0                     |
| <input type="checkbox"/> Sign                            | 0                     |
| <input type="checkbox"/> Pool                            | 0                     |
| <input type="checkbox"/> Asbestos Abatement Subchapter 8 | 0                     |
| <input type="checkbox"/> Lead Haz. Abatement NJAC 5:17   | 0                     |
| <input checked="" type="checkbox"/> Other IG POOL        | 100                   |
| Other FENCE                                              | 8                     |
| <input type="checkbox"/> Demolition                      | 0                     |

Paid ☐ Check # Administrative Surcharge \$ 0  
☐ Minimum Fee \$ 0  
Collected by: TOTAL FEE \$ 108  
DCA State Permit Fee \$ 22

NJ UCCARS 5.24E  
TOWNSHIP OF BRICK  
401 CHAMBERS BRIDGE RD  
DIVISION OF INSPECTIONS

UCC NEW JERSEY  
BUILDING  
SUBCODE  
TECHNICAL SECTION

Date Received 09/02/2003  
Date Issued 9/22/03  
Control # C04-14  
Permit # 03-4264

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

Block 1140.03 Lot 1 Qual \_\_\_\_\_  
Work Site Location 281 LEHIGH ST  
IG POOL/FENCE

Owner in Fee HYRON, CAROL  
Address SAME  
BRICK NJ 08724-

Contractor OFFSHORE POOLS  
Address 260 BRICK BLVD  
BRICK, NJ 08723-  
Tele. (202) 477-7073 Fax ( )  
Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Federal Exp. No. 22-3096954

*\* MUST Comply WITH ZONING CONDITIONS*  
JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                       | Date                           | Initial                       | INSPECTIONS | Dates (Month/Day) |
|---------------------------------------------------|--------------------------------|-------------------------------|-------------|-------------------|
| <input checked="" type="checkbox"/> No Plans Req. |                                |                               | Type        | Failure           |
| <input checked="" type="checkbox"/> All           | 9-12-03                        | JA                            | Footing     | Approval          |
| <input type="checkbox"/> Footing                  |                                |                               | Foundation  | Initial           |
| <input type="checkbox"/> Foundation               |                                |                               | Slab        |                   |
| <input type="checkbox"/> Frame                    |                                |                               | Frame       |                   |
| <input type="checkbox"/> Other                    |                                |                               | BarrierFree |                   |
| Joint Plan Review Required:                       |                                |                               |             |                   |
| <input type="checkbox"/> Elect                    | <input type="checkbox"/> Plumb | <input type="checkbox"/> Fire | Insulation  |                   |
| SUBCODE APPROVAL                                  |                                |                               |             |                   |
| <input type="checkbox"/> CO                       | <input type="checkbox"/> CCO   | <input type="checkbox"/> CA   | Finishes    |                   |
| Energy                                            |                                |                               |             |                   |
| Mechanical                                        |                                |                               |             |                   |
| TCO                                               |                                |                               |             |                   |
| Other                                             |                                |                               |             |                   |
| Final                                             |                                |                               |             |                   |
| BarrierFree                                       |                                |                               |             |                   |

B. BUILDING CHARACTERISTICS

| Use Group                 | Present   | U | Proposed  | U |
|---------------------------|-----------|---|-----------|---|
| Constr. Class             | Present   |   | Proposed  |   |
| No. of Stories            | 0         |   | 0         |   |
| Height of Structure       | 0 Ft.     |   | 0 Ft.     |   |
| Area Largest Floor        | 0 Sq. Ft. |   | 0 Sq. Ft. |   |
| New Bldg. Area/All Floors | 0 Sq. Ft. |   | 0 Sq. Ft. |   |
| Volume of New Structure   | 0 Cu. Ft. |   | 0 Cu. Ft. |   |
| Total Land Area Disturbed | 0 Sq. Ft. |   | 0 Sq. Ft. |   |

Est. Cost of Bldg. Work:

|                |    |        |
|----------------|----|--------|
| 1. New Bldg.   | \$ | 0      |
| 2. Alteration  | \$ | 16,145 |
| 3. Total (1+2) | \$ | 16,145 |

Industrialized Building:

|                                         |
|-----------------------------------------|
| <input type="checkbox"/> State Approved |
| <input type="checkbox"/> HUD            |

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 \_\_\_\_\_

D. TECHNICAL SITE DATA  
DESCRIPTION OF WORK

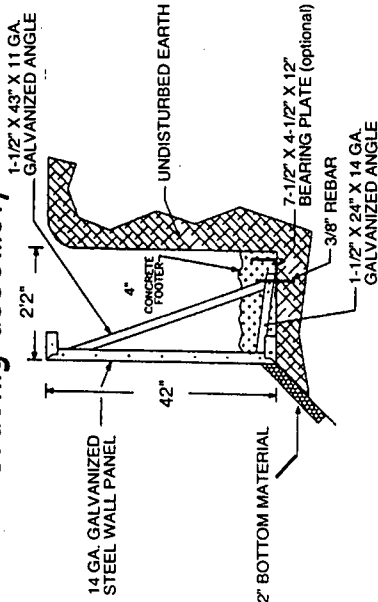
6' PVC STOCKADE FENCE  
16X32 IG POOL

*\* MUST ENCLOSE Pool Area To CODE  
PER AFFIDAVIT Signed by owner.*

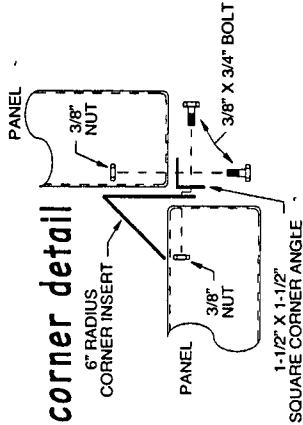
| TYPE OF WORK                                             | FEE (Office Use Only) |
|----------------------------------------------------------|-----------------------|
| <input type="checkbox"/> New Building                    | \$                    |
| <input type="checkbox"/> Addition                        | 0                     |
| <input checked="" type="checkbox"/> Alteration           | 0                     |
| <input type="checkbox"/> Roofing                         | 0                     |
| <input type="checkbox"/> Siding                          | 0                     |
| <input type="checkbox"/> Fence                           | 0                     |
| <input type="checkbox"/> Sign                            | 0                     |
| <input type="checkbox"/> Pool                            | 0                     |
| <input type="checkbox"/> Asbestos Abatement Subchapter 8 | 0                     |
| <input type="checkbox"/> Lead Haz. Abatement NJAC 5:17   | 0                     |
| <input checked="" type="checkbox"/> Other IG POOL        | 100                   |
| Other FENCE                                              | 8                     |
| <input type="checkbox"/> Demolition                      | 0                     |

|                                       |                          |    |     |
|---------------------------------------|--------------------------|----|-----|
| Paid <input type="checkbox"/> Check # | Administrative Surcharge | \$ | 0   |
| Collected by:                         | Minimum Fee              | \$ | 0   |
|                                       | TOTAL FEE                | \$ | 108 |
|                                       | DCA State Permit Fee     | \$ | 22  |

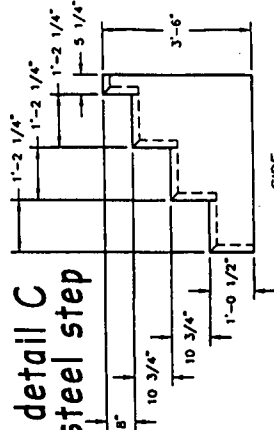
detail A  
bracing assembly



corner detail

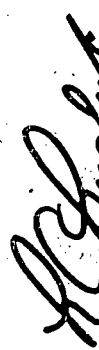


detail C  
steel step



NOTES

- 1) SWIMMING POOL TO MEET DESIGN SAFETY REQUIREMENTS OF ANSI/NSPI-5 FOR RESIDENTIAL SWIMMING POOLS TYPE II DIVING
- 2) POUR MINIMUM OF 4" CONCRETE AROUND ENTIRE PERIMETER.
- 3) FINISH POOL BOTTOM WITH A MINIMUM OF 2" COMPACTED SAND OR A VERMICULITE & CEMENT MIX
- 4) BRACING IS REQUIRED AT EVERY PANEL JOINT ON STRAIGHT WALLS.

