

BLOCK 1422.07 LOT 15 ADDRESS (SITE) 742 TAIL OAKS DR. PERMIT NO. 114-96

RECEIVED

JAN 29 1996

DIV. OF INSPECTION



# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work-site at: 742 Tail Oaks Dr.
2. Name of Owner in Fee: Maguire T. [REDACTED]  
Address 742 Tail Oaks Dr. Howell Brick [REDACTED]  
street municipality zip code
3. Ownership in Fee: Public \_\_\_\_\_ Private ☒
4. Principal Contractor: POOL TOWN INC. Tel. (908) 505-9000  
Address 4881 Hwy 9N, Howell NJ 07721
- License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Federal Emp. No. 22-2763004 Social Security No. \_\_\_\_\_
5. Architect or Engineer \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_
6. Responsible Person in Charge of Work POOL TOWN INC. Tel. (908) 505-9000

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

|                                   |                  | Update | Update |
|-----------------------------------|------------------|--------|--------|
| 1. Building                       | <u>FENCE</u>     |        |        |
| 2. Electrical                     | <u>Pool</u>      |        |        |
| 3. Plumbing                       |                  |        |        |
| 4. Fire Protection                |                  |        |        |
| 5. Elevator Devices               |                  |        |        |
| 6. Subtotal                       | \$ <u>30.75</u>  |        |        |
| 7. Less 20% for State Plan Review | <u>11</u>        |        |        |
| 8. Subtotal                       | \$ <u>105</u>    |        |        |
| 9. DCA Training Fee               | <u>0</u>         |        |        |
| 10. Subtotal                      | \$ <u>105</u>    |        |        |
| 11. Cert. of Occupancy            | <u>20.00</u>     |        |        |
| 12. Other                         | <u>20.00</u>     |        |        |
| 13. TOTAL                         | \$ <u>174.00</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 \_\_\_\_\_ sq. ft.  
no \_\_\_\_\_
11. Max. Live Load \_\_\_\_\_
12. Max. Occupancy Load \_\_\_\_\_

(office use only)

## II. PROPOSED WORK

1. ☐ Minor work (single trade)
2. ☐ Small Job (\$5,000 and no prior approvals)
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Fire Protection
7. ☐ Plumbing
8. ☐ Electrical
9. ☐ Elevator Devices
10. ☐ Asbestos Abatement
11. ☐ Demolition
- TOTAL COSTS 10,000.00

Est. Cost

In Ground Pool

## OPTIONAL (for office use only)

| Plans Rec'd By     | Date Rec'd     | Rejection Date | Approval Date  | Re-viewer          | Resubmission Dates Approval | Rejection | Re-viewer          |
|--------------------|----------------|----------------|----------------|--------------------|-----------------------------|-----------|--------------------|
| <u>[Signature]</u> | <u>1/30/96</u> |                | <u>1/30/96</u> | <u>[Signature]</u> | <u>3/14/96</u>              |           | <u>[Signature]</u> |
| <u>[Signature]</u> | <u>1/30/96</u> |                | <u>1/30/96</u> | <u>[Signature]</u> |                             |           |                    |

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2 ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/  
Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

## VII. DESCRIPTION OF BUILDING USE

### A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:

Before Construction \_\_\_\_\_  
After Construction \_\_\_\_\_  
Net gain or loss \_\_\_\_\_

### B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group,  
Indicate Former:

LDS BR 10519230

## 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 New Jersey 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.

Agent Name POOL TOWN INC.

Address 4881 Hwy 9N, Howell NJ 07731

Telephone ( 908 ) 505-9400

Signature Marcia Werner Date 10-10-95

OFFICE DATE RECEIVED: \_\_\_\_\_

| VIII. PRIOR APPROVALS CHECKLIST<br>(office use only)          | LOCAL APPROVAL    |            | COUNTY APPROVAL   |            | REGIONAL APPROVAL |            | STATE APPROVAL    |            | COMMENTS                                                                                              |
|---------------------------------------------------------------|-------------------|------------|-------------------|------------|-------------------|------------|-------------------|------------|-------------------------------------------------------------------------------------------------------|
|                                                               | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date |                                                                                                       |
| <input type="checkbox"/> Zoning Officer                       |                   |            |                   |            |                   |            |                   |            | <p style="text-align: center; font-size: 2em; font-weight: bold;">IMPORTANT<br/>A.H.B.T. - EXEMPT</p> |
| <input type="checkbox"/> Planning Board                       |                   |            |                   |            |                   |            |                   |            |                                                                                                       |
| <input type="checkbox"/> Zoning Board                         |                   |            |                   |            |                   |            |                   |            |                                                                                                       |
| <input type="checkbox"/> Sewer Authority                      |                   |            |                   |            |                   |            |                   |            |                                                                                                       |
| <input type="checkbox"/> Water Authority                      |                   |            |                   |            |                   |            |                   |            |                                                                                                       |
| <input type="checkbox"/> Fire Department                      |                   |            |                   |            |                   |            |                   |            |                                                                                                       |
| <input type="checkbox"/> Police Department                    |                   |            |                   |            |                   |            |                   |            |                                                                                                       |
| <input type="checkbox"/> Health Department                    |                   |            |                   |            |                   |            |                   |            |                                                                                                       |
| <input type="checkbox"/> Soil Conservation                    |                   |            |                   |            |                   |            |                   |            |                                                                                                       |
| <input type="checkbox"/> N.J. Dept. of Community Affairs      |                   |            |                   |            |                   |            |                   |            |                                                                                                       |
| <input type="checkbox"/> N.J. Department of Transportation    |                   |            |                   |            |                   |            |                   |            |                                                                                                       |
| <input type="checkbox"/> N.J. Dept. of Environmental Protect. |                   |            |                   |            |                   |            |                   |            |                                                                                                       |
| <input type="checkbox"/> Utility Dig No.                      |                   |            |                   |            |                   |            |                   |            |                                                                                                       |
| <input type="checkbox"/>                                      |                   |            |                   |            |                   |            |                   |            |                                                                                                       |
| <input type="checkbox"/>                                      |                   |            |                   |            |                   |            |                   |            |                                                                                                       |

## IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code &amp; Edition

Name of Code &amp; Edition

Building \_\_\_\_\_

Energy \_\_\_\_\_

Other \_\_\_\_\_

Electrical \_\_\_\_\_

Barrier Free \_\_\_\_\_

Plumbing \_\_\_\_\_

Flood Hazard \_\_\_\_\_

Fire Protection \_\_\_\_\_

As Built Elevation Cert. \_\_\_\_\_

Mechanical \_\_\_\_\_

Other \_\_\_\_\_

## X. CERTIFICATES ISSUED

(office use only)

DATE ISSUED

DATE EXPIRED

DATE REISSUED

DATE EXPIRED

☐ Temporary Certificate of Occupancy

No. \_\_\_\_\_

☐ Temporary Certificate of Compliance

No. \_\_\_\_\_

☐ Continued Certificate of Occupancy

No. \_\_\_\_\_

☐ Certificate of Compliance

No. \_\_\_\_\_

☐ Certificate of Occupancy

No. \_\_\_\_\_

☐ Certificate of Approval

No. \_\_\_\_\_



# CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

IDENTIFICATION Block 1422-01Lot 15Work Site Location 742 TALL OAKS DR.BRICKOwner in Fee MaguireAddress 742 TALL OAKS DR.BRICKTel [REDACTED]Contractor POOL TOWN INC.Address 4881 HWY 9 NHowell 210 7731Tele. 908 505-9000

Lic. No. or Bldrs. Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Federal Emp. No. 22-2763004

or Social Security No. \_\_\_\_\_

is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ OTHER \_\_\_\_\_  
☐ ELECTRICAL ☐ FIRE PROTECTION  
☐ ELEVATOR DEVICES

## DESCRIPTION OF WORK:

PROPOSED 14x30x40 inground POOL  
PROPOSED 6' wood fence w/ self locking & latching gate  
PROPOSED 4' chain link w/ 1 1/4 diamond  
existing 4' chain link  
customer to install door alarm

ALL fences  
to be  
installed  
by customer

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

Estimated Cost of Work \$ 10,000.00

## PAYMENTS (Office Use Only)

Building \_\_\_\_\_  
Electrical \_\_\_\_\_  
Plumbing \_\_\_\_\_  
Fire Protection \_\_\_\_\_  
Elevator Devices \_\_\_\_\_  
Other \_\_\_\_\_  
DCA Training Fee \_\_\_\_\_  
Cert. of Occ. \_\_\_\_\_  
Other \_\_\_\_\_  
Total \_\_\_\_\_  
Check No. \_\_\_\_\_  
Cash \_\_\_\_\_  
Collected By: \_\_\_\_\_

CONSTRUCTION OFFICIAL

(see reverse side)

# REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

[ ] Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

[ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

[ ] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued.

Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

[ ] A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.



# CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

2/8/96

114-96

IDENTIFICATION Block 1422.07 Lot 15Work Site Location 742 Tall Oaks DR Contractor POOL TOWNOwner in Fee Wm. Magnifico Address \_\_\_\_\_ #000233Address Santa Tele. ( ) \_\_\_\_\_ 114##Tele. ( ) \_\_\_\_\_ Lic. No. or Bldrs. Reg. No. \_\_\_\_\_ Exp. Date 15 #

Federal Emp. No. \_\_\_\_\_ 15 #

or Social Security No. \_\_\_\_\_ BUILDING 30.00

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER☐ ELECTRICAL ☐ FIRE PROTECTION☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

I.G. Pool & fence

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

Estimated Cost of Work \$ 10,000.-

U.C.C. Form F-170C

CONSTRUCTION OFFICIAL

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only) RUM

|                  |                |           |       |
|------------------|----------------|-----------|-------|
| Building         | <u>75.</u>     | DCA       | 8.00  |
| Plumbing         |                | E/C       | 20.00 |
| Electrical       | <u>30.</u>     | EXHIBIT   | 15.00 |
| Fire Protection  |                | EXP. D.C. | 15.00 |
| Other            | <u>Mar 11.</u> | TOTAL     | 74.00 |
| Other            | <u>Apr 15.</u> | TOTAL     | 74.00 |
| DCA Training Fee | <u>8.</u>      | TRAINING  | 0.00  |
| Cert. of Occ.    | <u>22.</u>     | EXHIBIT   | 10.50 |
| Other            | <u>Eng 25.</u> | EXHIBIT   |       |
| Total            | <u>174.</u>    |           |       |
| Check No.        |                |           |       |
| Cash             |                |           |       |
| Collected By:    |                |           |       |



# PERMIT UPDATE

Date Update Issued

Control #

Permit #

Date Permit Issued

3/8/96

114-96

IDENTIFICATION Block 1422.07 Lot 15Work Site Location 742 Tall Oaks DriveContractor William J. PinnegarAddress 72 River View AveOwner in Fee MaloneAddress 1416 Silo, N.Y. 12229Address Same as aboveTele. (918) 742-3640Lic. No. or Bldrs. Reg. No. 9351Federal Emp. No. 27-7424196

or Social Security No. \_\_\_\_\_

Is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ Other \_\_\_\_\_☐ ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

2.50' x 150' of 2" gas piping  
4" vent heater & connect.