  
R.C. BURDICK, P.E.  
N.J.P.E. No. 30929

1023 Ocean Rd., Pt. Pleasant, N.J. 08742  
Tel. (732) 892-5050, Fax (732) 892-5888

CARDINAL SYSTEMS  
STANDARD RECTANGLE POOLS

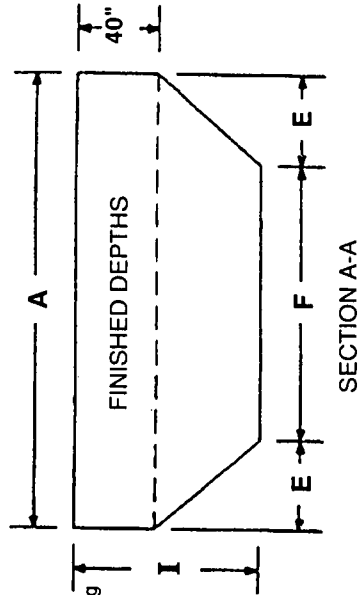
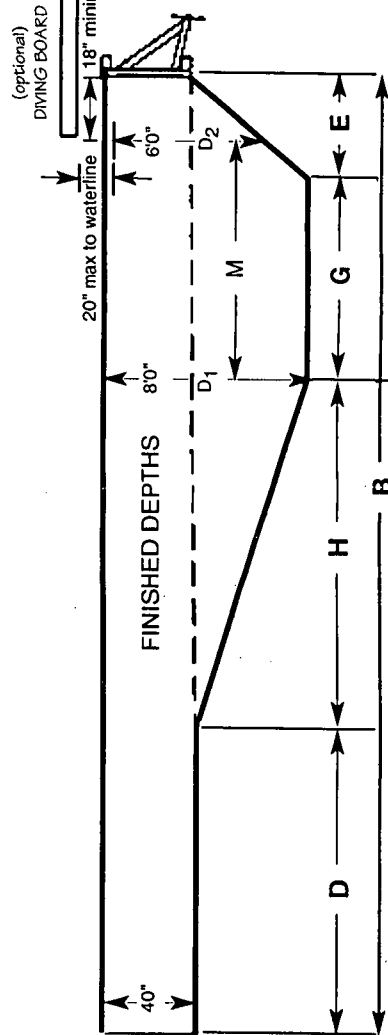
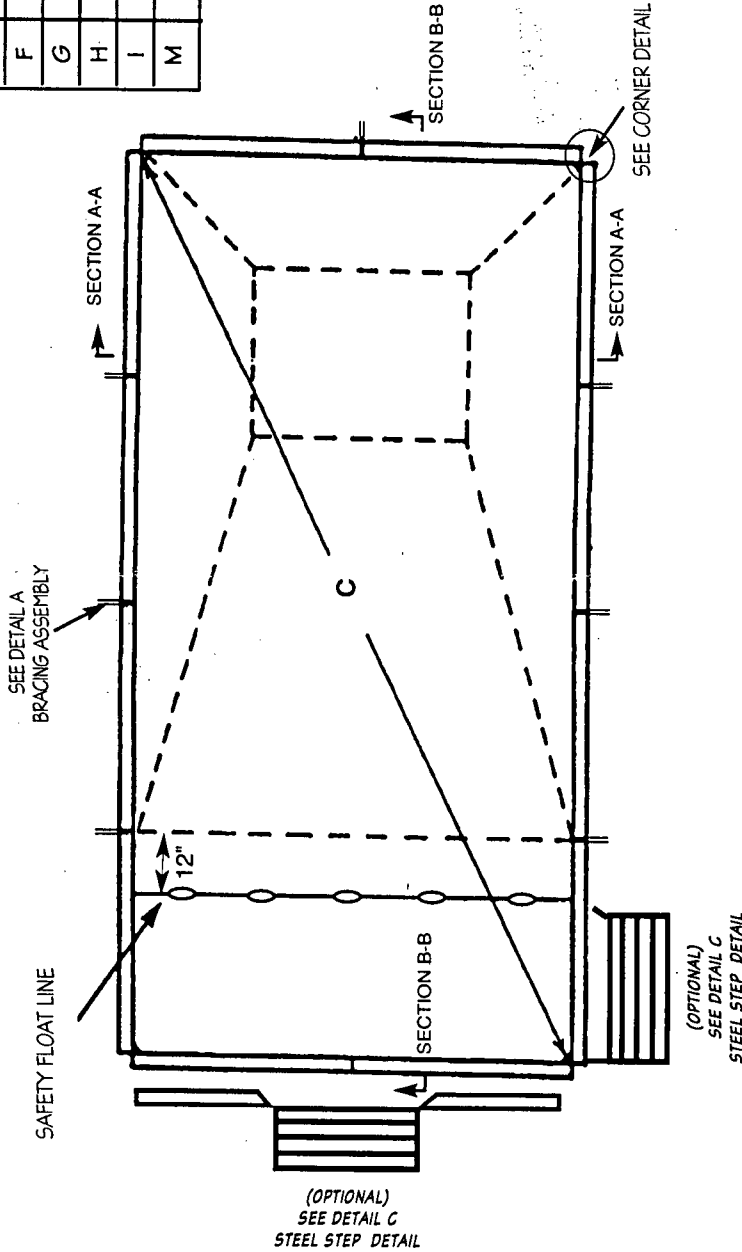
|   | 16' X 32' | 16' X 36' | 18' X 36' | 20' X 40' |
|---|-----------|-----------|-----------|-----------|
| A | 16'       | 16'       | 18'       | 20'       |
| B | 32'       | 36'       | 36'       | 40'       |
| C | 35'9"     | 39'4-1/2" | 40'3"     | 44'9"     |
| D | 7'6"      | 11'6"     | 11'6"     | 13'       |
| E | 4'6"      | 4'6"      | 4'6"      | 5'        |
| F | 7'        | 7'        | 9'        | 10'       |
| G | 6'        | 6'        | 6'        | 6'6"      |
| H | 14'       | 14'       | 14'       | 15'6"     |
| I | 8'        | 8'        | 8'        | 8'6"      |
| M | 9'        | 9'        | 9'        | 10'       |

PANELS REQUIRED:

- 16' x 32' (12) 8' panels
- 16' x 36' (10) 9' panels & (2) 7' panels
- 18' x 36' (12) 9' panels
- 20' x 40' (14) 8' panels & (2) 4' panels

WARNING !!

DO NOT DIVE IN SHALLOW END.  
USE DIVING EQUIPMENT SPECIFICALLY  
DESIGNATED FOR & INSTALLED IN  
ACCORDANCE WITH NATIONAL  
SWIMMING POOL INSTITUTE & B.O.C.A.  
RESIDENTIAL STANDARDS.



## HOMEOWNER'S POOL CERTIFICATION

### FENCE REQUIREMENTS:

Outdoor private swimming pool: An outdoor private swimming pool, includes an in-ground, above-ground or on-ground pool, hot tub or spa shall comply with the following.

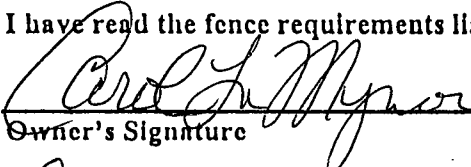
1. The top of the barrier shall be at least 48 inches above finished ground level measured on the side of the barrier which faces away from the swimming pool. The maximum vertical clearance between finished ground level and the barrier shall be 2 inches measured on the side of the barrier which faces away from the swimming pool. Where the top of the pool structure is above finished ground level, such as an above-ground pool, the barrier shall be at finished ground level, such as the pool structure, or shall be mounted on top of the pool structure. Where the barrier is mounted on the pool structure, the opening between the top surface of the pool frame and the bottom of the barrier shall not allow passage of a 4 inch diameter sphere.
2. Openings in the barrier shall not allow passage of a 4 inch diameter sphere.
3. Solid barriers shall not contain indentations or protrusions except for normal construction tolerances and tooled masonry joints.
4. Where the barrier is composed of horizontal and vertical members and the distance between the tops of the horizontal members is less than 45 inches, the horizontal members shall be located on the swimming pool side of the fence. Spacing between vertical members shall not exceed 1 ¼ inches in width. Decorative cutouts shall not exceed 1 ¼ inches in width.
5. Where the barrier is composed of horizontal and vertical members and the distance between the tops of the horizontal members is 45 inches or more, spacing between vertical members shall not exceed 4 inches. Decorative cutouts shall not exceed 1 ¼ inches in width.
6. Maximum mesh size for chain link fences shall be a 1 ¼ inch square unless the fence is provided with slats fastened at the top or the bottom which reduce the openings to not more than 1 ¼ inches.
7. Where the barrier is composed of diagonal members, such as a lattice fence, the maximum opening formed by the diagonal members shall be not more than 1 ¼ inches.
8. Access gates shall comply with the requirements of items 1 through 7, and shall be equipped to accommodate a locking device. Pedestrian access gates shall open outwards away from the pool and shall be self-closing and have a self-latching device. Gates other than pedestrian access gates shall have a self-latching device. Where the release mechanism of the self-latching device is located less than 54 inches from the bottom of the gate: (a) the release mechanism shall be located on the pool side of the gate at least 3 inches below the top of the gate and; (b) the gate and barrier shall not have an opening greater than ½ inch within 18 inches of the release mechanism.

BLOCK: 1140.03 LOT: 1,243 ADDRESS: 281 Lehigh St. Brick, NJ 08724

In accordance with the NJAC 5:23-2.23, no pool shall be used in whole or in part until a Certificate of Approval has been issued by the Construction Official.

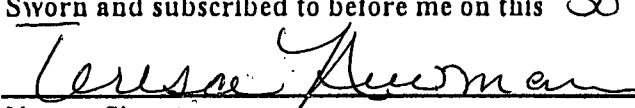
I certify that I am the owner of the above referenced pool being built. I further certify that the pool will not be used in whole or in part until a permanent fence is installed and a Certificate of Approval has been issued by the Construction Official.

I have read the fence requirements listed above and understand them.

  
Owner's Signature

CAROL MYRON  
Print Name

Sworn and subscribed to before me on this 30<sup>th</sup> day of Aug 2003

  
Notary Signature

TERESA A. NEWMAN  
NOTARY PUBLIC OF NEW JERSEY  
MY COMMISSION EXP. JUNE 28, 2005



# TOWNSHIP OF BRICK

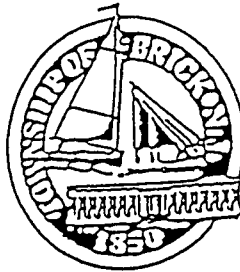
OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Joseph C. Scarpelli, Mayor

Township Council:

Steven N. Cucci — President  
Stephen C. Acropolis  
Kimberley S. Castan  
Gregory S. Kavanagh  
Kathy M. Russell  
Tony R. Shupin  
Frederick J. Underwood, Sr.



Department of Engineering

Office of the Municipal Engineer

(732) 262-1038

Fax: (732) 262-8954

<http://www.twp.brick.nj.us>

Date: 8-30-03

Township Engineer  
401 Chambers Bridge Road  
Brick, NJ 08723

Re: Block 1140.03 Lot(s): 1, 2 & 3

Property Address: 281 Lehigh St. Brick, NJ 08723

I, Carol Myron of 281 Lehigh St Brick  
(Name) (Address)

request to be exempted from the plot plan requirement for an addition as outlined in the  
Brick Land Use Book, Chapter 190.31, Part B.

(Applicant's Signature)

The following shall be submitted with this request:

1. Submit survey locating existing dwelling and proposed addition. Dimensions of addition should be included.
2. Proof that the property is not located in a Flood Hazard Area.

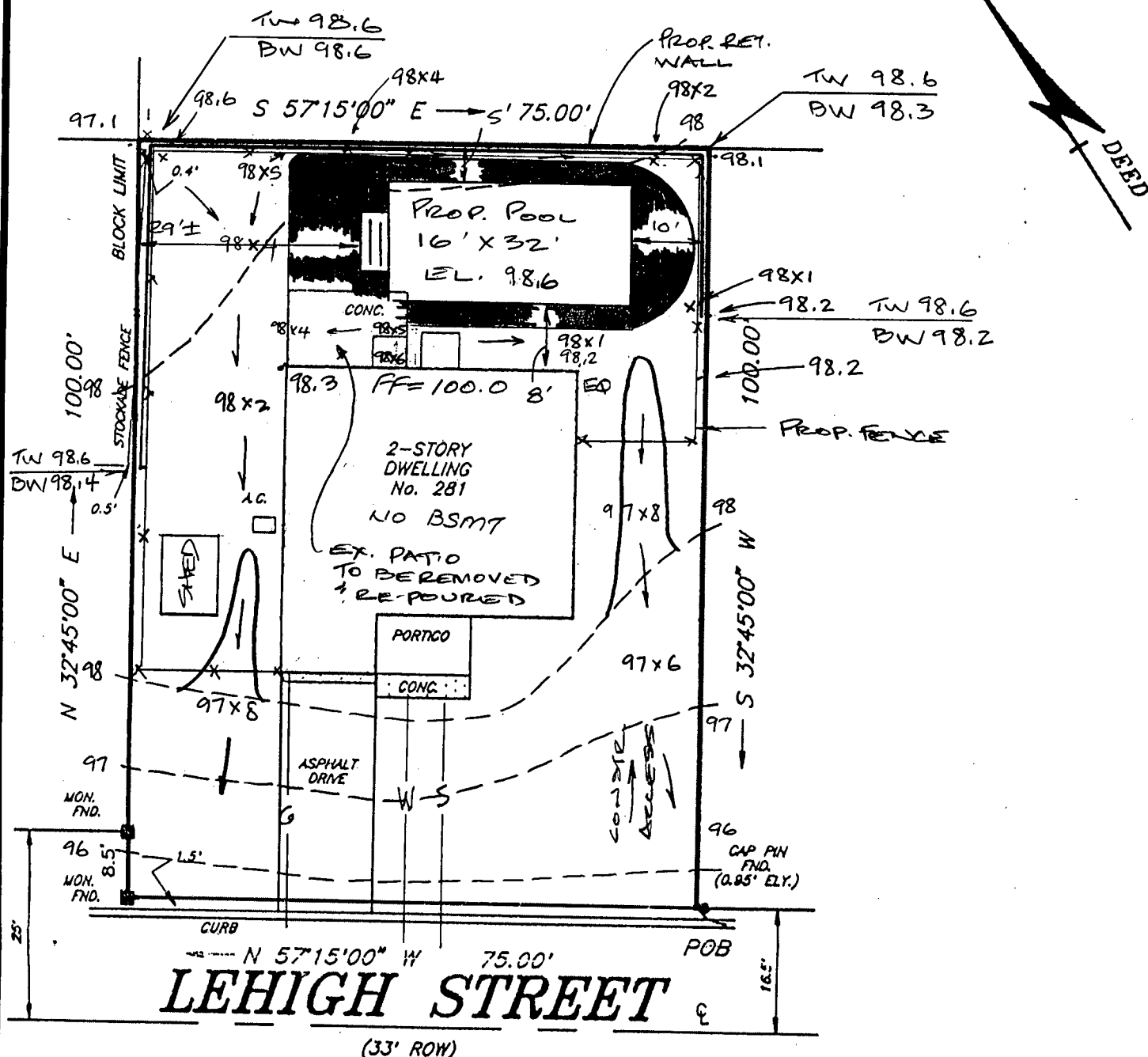
Note: Prior to approval, a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

For Office Use Only:

\_\_\_\_\_

Approved: 9/10/03 Signature: [Signature]  
(Date)

Rejected: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Date)

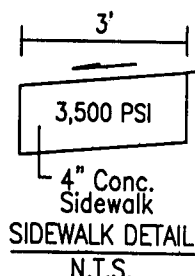


# NOTES:

- Pool Plan based on Survey of Property for Block 1140.03, Lots 1, 2 & 3, Township of Brick, Ocean County, N.J. Survey by Ronald W. Post, NJPLS No. 28534 and elevations by R.C. Burdick, P. E. on August 14, 2003.
- Contractor to verify location of all utilities prior to the start of construction. Utilities shown are per visual observation of physical features and existing markouts.
- Pool to be secured by minimum 4' chain link fence (1 1/4" diamonds) or stockade fence with self-latching and closing gates, or equivalent, by owner. Fence shall comply with B.O.C.A. Code and local ordinances. Where fence ties to dwelling, door alarms will be installed if required by local ordinance.
- All electrical equipment must be located at least 10 feet from the swimming pool.
- The contractor shall protect all existing structures from damage and/or failure by acceptable methods, as may be required. The Design Engineer accepts no responsibility for the safety or adequacy of the existing structures.
- The Design Engineer assumes no responsibility for pool construction in easement or required setback areas. The pool contractor and property owner shall verify the pool layout and all dimensions prior to construction.
- Property owner responsible for any necessary environmental permits.
- Request waiver of 1% grading requirement at rear of property; 0.5% provided. Otherwise, min. 1%, max. 3:1 grading provided in area that is to be disturbed by pool construction; 0.5% grading on concrete.
- Property owner: Myron