Estimated Cost of Work \$ 1,500.00

CONSTRUCTION OFFICIAL

## PAYMENTS (Office Use Only) X

Building CHANGEPlumbing 108/95

Electrical \_\_\_\_\_

Fire Protection 33

Other \_\_\_\_\_

Other \_\_\_\_\_

DCA Training Fee 1-

Cert. of Occ. \_\_\_\_\_

Other \_\_\_\_\_

Total 84-

Check No. \_\_\_\_\_

Cash \_\_\_\_\_

Collected By: WJ



# BUILDING SUBCODE TECHNICAL SECTION



U.C.C. Form F-1108  
Date Issued  
Control #  
Permit #

2/18/96  
114-96

## A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING

CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-272-1000.

Block 1422-07 Lot 15

Work Site Location 742 TAIL OAKS DR., BRICK

Owner in Fee Maquire Oaks Dr., BRICK

Address 742 TAIL OAKS DR., BRICK

Tele. [REDACTED]

Contractor FOOT TOWN INC.

Address 4881 HUGH AV., HOWELL NJ 07731

Tele. (908) 505-9000

Lic. No. or Bids. Reg. No. 22-2763004 or Social Security No.

Federal Emp. No.

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                                                                                  | Date           | Initial   | INSPECTIONS          | Dates (Month/Day)                                             |
|----------------------------------------------------------------------------------------------|----------------|-----------|----------------------|---------------------------------------------------------------|
| <input type="checkbox"/> No Plans Req.                                                       |                |           | Type: <u>FOOTING</u> | Failure <u>COCCAR</u> Approval <u>2/29/96</u> Initial <u></u> |
| <input checked="" type="checkbox"/> All                                                      | <u>1/13/96</u> | <u>AO</u> | Foundation           |                                                               |
| <input type="checkbox"/> Footing                                                             |                |           | Slab                 |                                                               |
| <input type="checkbox"/> Foundation                                                          |                |           | Frame                |                                                               |
| <input type="checkbox"/> Other                                                               |                |           | Insulation           |                                                               |
| Joint Plan Review Required:                                                                  |                |           | Finishes             |                                                               |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire |                |           | Energy               | <u>5/14/96</u>                                                |
| SUBCODE APPROVAL                                                                             |                |           | Mechanical           |                                                               |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> S          |                |           | TCO                  |                                                               |
| Date: <u>5-14-96</u>                                                                         |                |           | Other                |                                                               |
| Approved By: <u>[Signature]</u>                                                              |                |           | Final                |                                                               |

## B. BUILDING CHARACTERISTICS

| Use Group                 | Present | Proposed | Est. Cost of Bldg. Work:           |
|---------------------------|---------|----------|------------------------------------|
| Const. Class              |         |          | 1. New Bldg. \$                    |
| No. of Stories            |         |          | 2. Alteration \$                   |
| Height of Structure       |         |          | 3. Total (1+2) \$ <u>10,000.00</u> |
| Area - Largest Floor      |         |          |                                    |
| New Bldg. Area/All Floors |         |          |                                    |
| Volume of New Structure   |         |          |                                    |
| Total Land Area Disturbed |         |          |                                    |

## C. CERTIFICATION IN LIEU OF OATH

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

Signature [Signature]

## D. TECHNICAL SITE DATA

DESCRIPTION OF WORK  
PROPOSED 16x30x60 inground pool  
PROPOSED 6' wood fence, self locking & latching gate to be  
installed by auto gate.  
PROPOSED 4' chain link w/ 1 1/4" diamonds  
existing 4' chain link  
auto gate to install door alarm  
all fence to be installed by auto gate

| TYPE OF WORK:                                                              | (Office Use Only) |
|----------------------------------------------------------------------------|-------------------|
| <input type="checkbox"/> New Building                                      | FEE               |
| <input type="checkbox"/> Addition                                          |                   |
| <input type="checkbox"/> Alteration                                        |                   |
| <input type="checkbox"/> Roofing                                           |                   |
| <input type="checkbox"/> Siding                                            |                   |
| <input checked="" type="checkbox"/> Fence <u>4' 6"</u> Height (6' or over) |                   |
| <input type="checkbox"/> Sign                                              |                   |
| <input checked="" type="checkbox"/> Pool                                   |                   |
| <input type="checkbox"/> Asbestos Abatement                                |                   |
| <input type="checkbox"/> Other                                             |                   |
| <input type="checkbox"/> Other                                             |                   |
| <input type="checkbox"/> Demolition                                        |                   |

| Administrative Surcharge              | Minimum Fee | DCA TRAINING FEE | TOTAL FEE |
|---------------------------------------|-------------|------------------|-----------|
| Paid <input type="checkbox"/> Check # |             |                  |           |
| Collected by:                         |             |                  |           |



called (let me see) 3:30 PM

UPDATE



PLUMBING  
SUBCODE  
TECHNICAL SECTION



Date Received  
Date Issued  
Control #  
Permit #

3/8/96  
11496

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

Block 1422.07 Lot 15

Work Site Location 740. Tail Oaks Drive

Owner in Fee 16411 Mabuire

Addr. [REDACTED]

Tele. [REDACTED]

Contractor William J. Hannan Plumbing & Heating

Address 728 Riverwood Ave Little Silver N.J. 07739

Tele. (908) 747-3040

Lic. No. 9351

Federal Emp. No. 22-3424196 or Social Security No. \_\_\_\_\_

B. PLUMBING CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_

Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well \_\_\_\_\_

Estimated Cost of Plumbing Work \$ \_\_\_\_\_

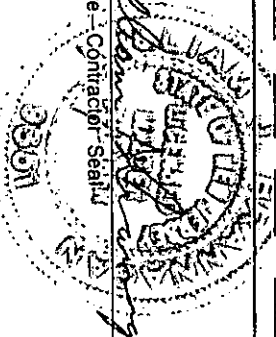
JOB SUMMARY (Office Use Only)

| PLAN REVIEW:                                                                         | INSPECTIONS   | Dates (Month/Day)                |
|--------------------------------------------------------------------------------------|---------------|----------------------------------|
| <input type="checkbox"/> No Plans Required                                           | Type:         | Failure Failure Approval Initial |
| Joint Plan Review Required:                                                          | Slab          |                                  |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Elec.                        | Rough         |                                  |
| <input type="checkbox"/> Fire <input type="checkbox"/> Elevator                      | Water         |                                  |
| <input checked="" type="checkbox"/> Plumb. Plans Approved                            | Sewer         |                                  |
| Date: <u>3-6-96</u>                                                                  | Fixtures      |                                  |
| Approved by: <u>[Signature]</u>                                                      | Gas Equipment |                                  |
|                                                                                      | Gas Piping    |                                  |
|                                                                                      | Solar         |                                  |
| SUBCODE APPROVAL:                                                                    | TCO           |                                  |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA |               |                                  |
| Approved By: _____                                                                   |               |                                  |
| Date: _____                                                                          |               |                                  |

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.

☒ Licensed Plumbing Contractor ☐ Exempt Applicant



D. TECHNICAL SITE DATA (List all fixtures.)

| NO.       | FIGURE/EQUIPMENT         | FEE (Office Use Only) |
|-----------|--------------------------|-----------------------|
|           | Water Closet             |                       |
|           | Urinal/Bidet             |                       |
|           | Bath Tub                 |                       |
|           | Lavatory                 |                       |
|           | Shower                   |                       |
|           | Floor Drain              |                       |
|           | Sink                     |                       |
|           | Dishwasher               |                       |
|           | Drinking Fountain        |                       |
|           | Washing Machine          |                       |
|           | Hose Bibb                |                       |
|           | Water Heater             |                       |
|           | Fuel Oil Piping          |                       |
| <u>12</u> | Gas Piping (Per Water)   | <u>15</u>             |
|           | Steam Boiler             |                       |
|           | Hot Water Boiler         |                       |
|           | Sewer Pump               |                       |
|           | Interceptor/Separator    |                       |
|           | Backflow Preventer       |                       |
|           | Greasetrap               |                       |
|           | Water Cooled A/C         |                       |
|           | or Refrigeration Unit    |                       |
|           | Sewer Connection         |                       |
|           | Water Service Connection |                       |
|           | Active Solar System      |                       |
|           | Other <u>Pool Heater</u> | <u>25</u>             |

|          |                                             |       |              |
|----------|---------------------------------------------|-------|--------------|
| 12/17/96 | Administrative Surcharge                    | \$    | <u>10</u>    |
|          | Paid <input type="checkbox"/> Check # _____ | \$    |              |
|          | Minimum Fee                                 | \$    |              |
|          | DCA Training Fee                            | \$    |              |
|          | Collected by: _____                         | TOTAL | \$ <u>50</u> |

UPDATE



**FIRE PROTECTION  
SUBCODE  
TECHNICAL SECTION**



Date Received  
Date Issued  
Control #  
Permit #

3/8/96  
114-96

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

Block 14-22-07 Lot 15  
Work Site Location 742 Tall Oaks Drive.