## LEGEND

96.6 Exist. El. (ft.)  
 96x2 Prop. El. (ft.)  
 -- Exist. Contour  
 --- Prop. Contour  
 EQ. Equipment



## GRADING PLAN

Block 1140.03, Lots 1, 2 & 3  
 Township of Brick  
 Ocean County, New Jersey

**R.C. BURDICK**  
 CONSULTING ENGINEERS SURVEYORS  
 PLANNING ENVIRONMENTAL PERMITTING  
 1023 OCEAN ROAD  
 POINT PLEASANT, NJ 08742  
 (732)892-5050 FAX (732)892-5888

*Robert C. Burdick*  
**ROBERT C. BURDICK**  
 N.J. PROFESSIONAL ENGINEER #30929  
 N.J. PROFESSIONAL PLANNER #04383

DATE  
 8/28/03  
 SCALE  
 1" = 20'  
 JOB No.  
 03-1357  
 SHEET  
 1 OF 1

| NO. | DATE | DESCRIPTION |
|-----|------|-------------|
|     |      |             |
|     |      |             |
|     |      |             |



|            |             |                    |           |
|------------|-------------|--------------------|-----------|
|            |             |                    |           |
|            |             |                    |           |
|            |             |                    |           |
|            |             |                    |           |
|            |             |                    |           |
|            |             |                    |           |
| <b>NO.</b> | <b>DATE</b> | <b>DESCRIPTION</b> | <b>BY</b> |

**Township of Brick  
Zoning Permit**

**Approved:** Tuesday, September 09, 2003 **Number:** 1575

**Block** 1140.03 **Lot** 1 **Zone:** R-7.5

**Property Address:** 281 Lehigh Street

**Applicant:** Mike Newman, Offshore Pools

**Property Owner:** Carol Myron

**Existing Use:** Single Family Residential

**Proposed Use:** Single Family Residential

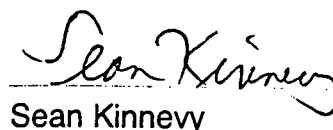
**Proposed Construction:** In-ground swimming pool 16' x 32'; 6' high stockade fence.

**Conditions:** The swimming pool must be set back at least 5 feet from the side property lines and at least 5 feet from the rear property line. The 6' high stockade fence must be set back at least 25 feet from the front property line. The finished side of the fence must face the exterior of the property.

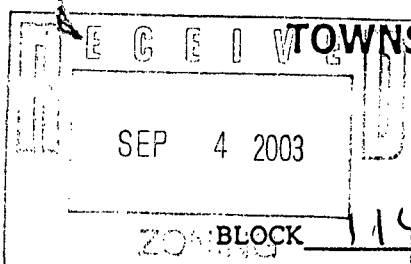
**This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.**

  
Michael P. Fowler, AICP/PP

Municipal Planner

  
Sean Kinnevy

Zoning Officer



# TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

ZONING BLOCK 1140.03 LOT 1,2 & 3 QUALIFIER \_\_\_\_\_

PROPERTY ADDRESS 281 Lehigh St. Brick, NJ 08723

PERSONAL NAME OF APPLICANT MIKE NEWMAN

BUSINESS NAME OF APPLICANT OFFSHORE POOLS

MAILING ADDRESS OF APPLICANT 260 BRICK BLVD. BRICK, NJ 08723

PROPERTY OWNER'S FULL NAME CAROL MYRON

PRESENT USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-family dwelling  
☐ Commercial (please describe) \_\_\_\_\_

PROPOSED USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-dwelling  
☐ Commercial (please describe) \_\_\_\_\_

PROPOSED CONSTRUCTION (check all that apply)

- ☐ New Building (please describe) \_\_\_\_\_ Height \_\_\_\_\_  
☐ Addition - Height \_\_\_\_\_  
☐ Alteration \_\_\_\_\_  
☐ Porch or deck - Height \_\_\_\_\_  
☐ Shed - Height \_\_\_\_\_  
☒ Fence - Type PVC STOCKADE Height 6'  
☒ Swimming Pool ☒ in-ground ☐ above-ground  
☐ Other (please describe) \_\_\_\_\_

## CHECKLIST

- ☐ All information completed above  
☐ Two (2) copies of a plot plan containing:  
☐ All existing and proposed structures  
☐ All dimensions of the lot and structures  
☐ All setbacks from the structures to the property lines  
☐ All adjacent streets and waterways  
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT [Signature] Date 8-30-03

Reviewed by Zoning Office [Signature] Date 9/9/03 Approved ( ) Denied

March 2003 \_\_\_\_\_



# Township of Brick

Counter Form  
(PLEASE PRINT)

Site Location: 281 Lehigh St. Brick, NJ. 08724

Block: 1140.03 Lot: 1, 2 & 3

Owner's Name: CAROL MYRON

Owner's Mailing Address: SAME

Phone:

## BUILDING

Contractor: OFFSHORE POOLS

Address: 260 BRICK BLVD  
BRICK, NJ. 08723

Phone#: 732-477-7073

Lis #

Federal Emp # or SSN 22-3096954

## Technical Data

Description of Work: Inground pool

16' x 32'

6' PVC SURROUND  
FENCE

## Type of Work

|                    |                                           |
|--------------------|-------------------------------------------|
| New Building       | Siding                                    |
| Addition           | <input checked="" type="checkbox"/> Fence |
| Alteration         | <input checked="" type="checkbox"/> Pool  |
| Roofing            | Demolition                                |
| Asbestos Abatement | Sign _____ sq ft                          |

## Building Characteristics

Use Group: Present: Proposed:

No. of Stories:

Height of Structure:

Area of the largest floor:

Area of New Building:

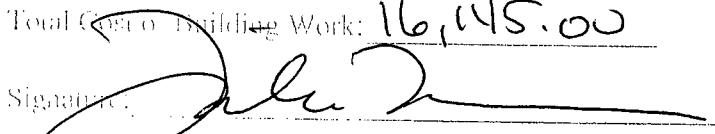
Volume of Structure:

Total Land Disturbed:

Cost of Alteration: 16,145.00

Cost of New Building:

Total Cost of Building Work: 16,145.00

Signature: 

Please Print Name: Mike Newman

## ELECTRICAL

Contractor: STRICTLY ELECTRIC, INC.

Address: 514 Dorothy Pl  
BRICK NJ 08723

Phone#: 732-477-9260

Lis #: LIC #13905A

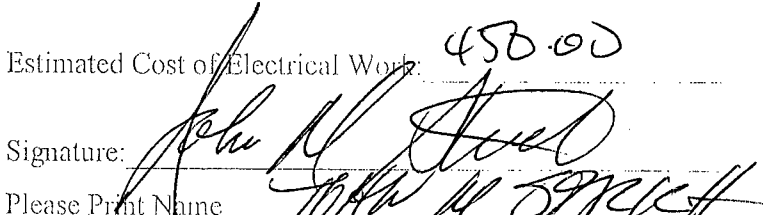
Federal Emp # or SSN

## Technical Data

| Item                    | Quantity |
|-------------------------|----------|
| Lighting Fixtures       |          |
| Receptacles             | 1        |
| Switches                | 1        |
| Detectors               |          |
| Light Poles             |          |
| Motors w/ Fract. HP     | 1 3/4 hp |
| Emergency & Exit Lights |          |
| Communication Points    |          |
| Alarm Devices/FAC Panel |          |
| Total                   |          |

|                           |            |
|---------------------------|------------|
| Pool                      | 1          |
| Spa/Hot Tub/Storable Pool |            |
| Electric Range            | KW         |
| Oven/Surface Unit         | KW         |
| Electric Water Heater     | KW         |
| Electric Dryer            | KW         |
| Dishwasher                | KW         |
| Garbage Disposal          | HP         |
| A/C Unit - Central Air    | KW         |
| Space Heater/Air Handler  | KW         |
| Baseboard Heating         | KW         |
| Motors 1+ HP              | 1 1 1/2 hp |
| Transformer/Generator     | KW         |
| Light Stander             | AMP        |
| Service                   | AMP        |
| Subpanel                  | 1 30 AMP   |
| Motor Control Center      | AMP        |
| Sign/Outline Light        | KW         |
| Furnace                   |            |
| Steam Boiler              |            |
| Other:                    |            |

Estimated Cost of Electrical Work: 450.00

Signature: 

Please Print Name: John H Sprick

CONTRACTOR'S SEAL

Counter Form  
PLEASE PRINT

PLUMBING

FIRE

Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_  
Lis #: \_\_\_\_\_  
Federal Emp # or SSN \_\_\_\_\_

Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_  
Lis #: \_\_\_\_\_  
Federal Emp # or SSN \_\_\_\_\_

Technical Data

PLUMBING Quantity

Water Closets \_\_\_\_\_  
Urinals/Bidets \_\_\_\_\_  
Bath Tub \_\_\_\_\_  
Lavatory \_\_\_\_\_  
Shower \_\_\_\_\_  
Floor Drain \_\_\_\_\_  
Sink \_\_\_\_\_  
Dishwasher \_\_\_\_\_  
Drinking Fountain \_\_\_\_\_  
Washing Machine \_\_\_\_\_  
Hose Bib \_\_\_\_\_  
Gas Piping \_\_\_\_\_  
Fuel Oil Piping \_\_\_\_\_  
Water Heater \_\_\_\_\_  
Steam Boiler \_\_\_\_\_  
Hot Water Boiler \_\_\_\_\_  
Sewer Pump \_\_\_\_\_  
Interceptor/Separator \_\_\_\_\_  
Backflow Preventer \_\_\_\_\_  
GreaseTrap \_\_\_\_\_  
Water Cooled A/C or Refrig. Unit \_\_\_\_\_  
Septic Tank Closure \_\_\_\_\_  
Sewer Service Connection \_\_\_\_\_  
Water Service Connection \_\_\_\_\_  
Active Solar System \_\_\_\_\_  
Auxiliary Meter \_\_\_\_\_  
Sprinkler Heads \_\_\_\_\_  
Sump Pump \_\_\_\_\_  
Other: \_\_\_\_\_

Estimated Cost of Plumbing Work \_\_\_\_\_  
Signature: \_\_\_\_\_  
Please Print Name: \_\_\_\_\_

CONTRACTOR'S SEAL

Technical Data

Description of Work:

Heating Type: \_\_\_\_\_ Gas \_\_\_\_\_ Oil \_\_\_\_\_ Electric \_\_\_\_\_ Solar \_\_\_\_\_  
Heating System is \_\_\_\_\_ New \_\_\_\_\_ Existing \_\_\_\_\_  
Location of Furnace/Boiler: \_\_\_\_\_

Water Supply Source \_\_\_\_\_  
Method of Valve Supervision \_\_\_\_\_  
Local Alarm Supervision \_\_\_\_\_  
Central Supervision: \_\_\_\_\_  
Proprietary Supervision: \_\_\_\_\_

Flammable Storage Tanks \_\_\_\_\_ capacity \_\_\_\_\_ fuel \_\_\_\_\_  
Combustible Storage Tanks \_\_\_\_\_ capacity \_\_\_\_\_ fuel \_\_\_\_\_  
LPG Storage Tanks \_\_\_\_\_ capacity \_\_\_\_\_ fuel \_\_\_\_\_

Item Quantity  
Wet Sprinkler Heads \_\_\_\_\_  
Dry Sprinkler Heads \_\_\_\_\_  
Total \_\_\_\_\_

Smoke Detectors \_\_\_\_\_  
Heat Detectors \_\_\_\_\_  
Total \_\_\_\_\_

Stand Pipes \_\_\_\_\_  
Kitchen Hood Exhaust System \_\_\_\_\_

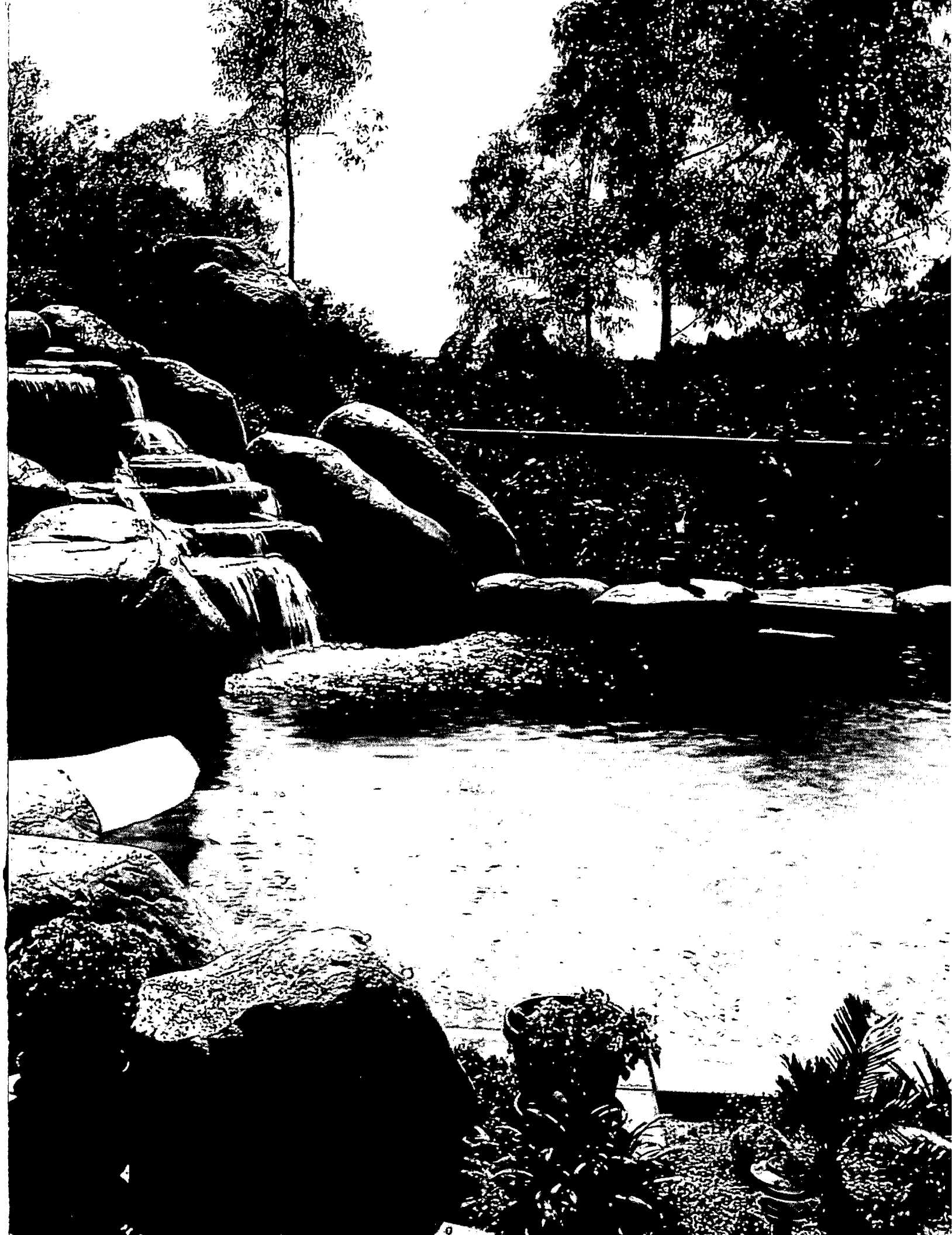
Pre-Engineered Systems:  
CO2 Suppression \_\_\_\_\_  
Halon Suppression \_\_\_\_\_  
Foam Suppression \_\_\_\_\_  
Dry Chemical \_\_\_\_\_  
Wet Chemical \_\_\_\_\_

Gas/ Oil Fired Appliances: \_\_\_\_\_  
Number of gas/oil fired appliances \_\_\_\_\_

Furnace \_\_\_\_\_  
Gas/Wood Fireplace \_\_\_\_\_  
Gas Logs \_\_\_\_\_  
Wood Burning Stove \_\_\_\_\_  
Other: \_\_\_\_\_

Estimated Cost of Fire Work \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_





# Clearly Superior...

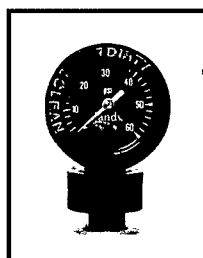
See for yourself, Jandy D.E. filters provide the finest filtration available.