Owner in Fee Matt Maguire  
Address Same as above

Tele. [REDACTED]

Contractor William J. Brennan Plumbing & Heating  
Address 73 Riverview Ave Little Silver N.J. 07739

Tele. (908) 747-3040

Lic. No. 9351 or Social Security No. 88-342496

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group Present Proposed \_\_\_\_\_  
Constr. Class. Present Proposed \_\_\_\_\_  
Heating Systems [ ] New [ ] Existing  
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar  
[ ] Other Hot Water (gas line)  
Location: \_\_\_\_\_  
Total Est. Cost of Fire Prot. Work \$ 1,500.00 [ ] Other

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW:                                                                         | INSPECTIONS:     | Dates (Month/Day)                |
|--------------------------------------------------------------------------------------|------------------|----------------------------------|
|                                                                                      | Type:            | Failure Failure Approval Initial |
| <input type="checkbox"/> No Plans Required                                           | Suppression Test |                                  |
| <input type="checkbox"/> Joint Plan Review Required:                                 | Fire Alarm Test  |                                  |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb.                       | Smoke Test       |                                  |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Elevator                     | Mechanical       |                                  |
| <input type="checkbox"/> Fire Plans Approved                                         | TCO              |                                  |
| Date: <u>3/6/96</u>                                                                  | Other            |                                  |
| Approved by: <u>[Signature]</u>                                                      | Other            |                                  |
| SUBCODE APPROVAL:                                                                    | Other            |                                  |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA | Other            |                                  |
| Date: <u>_____</u>                                                                   | Other            |                                  |
| Approved by: <u>_____</u>                                                            | Other            |                                  |

**C. CERTIFICATION IN LIEU OF OATH**

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

[Signature]  
SIGNATURE

**D. TECHNICAL SITE DATA**

**Description of Work**

Water Supply Source  
Method of Valve Supervision  
Local Alarm Supervision  
Central Supervision  
Proprietary Supervision

Flammable Liquid Storage Tanks  
Combustible Liquid Storage Tanks  
L.P.G. Storage Tanks  
L.N.G. Storage Tanks

Wet Sprinkler Heads  
Dry Sprinkler Heads  
TOTAL

Smoke Detectors  
Heat Detectors  
TOTAL

Stand Pipes  
Kitchen Hood Exhaust Systems

Pre-Engineered Systems  
CO<sub>2</sub> Suppression  
Halon Suppression  
Foam Suppression  
Dry Chemical  
Wet Chemical

Gas or Oil Fired Appliance  
OTHER Hot Water

**FEE (Office Use Only)**

| Number                                             | FEE (Office Use Only)                    |
|----------------------------------------------------|------------------------------------------|
| Wet Sprinkler Heads                                |                                          |
| Dry Sprinkler Heads                                |                                          |
| TOTAL                                              |                                          |
| Smoke Detectors                                    |                                          |
| Heat Detectors                                     |                                          |
| TOTAL                                              |                                          |
| Stand Pipes                                        |                                          |
| Kitchen Hood Exhaust Systems                       |                                          |
| Pre-Engineered Systems                             |                                          |
| CO <sub>2</sub> Suppression                        |                                          |
| Halon Suppression                                  |                                          |
| Foam Suppression                                   |                                          |
| Dry Chemical                                       |                                          |
| Wet Chemical                                       |                                          |
| Gas or Oil Fired Appliance                         |                                          |
| OTHER <u>Hot Water</u>                             |                                          |
| Paid <input type="checkbox"/> Check # <u>_____</u> | Administrative Surcharge \$ <u>33.75</u> |
| Collected by: <u>_____</u>                         | Minimum Fee \$ <u>33.75</u>              |
|                                                    | DCA Training Fee \$ <u>4.00</u>          |
|                                                    | TOTAL FEE \$ <u>41.75</u>                |



**ELECTRICAL  
SUBCODE  
TECHNICAL SECTION**



Date Received  
Date Issued  
Control #  
Permit #

JUN 31 96 0 0 0 5 6 2

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

Block 142207 Lot 15

Work Site Location 142207 TALL DAKS OF, BRICK

Owner Free Mequie  
Address 142207 TALL DAKS OF, BRICK

Contractor BAYVIEW ELECTRIC INC.

Address 336 MARYLAND AVENUE  
BAYVILLE, NJ 08721

Tele. (908) 269-9583

Lic. No. 8631

Federal Emp. No. 222-854-609/000 or Social Security No. \_\_\_\_\_

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

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

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ 400.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW: \_\_\_\_\_

[ ] No Plans Required \_\_\_\_\_

Joint Plan Review Required: \_\_\_\_\_

[ ] Bldg. [ ] Plumb. \_\_\_\_\_

[ ] Fire [ ] Elevator \_\_\_\_\_

[ ] Elec. Plans Approved \_\_\_\_\_

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

Approved by: \_\_\_\_\_

SUBCODE APPROVAL \_\_\_\_\_

[ ] CO [ ] CCO [ ] CA \_\_\_\_\_

Date: 3.14.96

Approved By: B. K. Kellum

**D. TECHNICAL SITE DATA**

NO. SIZE ITEM

1 Fixtures (1)

1 Receptacles (2)

1 Switches (3)

Total 1 + 2 + 3

Kw Range

Kw Oven(s)

Kw Surface Unit

hp Dishwasher

hp Garbage Disposal

Kw Dryer

Kw A/C Unit

Burglar Alarms

Intercoms Panels

Smoke Detectors

1 hp Whirlpool/Spa

1 Pool Bonding

2 hp Pool Filter Motor

1 Pool Lights

Kw Water Heater(s)

Kw Central heat:

oil, gas or elec.

Kw Baseboard Heat Units

Thermostats

hp Heat Pump

hp Pump(s)

Amp Motor Control Center/Sub Panels

Signs

Light Standards

hp Motors-Fractional H.P.

hp Motors-All Others

Kw Transformers

Kw Generators

Amp Service Entrance

Other

FEE (Office Use Only)

Paid [ ] Check # 1962 Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

DCA Training Fee \$ \_\_\_\_\_

Collected by \_\_\_\_\_ TOTAL FEE \$ 47.-

[X] Licensed Electrical Contractor [ ] Exempt Applicant

Signature-- Contractor Seal

*William H. Kellum*

U.C.C. Form F-1208 BC 1 White - Inspector Copy 2 Canary - Off. Copy 3 Pink - Office Copy 4 Gold - Applicant Copy



**ELECTRICAL  
SUBCODE  
TECHNICAL SECTION**



Date Received  
Date Issued  
Control #  
Permit #

JAN 31 96 00 05 62

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

Block 14207 Lot 15  
Work Site Location 142 Teller Oaks Dr, Buick

Owner In Fee  
Address 142 Teller Oaks Dr, Buick

Contractor BAYVIEW ELECTRIC INC.  
Address 336 MARYLAND AVENUE  
BAYVILLE, NJ 08721

Tele. (908) 269-9583  
Lic. No. 8631

Federal Emp. No. 222-854-609/000 or Social Security No. \_\_\_\_\_

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
☐ Pole/Pad # \_\_\_\_\_ ☐ Temporary ☐ Other \_\_\_\_\_  
Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_  
Est. Cost of Elec. Work \$ 400.00

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW:                                                                         |                                     | INSPECTIONS |         |          |         |
|--------------------------------------------------------------------------------------|-------------------------------------|-------------|---------|----------|---------|
|                                                                                      | Type:                               | Failure     | Failure | Approval | Initial |
| <input type="checkbox"/> No Plans Required                                           |                                     |             |         |          |         |
| Joint Plan Review Required:                                                          |                                     |             |         |          |         |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb.                       | Rough                               |             |         |          |         |
| <input type="checkbox"/> Fire <input type="checkbox"/> Elevator                      | Temporary                           |             |         |          |         |
| <input type="checkbox"/> Elec. Plans Approved                                        | Constr. Serv.                       |             |         |          |         |
| Date: _____                                                                          | TCO                                 |             |         |          |         |
|                                                                                      | Other                               |             |         |          |         |
| Approved by: _____                                                                   | Service                             |             |         |          |         |
|                                                                                      | Final                               |             |         |          |         |
| SUBCODE APPROVAL                                                                     | Temp. Cut-in-Card Date Issued _____ |             |         |          |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA | Final Cut-in-Card Date Issued _____ |             |         |          |         |
| Date: _____                                                                          |                                     |             |         |          |         |
| Approved By: _____                                                                   |                                     |             |         |          |         |

**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.

William H. Spence  
Signature - Contractor Seal

**D. TECHNICAL SITE DATA**

| NO. | SIZE | ITEM                                |
|-----|------|-------------------------------------|
| 1   |      | Fixtures (1)                        |
| 1   |      | Receptacles (2)                     |
|     |      | Switches (3)                        |
|     |      | Total 1 + 2 + 3                     |
|     |      | Kw Range                            |
|     |      | Kw Oven(s)                          |
|     |      | Kw Surface Unit                     |
|     |      | hp Dishwasher                       |
|     |      | hp Garbage Disposal                 |
|     |      | Kw Dryer                            |
|     |      | Kw A/C Unit                         |
|     |      | Burglar Alarms                      |
|     |      | Intercoms Panels                    |
|     |      | Smoke Detectors                     |
|     |      | hp Whirlpool/spa                    |
|     |      | Pool Bonding                        |
| 2   |      | hp Pool Filter Motor                |
|     |      | Pool Lights                         |
|     |      | Kw Water Heater(s)                  |
|     |      | Kw Central heat:                    |
|     |      | oil, gas or elec.                   |
|     |      | Kw Baseboard Heat Units             |
|     |      | Thermostats                         |
|     |      | hp Heat Pump                        |
|     |      | hp Pump(s)                          |
|     |      | Amp Motor Control Center/Sub Panels |
|     |      | Signs                               |
|     |      | Light Standards                     |
|     |      | hp Motors--Fractional H.P.          |
|     |      | hp Motors--All Others               |
|     |      | Kw Transformers                     |
|     |      | Kw Generators                       |
|     |      | Amp Service Entrance                |
|     |      | Other                               |

**FEE (Office Use Only)**

|                                                   |                          |                 |
|---------------------------------------------------|--------------------------|-----------------|
| Paid <input type="checkbox"/> Check # <u>1112</u> | Administrative Surcharge | \$ _____        |
|                                                   | Minimum Fee              | \$ _____        |
|                                                   | DCA Training Fee         | \$ _____        |
| Collected by _____                                | TOTAL FEE                | \$ <u>41.00</u> |

# TOWNSHIP OF BRICK

## ZONING PERMIT

Date of Issue: January 29, 1996 1996 Z 0036

Block 1422.07 Lot 15 Zone R-20

Property Address: 742 Tall Oaks Drive

Owner: Matthew Maguire (Phone): 

Applicant: Pool Town, Inc. (Phone): 505-9000

Use: Single-family dwelling.

Proposed Construction (if any): 19' by 30' by 40' in-ground swimming pool.

4' high chain-link fence.

6' high wood fence.

Conditions: \_\_\_\_\_

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which 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.

  
Sean Kinnevy Land Use Officer

BLOCK 1422.07

PLUMBING & MECHANICAL CHECK LIST

called 3-5-96  
DN

LOT 15

DATE 3-5-96

TECHNICAL SECTION INCOMPLETE

PLUMBER'S IDENTIFICATION & SEAL

ISOMETRIC SKETCH

LIST OF EXISTING FIXTURES

GAS PIPING (LENGTH OF RUN - SIZING - APPLIANCE RATINGS)

SIZE OF EXISTING HEATING UNIT

~~BROCHURE FOR NEW HEATING UNIT~~ pool Heater

HEAT LOSS SURVEY

BARRIER-FREE CODE REQUIREMENTS

OTHER

NO Fire tech

MR. MERLE STONER

421.10.1  
ITEM 9.1**poolguard™**

FIBER INDUSTRIES, INC.