## PERFECTLY BALANCED FLOW-THROUGH

Jandy D.E. filters have a curved eight grid system that creates balanced water movement throughout the tank. This makes the ultimate filter work even better, providing water so clear you'll see nothing but fun as you glide through water that feels like silk.



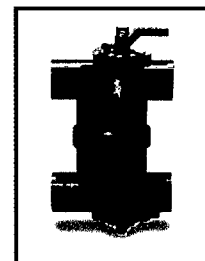
## DURABILITY THAT MATCHES QUALITY



Jandy filter tanks are molded from a durable polymeric material that's stronger than stainless steel and completely corrosion resistant. And they're designed to perform up to commercial pool standards to ensure long term reliability. The clean/dirty indicator on the pressure gauge tells you when it is time to clean.

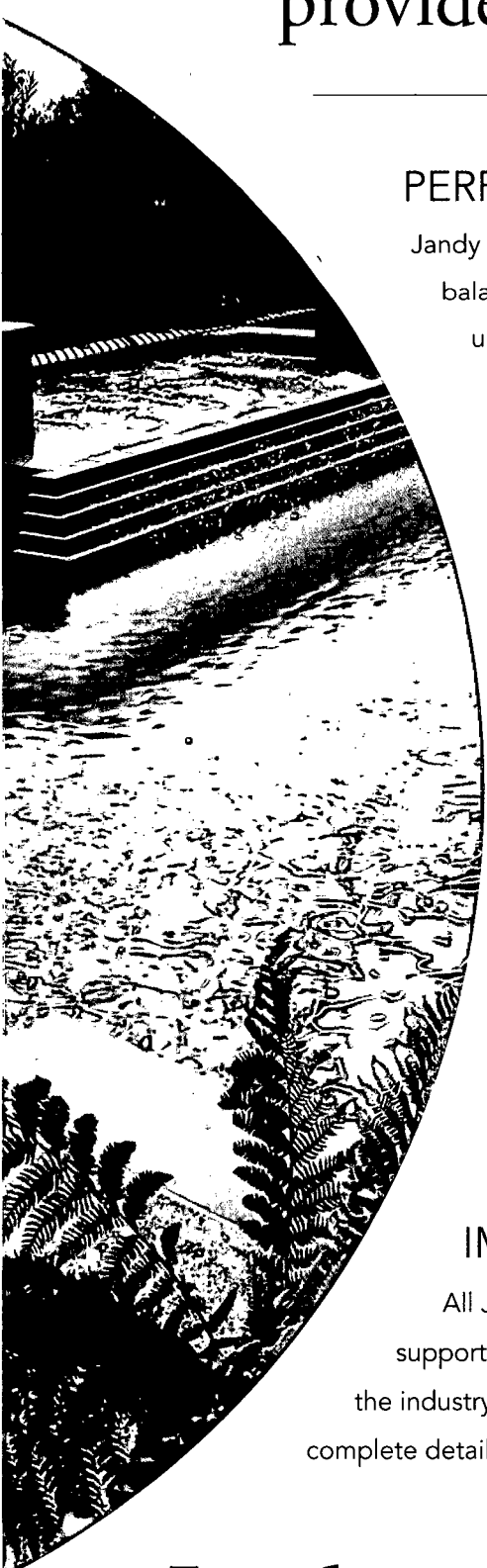
## SIMPLIFYING ROUTINE MAINTENANCE

A precisely designed grid prevents bridging and makes backwashing 100% efficient, thereby reducing maintenance time. When cleaning is required, our patented backwash valve makes routine maintenance and cleaning a snap.



## IMPRESSIVE WARRANTY

All Jandy pool and spa products are backed by a highly trained technical support department, and by some of the strongest and most inclusive warranties in the industry. Extended warranties are also available. See our written warranty for complete details.



Jandy®



# Jandy®

Pumps • Filters • Laars Heaters • Controls  
Valves • Water Features • Cleaners • Accessories

USA: 800.227.1442 • CANADA & INTERNATIONAL: 905.844.3400 • [www.jandy.com](http://www.jandy.com) • [info@jandy.com](mailto:info@jandy.com) • ©2003 Water Pik Technologies, Inc.

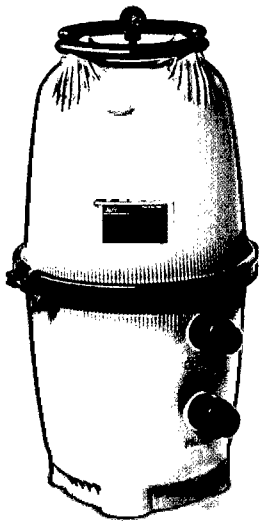


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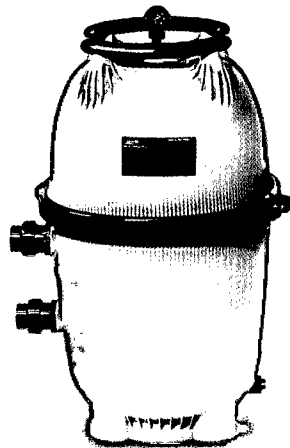
## JANDY FILTERS DELIVER SPARKLING CLEAR WATER

Our line of D.E. filters have a curved grid design that creates balanced water movement throughout the tank providing the finest filtration available.

- Textured easy-grip tank handles make filter cleaning easy.
- The cleaning indicator on the pressure gauge can be set for the individual conditions of each pool, so it accurately displays filter status. It can be rotated 360° for easy viewing.
- Tough outer construction, heavy wall thickness and corrosion proof base provide long lasting reliability. Closed base prevents debris from collecting under the filter.
- Heavy duty band clamp is easy to remove and provides safe operation. Continuous automatic internal air relief system gives you peace of mind.
- Handles on the grid assembly and a quick release knob allow you to easily pull and clean with one easy step.



DEL 60



DEL 48

## ALL JANDY PRODUCTS WORK SEAMLESSLY TOGETHER

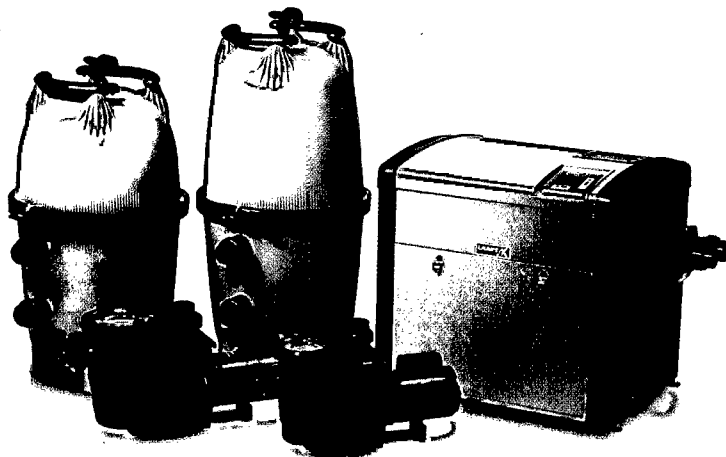
Jandy offers a complete line of pool & spa products to meet all your equipment needs.

The Jandy AquaLink® RS Control System manages

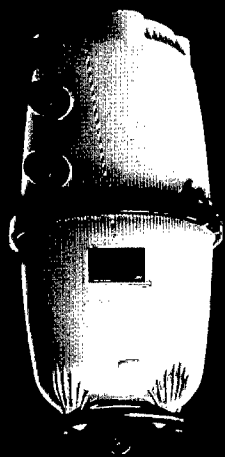


our complete line of technologically advanced products. The Jandy system is designed to create a carefree backyard

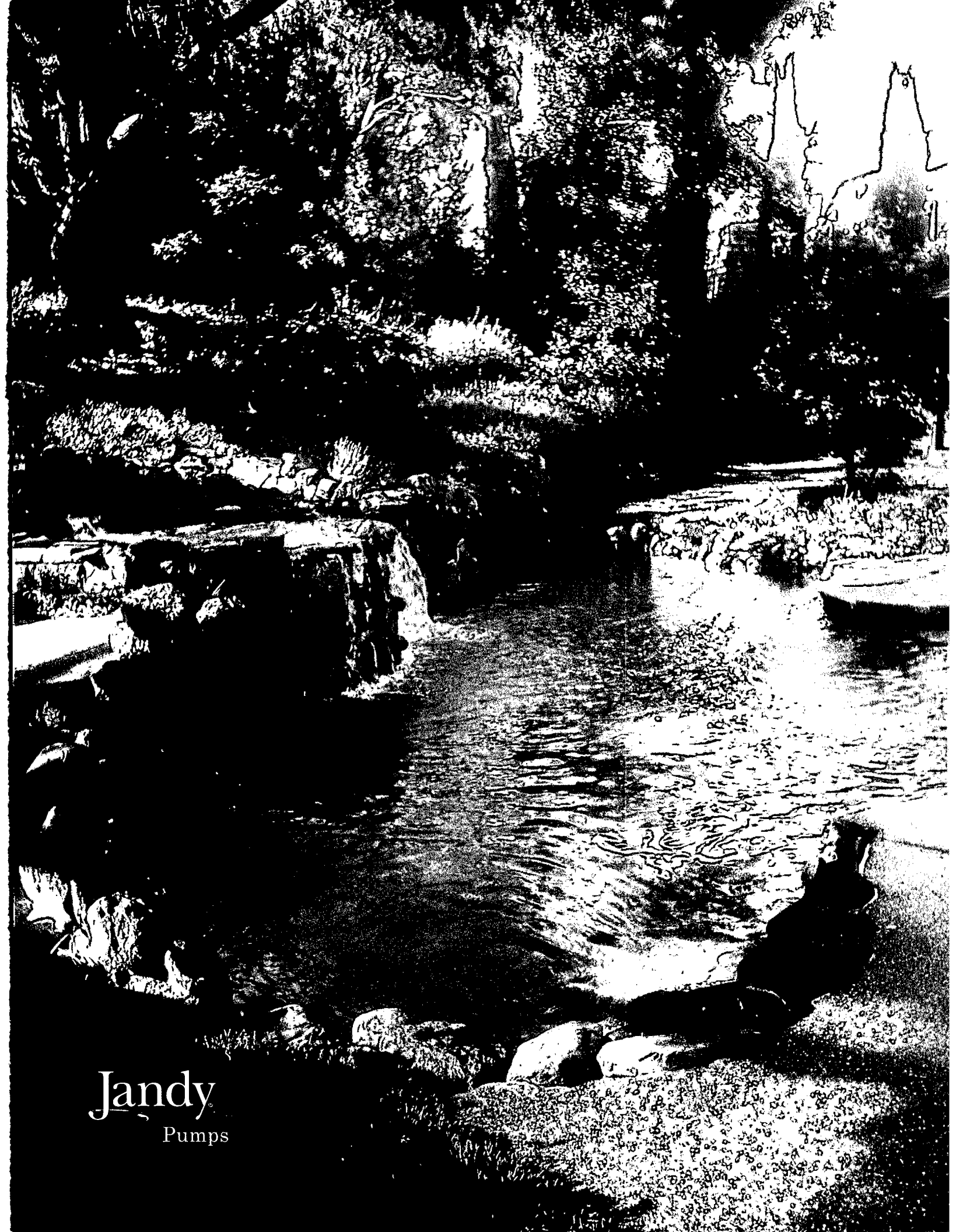
paradise — enhancing your overall pool and spa experience by delivering performance, reliability, and technology.



Pool & Spa  
D.E. Filters



Jandy®



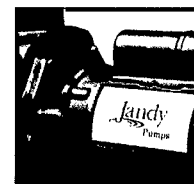
Jandy  
Pumps

# Quiet Strength...

Jandy pumps are whisper quiet  
and incredibly powerful.

## A NEW LEADER IN HIGH AND MEDIUM HEAD PUMPS

Jandy series pumps offer superior hydraulic performance. Independent laboratory tests show that our pump series outperforms all other pumps on the market. This makes the Jandy pump series the ideal choice for any situation that demands maximum output.



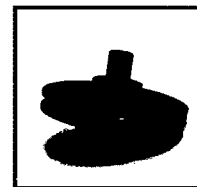
## UNSURPASSED OPERATING EFFICIENCY



Jandy pumps were designed as high performance energy savers. Their ultra-efficient water movement reduces energy consumption. Their superior hydraulic performance shortens pump run times and lowers operating costs.

## WHISPER QUIET OPERATION

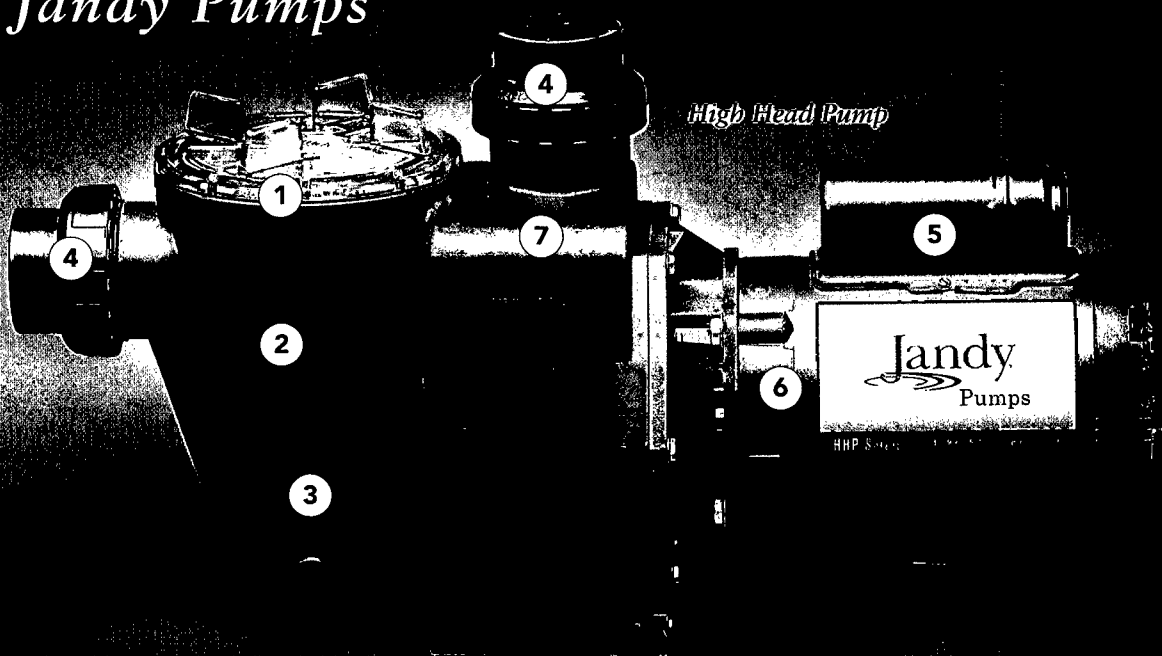
Proprietary impeller and pump body designs, combined with perfectly balanced components, threaded-shaft motors and permanently sealed bearings, all add up to whisper quiet operation.