RE: POOLGUARD DAPT DOOR ALARM

The POOLGUARD DAPT DOOR ALARM meets the requirements of the language in the door alarm description in the BOCA, CBC, ICBO, SBCCI, and UBC CODES. The POOLGUARD DAPT DOOR ALARM was designed specifically to meet the needs of the new barrier code requirements. The Dapt door alarm features are listed below:

1. If a child opens the door the alarm sounds in 7 seconds and will continue to sound until someone comes to the door
2. Alarm has a 15 second delay switch for adults to exit and enter without the alarm sounding
3. There is no on/off switch
4. ~~Alarm is always on and always automatically resets in all conditions~~
5. The horn is 98 DB at 10 feet
6. The alarm will sound continuously until someone comes to the door and closes it and pushes the delay switch
7. Alarm sounds if a child goes through the door even if he closes the door behind him
8. The horn sound is different than other in house alarms
9. The door alarm is designed to fit any type door or window and come with all the necessary hardware for easy installation
10. The color of the door alarm is almond white to match any household decor

IF YOU HAVE ANY QUESTIONS CALL MERLE STONER AT 1-800-242-1153

The diagram illustrates a door alarm system. It features a door with a handle and a lock mechanism. A control panel is connected to the door, displaying the text "DOOR ALARM" and "MAGNETICALLY SENSITIVE". A "STORAGE" compartment is also shown, connected to the system. The diagram is labeled with "DOOR ALARM" and "STORAGE".

A circular diagram illustrating a door alarm system. At the top, a door is shown with a handle and a lock mechanism. A line labeled 'SENSOR' connects the lock area to a rectangular control unit below. The control unit is labeled 'DOOR ALARM' and features a speaker icon and the text 'MAGNETICALLY SENSITIVE'. A line labeled 'SIGNAL' connects the control unit to a small rectangular box on the left, which is labeled 'SIGNAL'.

**Figure 2**

**INSTALL INSTRUCTIONS**

A. Determine the best location for the alarm.  
What children cannot reach the alarm.

B. Remove mounting plate from door alarm by removing the four small screws. Place mounting plate at the location on the wall which you have chosen to locate the alarm. With a pencil mark the two spots where the top edge of the keyholes will be located when you hang where the top edge of the keyholes are where 2 of the 6 supplied the door alarm. These two marks are where 2 of the 6 supplied screws will be inserted into the wall to hang your alarm.

C. Insert the supplied screws into the wall, and leave about 3/16" (not including the head of the screw) of the screws from the wall.

D. Connect a 9-volt battery to the battery snap end and install the battery into the door alarm battery holder. Replace the mounting plate and the four screws to hold it in place.

E. Hang door alarm on the mounted screws and pull downward until the hanging door alarm on the small end of the keyholes in the back of the screws are positioned in the small end of the keyholes in the back of the wall.

F. Flip the switch. You are now ready to connect your door alarm.

G. When you are connecting the sensing when it happens press the push button delay switch. You are now ready to connect your door alarm.

The sensor wire is permanently connected to the door frame. The sensor wire terminals to the two screws on the side of the door frame. It does not matter which terminal goes to which screw.

6330W.



- \*2. Openings in the barrier shall not allow passage of a 4-inch (102 mm) 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 (1143 mm), the horizontal members shall be located on the swimming pool side of the fence. Spacing between vertical members shall not exceed 1 3/4 inches (44 mm) in width. Decorative cutouts shall not exceed 1 3/4 inches (44 mm) 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 (1143 mm) or more, spacing between vertical members shall not exceed 4 inches (102 mm). Decorative cutouts shall not exceed 1 3/4 inches (44 mm) in width.
- \*6. Maximum mesh size for chain link fences shall be a 1 1/4-inch (32 mm) square unless the fence is provided with slats fastened at the top or the bottom which reduce the openings to not more than 1 3/4-inches (44 mm).
- \*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 3/4 inches (44 mm).
- \*8. Access gates shall comply with the requirements of items 1 through 7 of Section 421.10.1, 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 (1372 mm) from the bottom of the gate: (a) the release mechanism shall be located on the pool side of the gate at least 3 inches (76 mm) below the top of the gate; and (b) the gate and barrier shall not have an opening greater than 1/2 inch (13 mm) within 18 inches (457 mm) of the release mechanism.
- \*9. Where a wall of a dwelling serves as part of the barrier, one of the following shall apply:
  - 9.1. All doors with direct access to the pool through that wall shall be equipped with an alarm which produces an audible warning when the door and its screen, if present, are opened. The alarm shall sound continuously for a minimum of 30 seconds immediately after the door is opened. The alarm shall have a minimum sound pressure rating of 85 dBA at 10 feet (3048 mm) and the sound of the alarm shall be distinctive from other household sounds such as smoke alarms, telephones and door bells. The alarm shall automatically reset under all conditions. The alarm shall be equipped with manual means, such as touchpads or switches, to deactivate temporarily the alarm for a single opening from either direc-

tion. Such deactivation shall last for not more than 15 seconds. The deactivation touchpads or switches shall be located at least 54 inches (1372 mm) above the threshold of the door.

9.2. The pool shall be equipped with an approved power safety cover.

10. Where an above-ground pool structure is used as a barrier or where the barrier is mounted on top of the pool structure, and the means of access is a fixed or removable ladder or steps, the ladder or steps shall be surrounded by a barrier which meets the requirements of items 1 through 9 of Section 421.10.1. A removable ladder shall not constitute an acceptable alternative to enclosure requirements.

421.10.2 Indoor private swimming pool: All walls surrounding an indoor private swimming pool shall comply with Section 421.10.1, item 9.

421.10.3 Prohibited locations: Barriers shall be located so as to prohibit permanent structures, equipment or similar objects from being used to climb the barriers.

421.10.4 Exemptions: The following shall be exempt from the provisions of this section.

1. A spa or hot tub with an approved safety cover.
2. Fixtures which are drained after each use.

421.11 Diving boards: Minimum water depths and distances for diving hoppers for pools, based on board height above water, shall comply with Table 421.11(1) for public pools and Table 421.11(2) for private pools.

The maximum slope, permitted between point D<sub>1</sub> and the transition point shall not exceed one unit vertical to three units horizontal (1:3) in private and public pools. D<sub>1</sub> is the point directly under the end of the diving boards. D<sub>2</sub> is the point at which the floor begins to slope upwards to the transition point. See Figure 421.11.

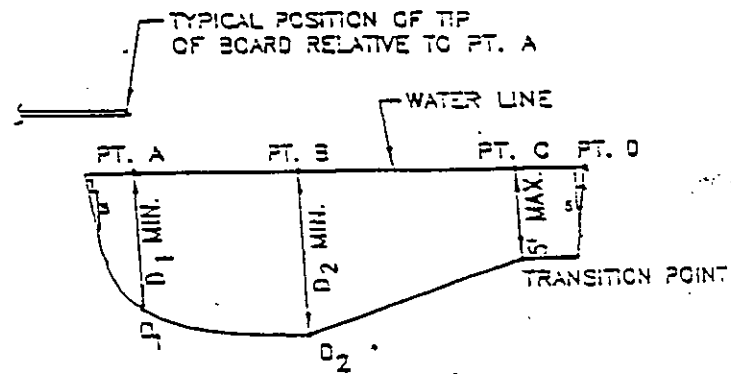


Figure 421.11  
MINIMUM WATER DEPTHS AND DISTANCES BASED ON BOARD HEIGHT FOR PUBLIC AND PRIVATE POOLS

surface area or fraction thereof. Overflow gutters shall not be less than 3 inches (76 mm) deep and shall be pitched to a slope of one unit vertical to 48 units horizontal (1:48) toward drains, and constructed so that such gutters are safe, cleanable and that matter entering the gutters will not be washed out by a sudden surge of entering water.

**421.5.4 Walkways:** All public swimming pools shall have walkways not less than 4 feet (1219 mm) in width extending entirely around the pool. Curbs or sidewalks around any swimming pool shall have a slip-resistant surface for a width of not less than 1 foot (305 mm) at the edge of the pool, and shall be so arranged as to prevent return of surface water to the pool.

**421.5.5 Steps and ladders:** At least one *means of egress* shall be provided from private pools. Public pools shall provide ladders to other *means of egress* at both sides of the diving section and at least one *means of egress* at the shallow section; or at least one *means of egress* in the deep section and the shallow section if diving boards are not provided. Treads of steps and ladders shall have slip-resistant surfaces and handrails on both sides, except that handrails are not required where there are not more than four steps or where the steps extend the full width of the side or end of the pool.

**421.6 Water supply:** All swimming pools shall be provided with a potable water supply, free of cross connections with the pool or its equipment.

**421.6.1 Water treatment:** Public swimming pools shall be designed and installed so that there is a pool water turnover at least once every 8 hours. Filters shall not filter water at a rate in excess of 3 gallons per minute per square foot (0.0020 m<sup>3</sup>/s · m<sup>2</sup>) of surface area. The treatment system shall be designed and installed so that at all times when the pool is occupied, the water is provided with excess chlorine of not less than 0.4 parts per million (ppm) or more than 0.6 ppm, or excess chloramine between 0.7 and 1.0 ppm, or disinfection shall be provided by other approved means. Acidity/alkalinity of the pool water shall not be below 7.0 or more than 7.5. All recirculating systems shall be provided with an approved hair and lint strainer installed in the system ahead of the pump.

Private swimming pools shall be designed and installed so that there is a pool water turnover at least once every 18 hours. Filters shall not filter water at a rate in excess of 5 gallons per minute per square foot (0.0034 m<sup>3</sup>/s · m<sup>2</sup>) of surface area. The pool owner shall be instructed in the care and maintenance of the pool by the supplier or builder, including treatment with high-test calcium hypochlorite (dry chlorine), sodium hypochlorite (liquid chlorine) or equally effective germicide and algicide, and the importance of proper pH (alkalinity and acidity) control.

**421.6.2 Drainage systems:** The swimming pool and equipment shall be equipped to be emptied completely of water and the discharged water shall be disposed of in an approved manner that will not create a nuisance to adjoining property.

**421.7 Appurtenant structures:** All *appurtenant structures*, installations and equipment, such as showers, dressing rooms, equipment houses or other buildings and structures, including

plumbing, heating and air conditioning systems, shall comply with all applicable requirements of this code.

**421.7.1 Accessories:** All swimming pool accessories shall be designed, constructed and installed so as not to be a safety hazard. Installations or structures for diving purposes shall be properly anchored to insure stability.

**421.8 Equipment installations:** Pumps, filters and other mechanical and electrical equipment for public swimming pools shall be enclosed in such a manner as to provide access only to authorized persons and not to bathers. Construction and drainage shall be arranged to avoid the entrance and accumulation of water in the vicinity of electrical equipment.

**421.9 Enclosures for public swimming pools:** Public swimming pools shall be provided with an enclosure surrounding the pool area. The enclosure shall meet the provisions of Sections 421.9.1 through 421.9.3.

**421.9.1 Enclosure:** The enclosure shall extend not less than 4 feet (1219 mm) above the ground. All gates shall be self-closing and self-latching with latches placed at least 4 feet (1219 mm) above the ground.

**421.9.2 Construction:** Enclosure fences shall be constructed so as to prohibit the passage of a sphere larger than 4 inches (102 mm) in diameter through any opening or under the fence. Fences shall be designed to withstand a horizontal concentrated load of 200 pounds (91 kg) applied on a 1-square-foot (0.093 m<sup>2</sup>) area at any point of the fence.

**421.9.3 Alternative devices:** A natural barrier, pool cover or other protective device approved by the governing body shall be an acceptable enclosure as long as the degree of protection afforded by the substituted device or structure is not less than the protection afforded by the enclosure, gate and latch described herein.

**421.10 Enclosures for private swimming pools, spas and hot tubs:** Private swimming pools, spas and hot tubs shall be enclosed in accordance with Sections 421.10.1 through 421.10.4 or by other approved barriers.

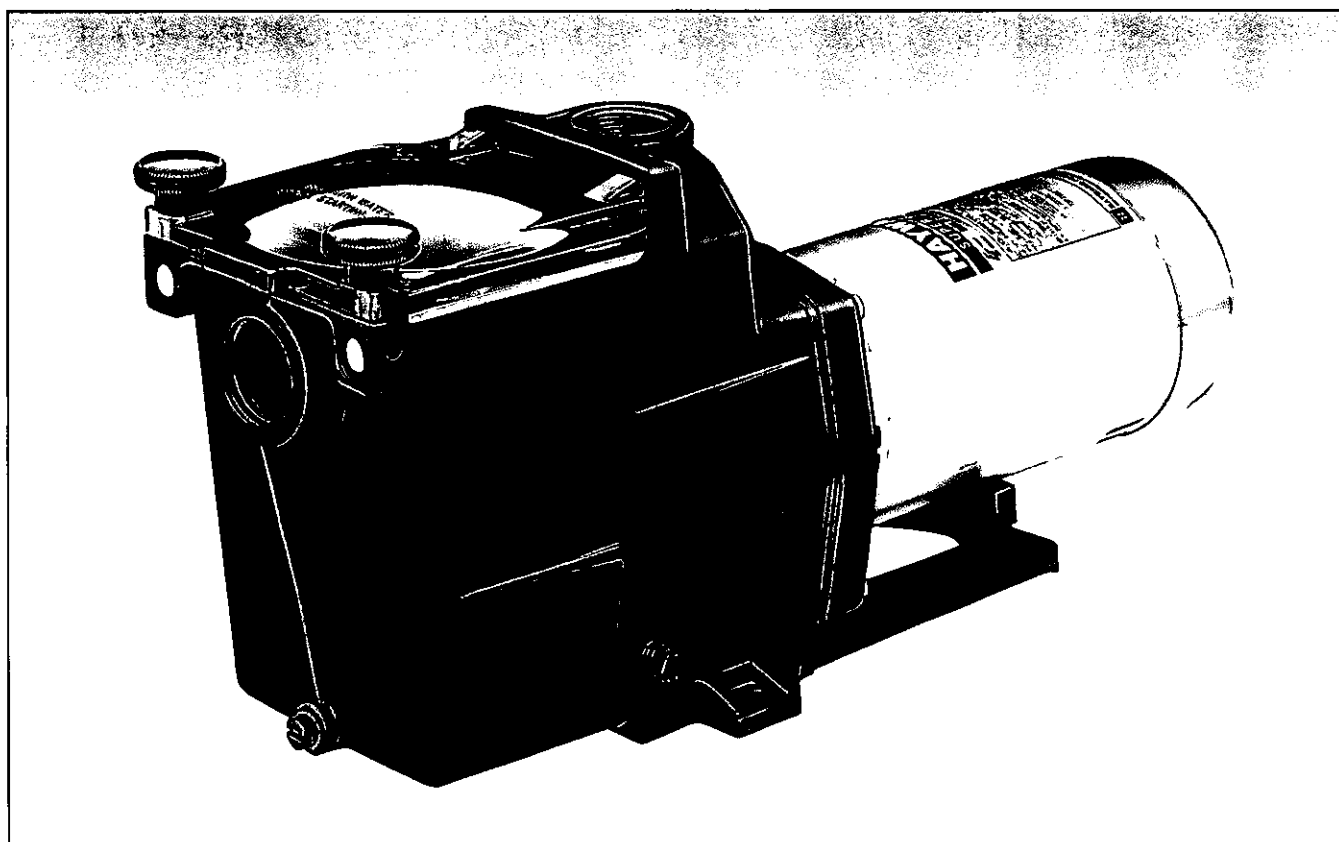
**421.10.1 Outdoor private swimming pool:** An outdoor private swimming pool, including an in-ground, above-ground or on-ground pool, hot tub or spa shall be provided with a barrier which shall comply with the following.

1. The top of the barrier shall be at least 48 inches (1219 mm) 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 (51 mm) 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 top of the pool structure, the maximum vertical clearance between the top of the pool structure and the bottom of the barrier shall be 4 inches (102 mm).

# Super Pump<sup>®</sup>

HIGH-PERFORMANCE PUMP SERIES

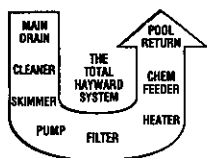
HIGH-PERFORMANCE PUMPS



■ Super Pump: high performance and quiet operation.

**H**ayward's Super Pump is a series of large capacity, high technology pumps that blend cost-efficient design with durable corrosion-proof construction.

Designed for pools of all types and sizes, Super Pump features a large "see-thru" strainer cover, super-size debris basket and exclusive "service-ease" design for extra convenience.



For super performance and safe, quiet operation, Super Pump sets a new standard of excellence and value. And



you know its quality throughout because its made by Hayward — the first choice of pool professionals.



**HAYWARD<sup>®</sup>**

Hydrogen, Oxygen and Hayward. The elements of clear water<sup>™</sup>

# Super Pump® High Performance Pump Series

**Exclusive, Swing-Aside Hand Knobs** make strainer cover removal easy. No tools required...no loose parts...no clamps.

**Lexan® See-Thru Strainer Cover** lets you see when basket needs cleaning and eliminates guesswork. Special self-adjusting seal assures dependable sealing.

**All Components Molded of Corrosion-Proof PermaGlass™** for extra durability and long life.

**Heavy-Duty, High-Performance Motor** with air-flow ventilation for quieter, cooler operation.

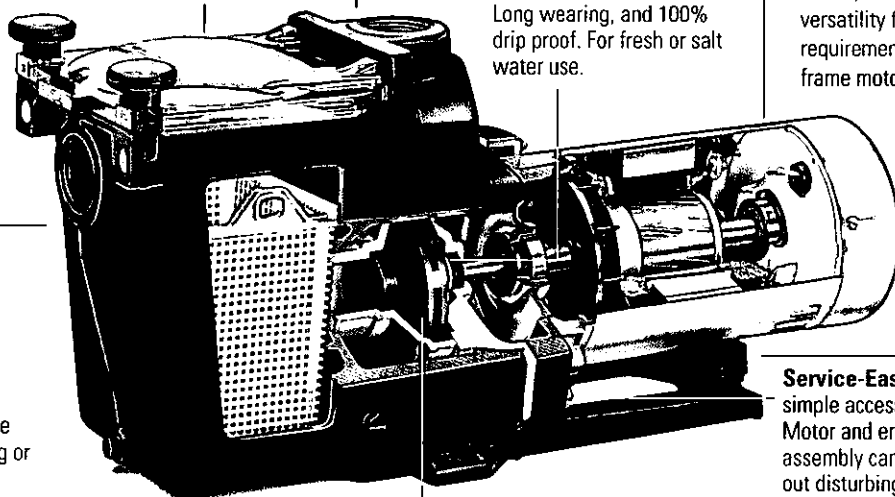
**Heat Resistant, Industrial Size Ceramic Seal.** Long wearing, and 100% drip proof. For fresh or salt water use.

**Mounting Base** provides stable, stress-free support, plus versatility for any installation requirement. Adapts 48 and 56 frame motors.

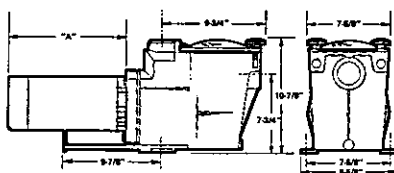
**Super-Size Housing** has extra air handling capacity to assure rapid priming.

**Totally Balanced, Corrosion-Proof Noryl® Impeller** has smooth, wide openings to prevent fouling or clogging. Energy-efficient design produces more flow at equivalent horsepower.

**Service-Ease Design** gives simple access to all internal parts. Motor and entire drive group assembly can be removed, without disturbing pipe or mounting connections, by disengaging just four bolts.