### AVAILABLE PUMP SIZES

| MODELS       | .75 HP | 1.0 HP | 1.5 HP | 2.0 HP | 2.5 HP | 3.0 HP |
|--------------|--------|--------|--------|--------|--------|--------|
| HHP          | X      | X      | X      | X      |        | X      |
| HHP 2-Speed  |        |        | X      | X      |        |        |
| HHPU         |        | X      | X      | X      | X      |        |
| HHPU 2-Speed |        |        |        | X      | X      |        |
| MHP          | X      | X      | X      | X      |        |        |
| MHPU         | X      | X      | X      | X      | X      |        |

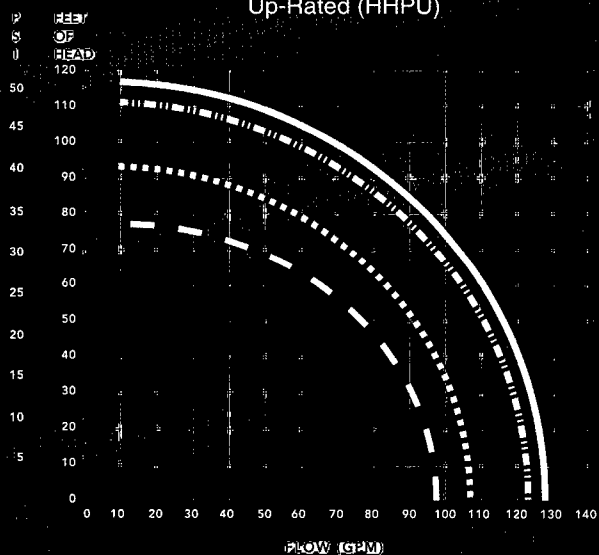
# Jandy Pumps



1. Clear lid with cross-rib handles for easy inspection and lid removal.
2. Self-aligning strainer basket guarantees proper insertion.
3. Oversize basket minimizes maintenance.
4. Quick connect 2" unions for ease of installation and service.
5. Proprietary design delivers ultra-quick primes, superior performance and whisper quiet operation.
6. 303 grade stainless steel corrosion-resistant hardware for long-term reliability.
7. Low profile, compact design for easy retrofit.

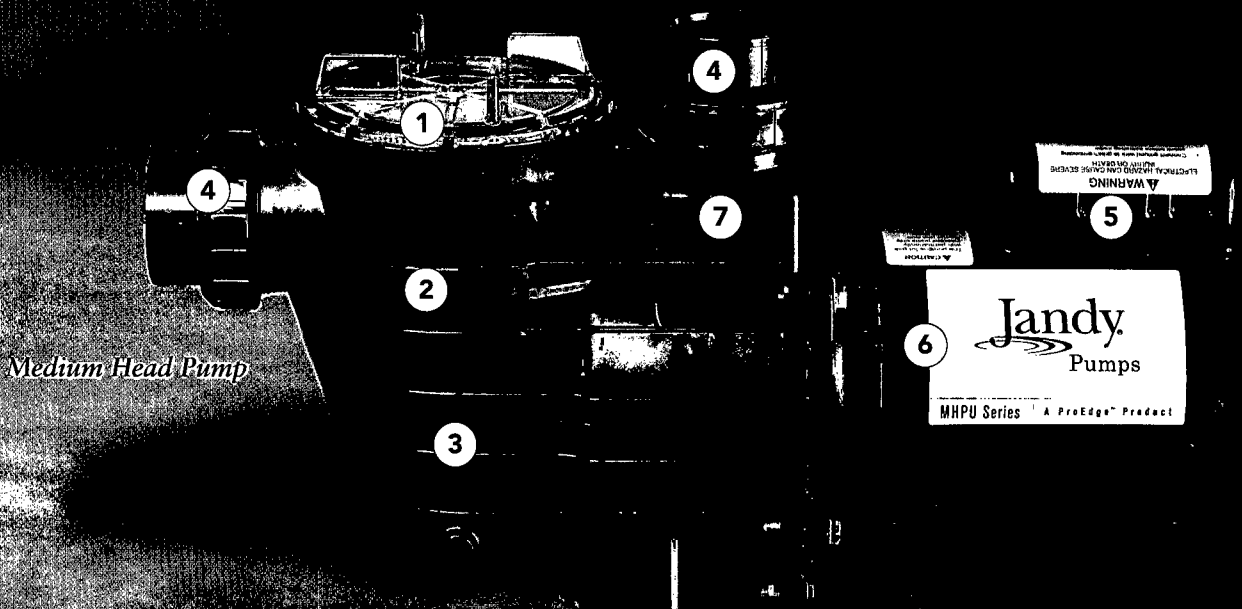
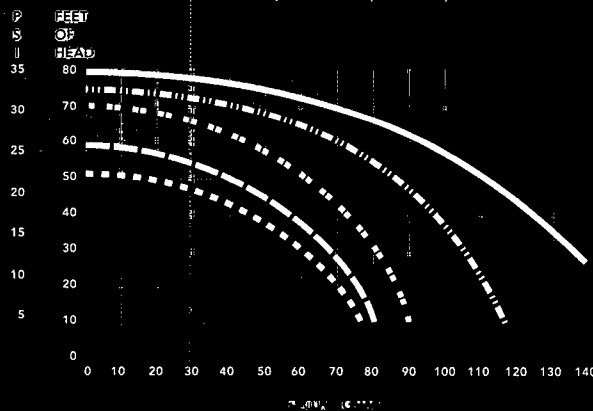
HHP 2.0/110/2.0  
 HHP 3.0/110/2.0  
 HHP 4.0/110/2.0  
 HHP 5.0/110/2.0

Jandy High Head Pumps  
Full rated (HHP) and  
Up-Rated (HHPU)

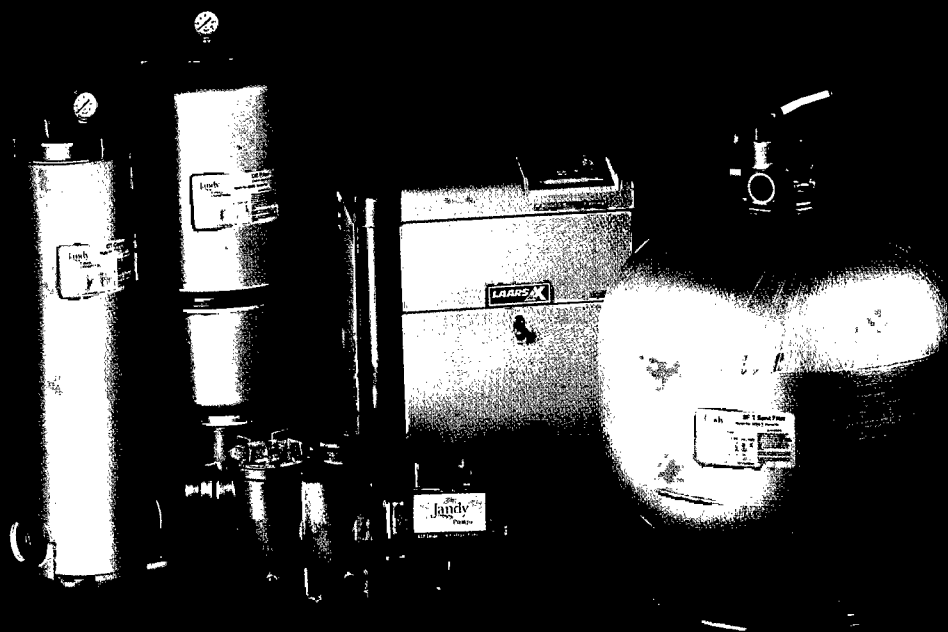


MHP 2.0/60/2.0  
 MHP 3.0/60/2.0  
 MHP 4.0/60/2.0  
 MHP 5.0/60/2.0

Jandy Medium Head Pumps  
Full rated (MHP) and  
Up-Rated (MHPU)







Laars

Jandy

 FIBERSTARS®

### LAARS, JANDY AND FIBERSTARS PRODUCTS

Jandy Pumps • Jandy Filters • Laars Heaters • Jandy Controls • Jandy Valves  
Jandy Water Features • Fiberstars Fiber Optic Lighting • Jandy Pool Cleaners • Jandy Pool Accessories

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*The  
ProEdge  
Advantage*

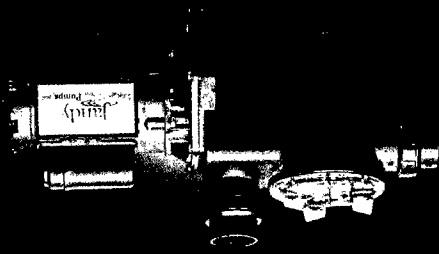
• ProEdge "FAST ACTION" SERVICE

• ProEdge "TOTAL LINE-UP" PRODUCT  
INTEGRATION

• ProEdge "ONE CALL" TECH SUPPORT

• ProEdge TRAINING  
PROGRAMS

Pumps



SYSTEMS

HYDRAULIC

JANDY