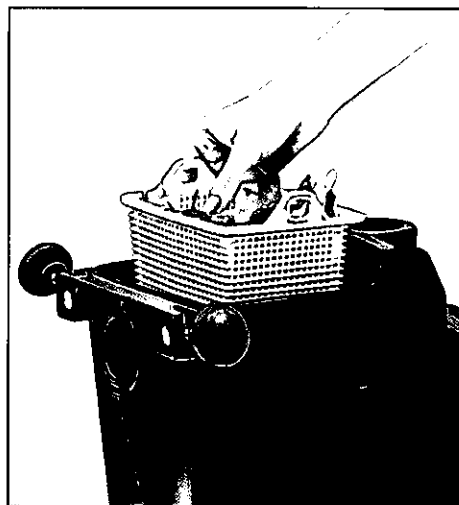
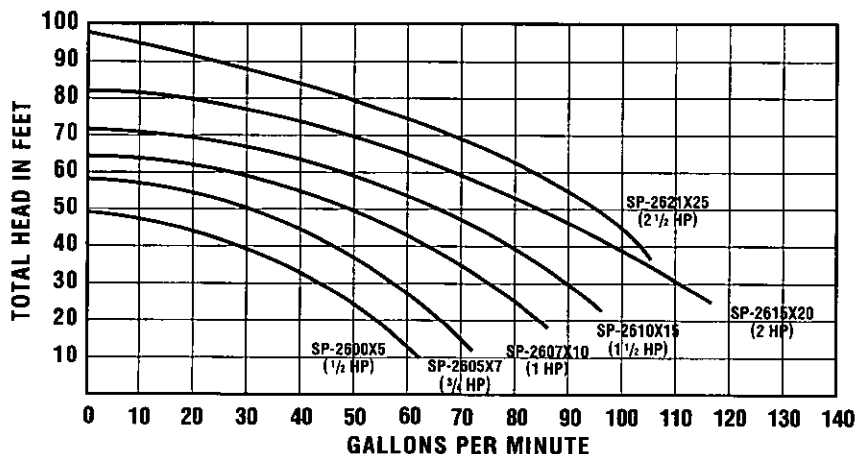


## Overall Dimensions



| Model      | HP    | Pipe Size | Dimension "A" |
|------------|-------|-----------|---------------|
| SP-2600X5  | 1/2   | 1 1/2"    | 11 1/4"       |
| SP-2605X7  | 3/4   | 1 1/2"    | 11 5/8"       |
| SP-2607X10 | 1     | 1 1/2"    | 11 7/8"       |
| SP-2610X15 | 1 1/2 | 1 1/2"    | 12 1/4"       |
| SP-2615X20 | 2     | 2"        | 13 1/4"       |
| SP-2621X25 | 2 1/2 | 2"        | 13 3/4"       |

Super Pumps are also available with dual speed motors.



**SUPER-SIZE 110 CUBIC INCH BASKET** has extra leaf-holding capacity and extends time between cleanings. Rigid construction with load-extender ribbing assures free flowing operation for heavy debris loads.

Super Pump® Series Pumps are listed by:



## HAYWARD POOL PRODUCTS, INC.

Hayward Pool Products, Inc.  
900 Fairmount Avenue  
Elizabeth, NJ 07207

Hayward Pool Products, Inc.  
2875 Pomona Boulevard  
Pomona, CA 91768

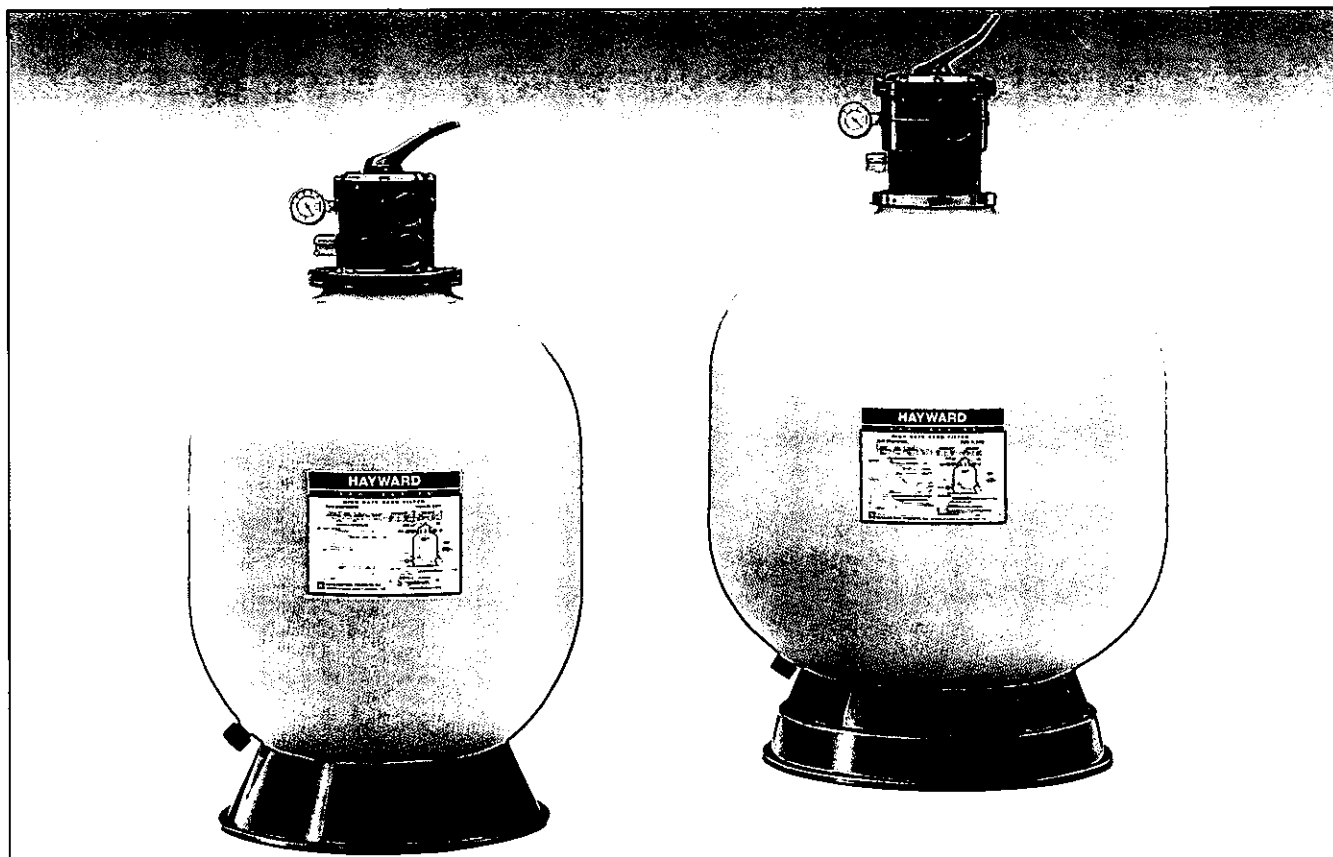
Hayward Pool Products Canada  
2880 Plymouth Drive  
Oakville, Ontario L6H 5R4

Hayward S.A.  
Zone Industrielle de Jumet  
B-6040 Charleroi, Belgium

# Pro<sup>TM</sup> Series

## TOP-MOUNT SAND FILTERS

HIGH-RATE SAND FILTERS



■ Pro-Series S-244T 24" filter (left), and S-310T 30" filter (right), shown with Vari-Flo<sup>TM</sup> top-mount filter control valve.

**H**ayward Pro-Series sand filters are the very latest in pool filter technology, and produce crystal clear, sparkling water with only minimum care.

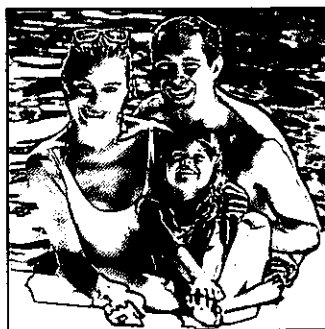
Molded of durable, corrosion-proof polymeric materials, they feature attractive, unitized construction, and self-cleaning 360°

slotted laterals for smooth, efficient flow and totally-balanced backwashing.

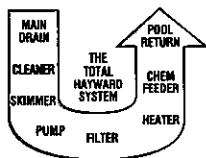
Plus, a versatile six-position

control valve allows for easy operation and maximum efficiency.

Pro-Series filters set a new standard for



performance, value and dependability. And you know it's quality throughout because it's made by Hayward — the first choice of pool professionals.



# HAYWARD<sup>®</sup>

Hydrogen, Oxygen and Hayward. The elements of clear water<sup>TM</sup>

# Pro™ Series Top-Mount Sand Filters

**Flange Clamp Design** allows 360° rotation of valve to simplify plumbing.

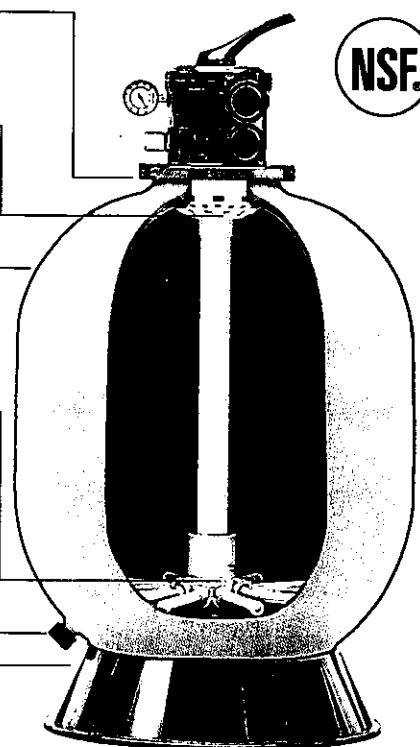
**Integral Top Diffuser** assures even distribution of water over the top of the sand media bed. Full-size internal piping gives smooth, free-flowing performance.

**Unitized, Corrosion-Proof Filter Tank** molded of tough, durable, colorfast polymeric material for dependable, all-weather performance with only minimal care.

**Efficient, Multi-Lateral Underdrain Assembly** with precision engineered, self-cleaning 360° slotted laterals gives totally balanced flow and backwashing.

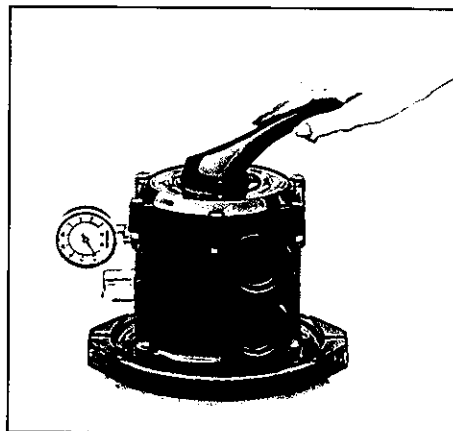
**Integral Molded Drain Plug** for easy draining of tank, without the loss of sand.

**Totally Corrosion-Proof Base** is rugged and attractively styled to provide strong, stable support.



## Specifications – Pro-Series High-Rate Sand Filters

|                    |                                                                                                                                                                                                                                       |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILTER TYPE:       | High-Rate Sand: No. 1/2 Silica Sand (.45mm – .55mm)                                                                                                                                                                                   |
| FILTER TANK:       | Molded Polymeric                                                                                                                                                                                                                      |
| UNDERDRAIN:        | Precision 360° Slotted Laterals                                                                                                                                                                                                       |
| CONTROL VALVE:     | 6-Position, Top-Mount Vari-Flo™ With Lever-Action Handle                                                                                                                                                                              |
| VALVE FASTENING:   | Flange Clamp Design                                                                                                                                                                                                                   |
| SUPPORT BASE:      | Injection-Molded ABS                                                                                                                                                                                                                  |
| PERFORMANCE RANGE: | 1/2 TO 3 HP (30 to 120 GPM)                                                                                                                                                                                                           |
| DIMENSIONS:        | S-180T–18 1/2" W x 35" H (470 mm x 889 mm)<br>S-210T–20 1/2" W x 38" H (521 mm x 965 mm)<br>S-220T–22 1/2" W x 41" H (572 mm x 1041 mm)<br>S-244T–24 1/2" W x 42" H (622 mm x 1067 mm)<br>S-310T–30 1/2" W x 48" H (775 mm x 1219 mm) |



## Performance Data

| MODEL NUMBER | EFFECTIVE FILTRATION AREA | DESIGN FLOW RATE* | TURNOVER (GALS.) |        | SAND REQUIRED |
|--------------|---------------------------|-------------------|------------------|--------|---------------|
|              |                           |                   | 8 Hr.            | 10 Hr. |               |
| S-180T       | 1.75 sq. ft.              | 35 GPM            | 16,800           | 21,000 | 150 lbs.      |
| S-210T       | 2.20 sq. ft.              | 44 GPM            | 21,120           | 26,400 | 200 lbs.      |
| S-220T       | 2.64 sq. ft.              | 52 GPM            | 24,960           | 31,200 | 250 lbs.      |
| S-244T       | 3.14 sq. ft.              | 62 GPM            | 29,760           | 37,200 | 300 lbs.      |
| S-310T       | 4.91 sq. ft.              | 98 GPM            | 47,040           | 58,800 | 500 lbs.      |

\*Based upon 20 GPM per square foot (maximum allowable NSF rating).

## Vari-Flo™ 6-Position Control Valve

with easy-to-use lever-action handle lets you "dial" any of six valve/filter functions: Filter, Waste, Backwash, Rinse, Closed or Recirculate. Integral sight glass lets you see when backwash cycle is completed.

## System Base Options

Use the basic Pro-Series filter units with optional molded bases and Hayward pump of your choice to form an integrated, custom filter system.

- S-160T-PAK-1 Universal Pump Mounting Base.
- S-160T-PAK-3 Universal Pump/Filter Mounting Base.



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Zone Industrielle de Jumet  
B-6040 Charleroi, Belgium

# Way For Air Sun



Comfort



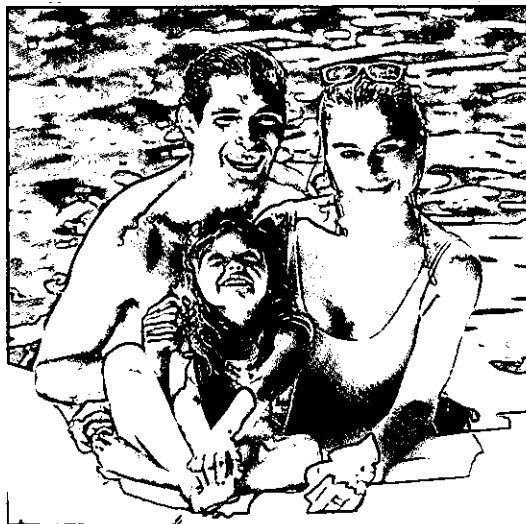
HA

Hydrogen, Oxygen and Ha

# Hayward Comfortzone®

## QUALITY POOL HEATERS

### Family Fun Is Extended with A Well-Heated Pool



**O**f all the decisions you can make regarding your pool or spa, none will have more impact than deciding to enhance your investment with the addition of recreational water heating equipment.

A high-performance heater can single-handedly warm your heart on even the chilliest Indian summer's night. But it's also coveted for its ability to let you use your pool earlier in the year. It also lets you swim, comfortably, long after your friends have abandoned their pools for the season. And it lengthens your swimming day — so you can exercise early each morning, or entertain later each evening.

Warm, inviting water will make your leisure hours seem special. Like a vacation you can enjoy without ever leaving your own backyard. Select the new Comfortzone CZ series heater from Hayward.

#### State-of-the-art burner system.

The new Comfortzone CZ series heaters feature a new jet-ported, stainless steel burner system that delivers the most advanced heating capabilities of any heater ever designed for residential pools and spas.

Taking advantage of a unique venturi design, the CZ burner system evenly distributes incoming fuel to precise geometric openings on each burner tube, creating a solid bed of flame with more controlled, high-velocity combustion. The result is superior comfort at all times.

Plus, CZ features an exclusive self-purging design which assures each flame is in the most fuel-efficient position on the tube assembly, eliminating flame rollout damage through the burner ports. The CZ burner system has been designed to run efficiently, even in the most extreme adverse conditions.

#### Get the most heat out of each BTU.

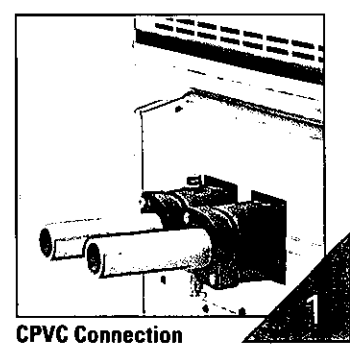
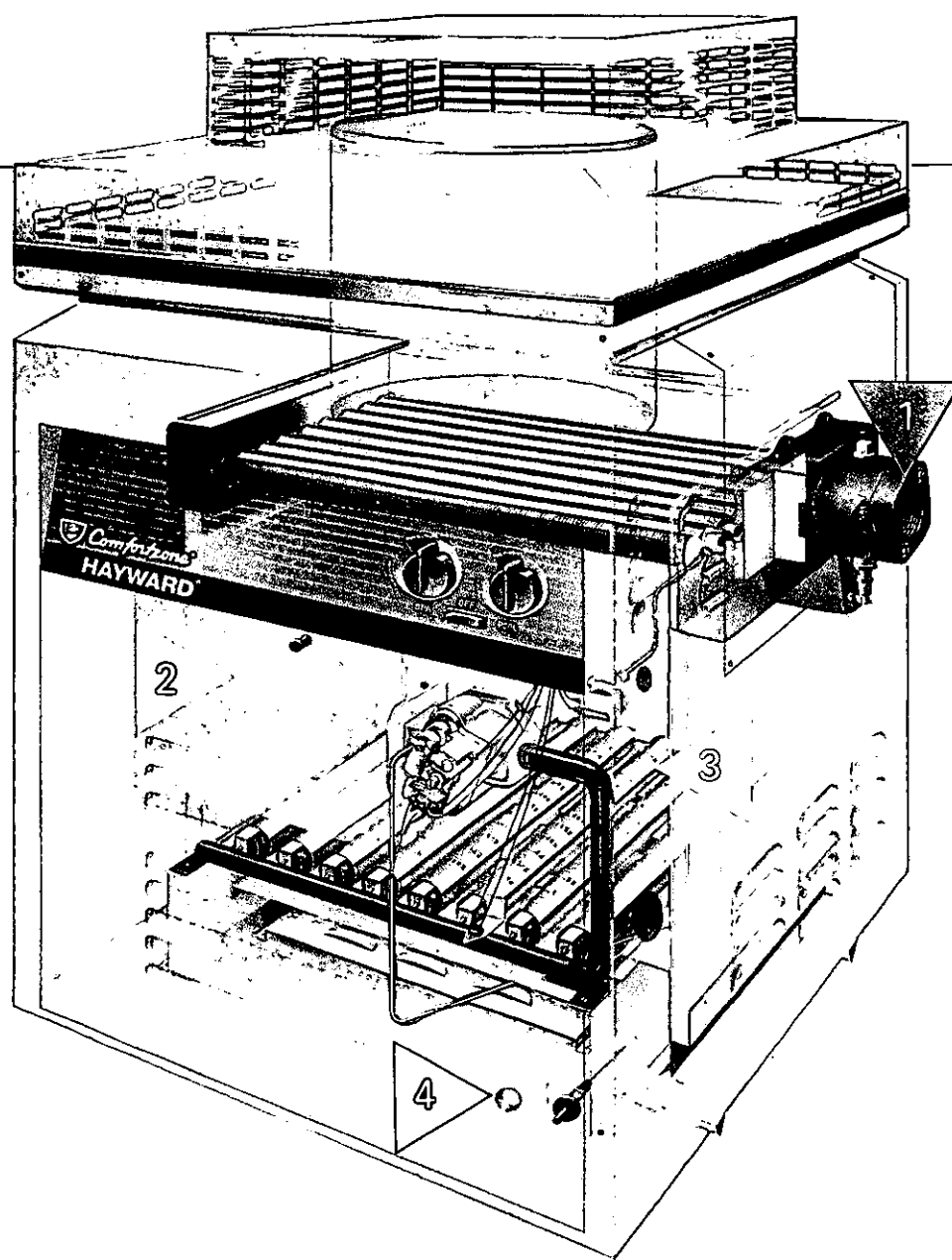
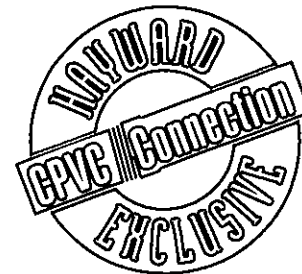
Comfortzone CZ's one-inch-thick FireTile® combustion chamber creates an interlocking shell that's measurably stronger, with improved heat-retention capabilities. Unlike older firebrick, FireTile holds the heat in and doesn't allow it to escape. As a result, water heats faster and more efficiently, and surrounding areas stay cooler.

#### Two important connections that save you money

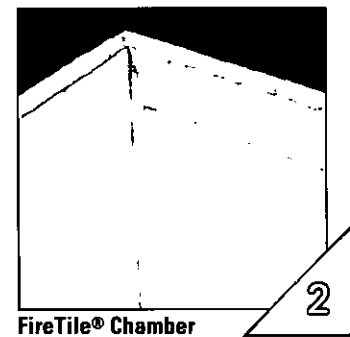
Hayward's exclusive CPVC connection capability eliminates the need for heat sinks and fireman's switches, which reduces time and cost at installation. Plus, as an added benefit, a CPVC connector kit is included free with every Comfortzone CZ heater.

Unique Comfortzone CZ safety features include a ClearView™ Pilot Port, which allows for quick and easy inspection of the

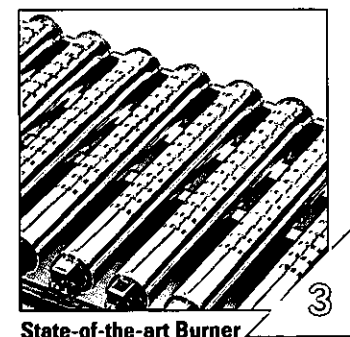




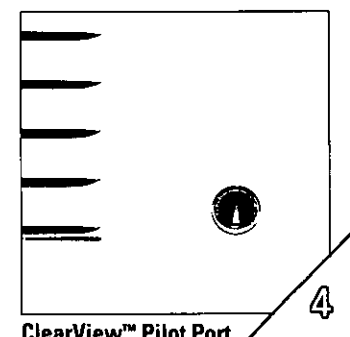
CPVC Connection



FireTile® Chamber



State-of-the-art Burner



ClearView™ Pilot Port

pilot light, without having to remove the heater access door. A push-button ClickLite™ — standard on CZ millivolt models — offers easy pilot lighting, eliminating the need for matches. Plus, a resettable temperature limiter switch is provided for added safety and convenience.

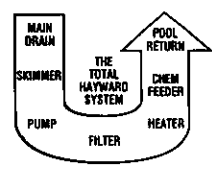
**Excellence backed by a heritage of leadership.**

When you choose a Comfortzone CZ series heater, you not only select superb technology, you also benefit from the knowledge and

commitment that the industry's leading manufacturer can provide. Only Hayward offers pool and spa owners the compatibility of The Total Hayward System... a comprehensive, coordinated family of quality-designed and crafted recirculation products.

**Because your family deserves the finest.**

Extend the warmth of your hospitality with the addition of a Comfortzone CZ series heater, from Hayward. And let your family's endless summer of fun and fitness begin right now.

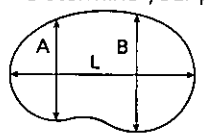


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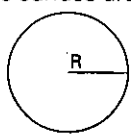
## Selecting the Correct Size Comfortzone CZ

### For Your Swimming Pool

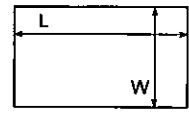
Determine your pool's surface area in square feet



$$\text{Area} = (A+B) \times L \times .45$$



$$\text{Area} = R \times R \times 3.14$$



$$\text{Area} = L \times W$$

Locate in the table below, the surface area equal to or just greater than the pool's surface area, read to the left and select the appropriate Comfortzone CZ model.

For indoor pool installations divide the pool's surface area by 3.

### Recommended Comfortzone CZ Model

| Model  | Surface Area |
|--------|--------------|
| CZ-400 | 1200         |
| CZ-300 | 900          |
| CZ-250 | 750          |
| CZ-200 | 600          |
| CZ-150 | 450          |

Table is based on a 30°F temperature rise, 3 1/2 MPH average wind velocity and elevation of up to 2,000 feet above sea level.

### For Your Spa or Hot Tub

Determine your spa capacity in gallons (Surface area x average depth x 7 1/2.)

The reference table lists the time required in minutes to raise the temperature of the spa/hot tub by 30°F. Locate in the table below the spa/hot tub size in gallons equal to or just greater than the spa/hot tub size in gallons. Select the desired time to raise the spa/hot tub temperature 30°, read to the left and select the appropriate Comfortzone CZ model.

This guide can be adjusted for other temperature rises. For example, if you desire a 15°F increase in temperature, simply divide the time for 30°F rise by the ratio of 30/15 = 2.

Note: Heat losses and/or heat absorbed by spa walls or other objects will add to the heat-up time.

Spa sizing is based on an insulated and covered spa. Always cover your spa or hot tub when not in use to minimize heat loss and evaporation.

### Recommended Comfortzone CZ Model

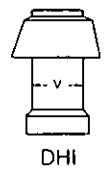
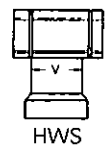
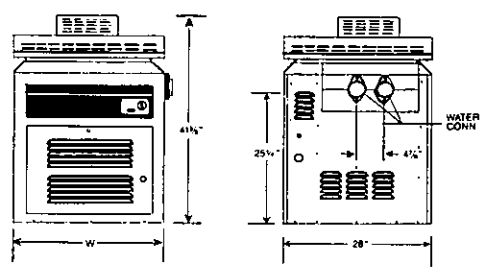
| Model  | Spa/Tub Size in Gallons                           |     |     |     |     |     |     |     |       |
|--------|---------------------------------------------------|-----|-----|-----|-----|-----|-----|-----|-------|
|        | 200                                               | 300 | 400 | 500 | 600 | 700 | 800 | 900 | 1,000 |
|        | Time in Minutes to Raise Spa/Tub Temperature 30°F |     |     |     |     |     |     |     |       |
| CZ-400 | 9                                                 | 14  | 19  | 24  | 28  | 33  | 38  | 43  | 47    |
| CZ-300 | 13                                                | 19  | 26  | 32  | 38  | 45  | 51  | 57  | 64    |
| CZ-250 | 15                                                | 23  | 31  | 38  | 46  | 54  | 61  | 69  | 77    |
| CZ-200 | 19                                                | 29  | 38  | 48  | 57  | 67  | 77  | 86  | 96    |
| CZ-150 | 26                                                | 38  | 51  | 64  | 77  | 89  | 102 | 115 | 128   |

## Specifications and Dimensions

| Model  | BTU     | Width<br>W | Flue Outlet Diameter<br>(DHI and HWS) | Stack Height |         | Shipping Weight (lbs.) |       | Gas Connection at Heater |
|--------|---------|------------|---------------------------------------|--------------|---------|------------------------|-------|--------------------------|
|        |         |            |                                       | DHI          | HWS     | Heater                 | Vents |                          |
| CZ-400 | 400,000 | 31 1/2"    | 12"                                   | 35"          | 19 1/2" | 220                    | 23    | 3/4"                     |
| CZ-300 | 300,000 | 27"        | 10"                                   | 32"          | 16 1/4" | 190                    | 20    | 3/4"                     |
| CZ-250 | 250,000 | 23"        | 10"                                   | 31"          | 15"     | 160                    | 19    | 3/4"                     |
| CZ-200 | 200,000 | 21"        | 8"                                    | 31"          | 13 1/2" | 150                    | 17    | 3/4"                     |
| CZ-150 | 150,000 | 17 1/2"    | 7"                                    | 30"          | 13"     | 125                    | 15    | 3/4"                     |

Comfortzone CZ heaters are available in a comprehensive range of BTU sizes and options, including 1 1/2" water connections, millivolt and electronic temperature control,

natural and propane gas, and cast iron headers. All units are certified by the American Gas Association and carry Hayward's exclusive warranty.



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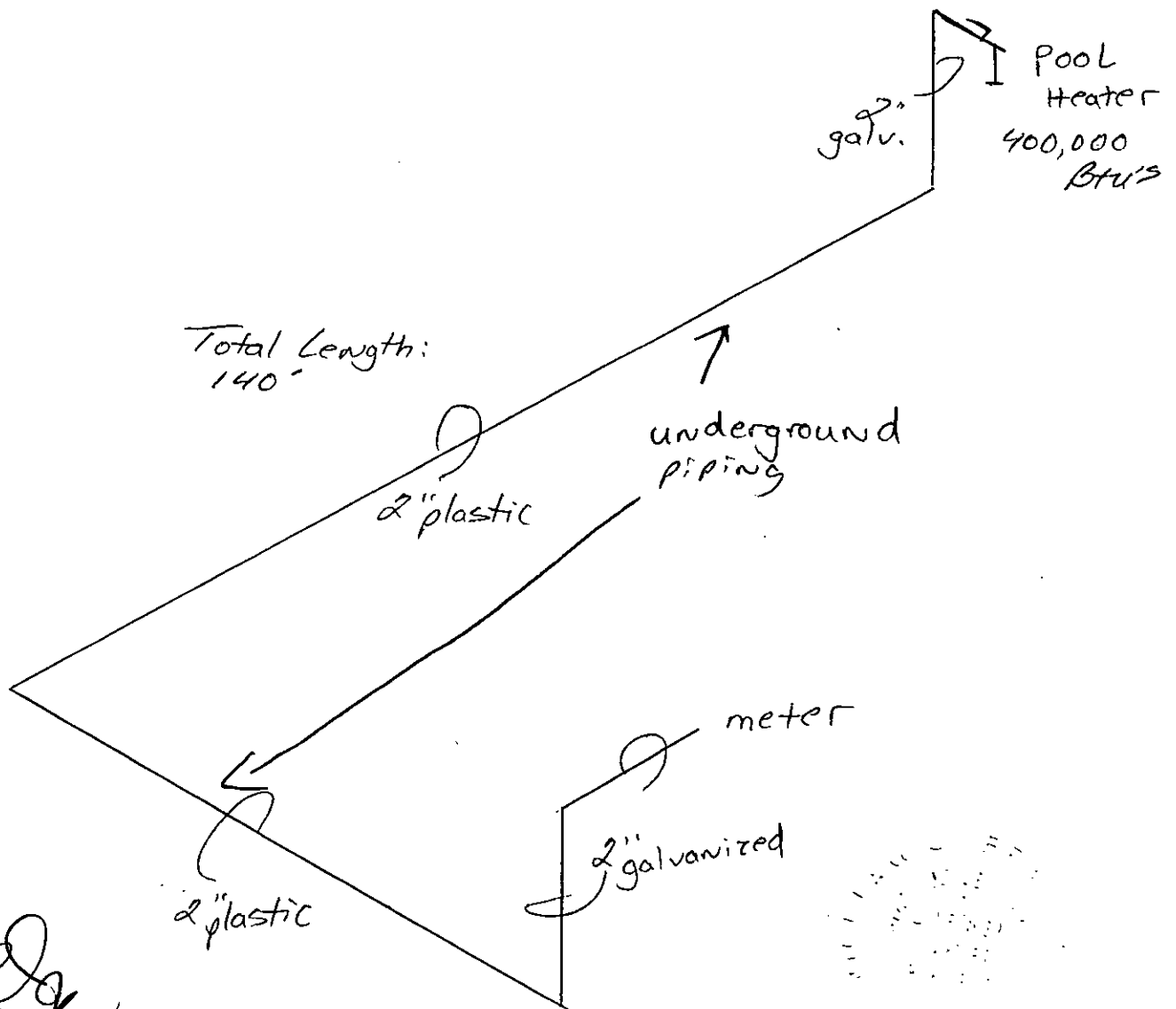
Hayward Pool Products Canada  
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B6040 Jumet, Belgium

**BRANNAGAN PLUMBING & HEATING**

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908-747-3040

Tall Oaks Dr.  
Block - 1422.07  
Lot - 15



3-6-26

William J. Brannagan