BLOCK 524 LOT 34 QUALIFICATION CODE 08-52 ADDRESS (SITE) 960 Rosewood Ave PERMIT NO. 01-1610

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: Back yard of 960 Rosewood Ave Brick NJ 08723
2. Name of Owner in Fee: April & Eric Mikkelsen Te[redacted]
   Address 960 Rosewood Ave (street) Brick (municipality) NJ (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Pyramid Installations Tel. (732) 244-6263
   Address PO Box 3085 Tomsriver NJ 08755
   License No. OR, if new home, Builder Reg. No. ~~22864763~~ Exp. Date _____
   Federal Employee No. 22864763 FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. ( ) _____ FAX ( ) _____

RECEIVED MAY 7 2001

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 50		
2. Electrical	35		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	2		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 15 [illegible]		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
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	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	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. ☑ Minor Work					5-16-01	FP			
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☑ Electrical					5/16/01	[illegible]			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		EVC	5/11/01		5/11/01	JR			
TOTAL COSTS	2586.37								

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 10402683

U.C.C. F100-1 (rev 3/98)

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 April Mikulan Date 4-30-07

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.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (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	
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

IMPORTANT - EXEMPT A.H.B.T.

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

Name of Code & Edition		Name of Code & 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.				
☐ Lead Abatement Clearance Certificate	No.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/18/2001
Control #
Permit # 01-1610

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 524 Lot 34 Qual

Work Site Location 960 ROSEWOOD AVE
A G POOL
Owner in Fee MIKKELSON, APRIL & ERIC
Address SAME
BRICK, NJ 08723-
Telephone [redacted]

Contractor PYRAMID POOL INSTALLERS
Address PO BOX 3085
TOMS RIVER, NJ 08755-
Telephone (732)244-6263
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2804763

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
A G POOL

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 $ 3,200

Construction Official

05/18/2001
Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	50
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Other	
Total	87
Check No.	15
Cash	X
Collected By	$102 DC

05/18/01 2:21PM 000000#3819 #01 SERV.001
#011610 BUILDING $50.00
ELECTRIC $35.00
DCA $2.00
ZPA $15.00
XXXTOTAL $102.00
CASH $102.00
CHANGE $0.00

05/18/01 2:21PM 000000#3819 #01
XXXTOTAL $102.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/07/2001
Date Issued 5/18/01
Control # C8-52
Permit # 01-1610

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

Block 524 Lot 34 Qual
Work Site Location 960 ROSEWOOD AVE
A G POOL
Owner in Fee MIKKELSON, APRIL & ERIC
Address SAME
BRICK, NJ 08723-
Tel [redacted]
Contractor PYRAMID POOL INSTALLERS
Address PO BOX 3085
TOMS RIVER, NJ 08755-
Tele.(732)244-6263 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2804763

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.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

A G POOL
Any Access to Pool must meet Code.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5-16-01	EM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present 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 Lead Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 3,000
3. Total (1+2)$ 3,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[X] Pool	50
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 50
DCA Training Fee	$ 2

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/07/2001
Date Issued 5/18/01
Control # C8-52
Permit # D1-1610

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

Block 524 Lot 36 Qual
Work Site Location 960 ROSEWOOD AVE
A G POOL
Owner in Fee MIKKELSON, APRIL & ERIC
Address SAME
BRICK, NJ 08723-
Tel [redacted]
Contractor PYRAMID POOL INSTALLERS
Address PO BOX 3085
TOMS RIVER, NJ 08755-
Tele.(732)244-6263 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2804763

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

A G POOL
Any Access to Pool must meet code.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5-16-01	Em
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved by:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present 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 $ 3,000
3. Total (1+2) $ 3,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[X] Pool	50
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 50
	DCA Training Fee	$ 1

U.C.C. F110 (rev. 3/96)

IP OF BRICK
HAMBERS BRIDGE RD
SION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/07/2001
Date Issued 5/18/01
Control # C8-52
Permit # 01-1610

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

Block 524 Lot 34 Qual
Work Site Location 960 ROSEWOOD AVE
A G POOL
Owner in Fee MIKKELSON, APRIL & ERIC
Address SAME
BRICK, NJ 08723-
Tele [redacted]
Contractor PYRAMID POOL INSTALLERS
Address PO BOX 3085
TOMS RIVER, NJ 08755-
Tele.(732)244-6263 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2804763

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

A G POOL
Any Access to Pool must meet Code.

JOB SUMMART (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5-16-01	Em
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finiskes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present 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 $ 3,000
3. Total (1+2)$ 3,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[X] Pool	50
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 50
	DCA Training Fee	$ 2

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/07/2001
Date Issued 5/18/01
Control # C8-52
Permit # 01-1610

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

Block 524 Lot 34 Qual
Work Site Location 960 ROSEWOOD AVE
A G POOL
Owner in Fee MIKKELSON, APRIL & ERIC
Address SAME
BRICK, NJ 08723-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 5/16/01
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) 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 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	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 26
Collected by: TOTAL FEE $ 35
DCA Training Fee $ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/07/2001
Date Issued 5/18/01
Control # C8-52
Permit # 01-1610

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

Block 524 Lot 34 Qual
Work Site Location 960 ROSEWOOD AVE
A G POOL
Owner in Fee MIKKELSON, APRIL & ERIC
Address SAME
BRICK, NJ 08723-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bidrs. Reg. No.
Federal Emp. No. HO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 5/10/01
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) 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 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	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 26
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/07/2001
Date Issued 5/18/01
Control # C8-52
Permit # 01-1610

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

Block 524 Lot 34 Qual
Work Site Location 960 ROSEWOOD AVE
A G POOL
Owner in Fee MICKELSON, APRIL & ERIC
Address SAME
BRICK, NJ 08723-
Tele.( ) Fax ( )
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. NO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) 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 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	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/4 HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge	$ 0
Minimum Fee	$ 26
TOTAL FEE	$ 35
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: May 9, 2001 **No. 1.0648**

Block: 524 **Lot:** 34 **Zone:** R-7.5

Property Address: 960 Rosewood Avenue

Applicant: April Mikkelson

Property Owner: Same

Existing Use: Single-family residential.

Proposed Use: Same.

Proposed Construction: Above-ground swimming pool, 24' round.

Conditions: The pool must be set back at least five (5) feet from the side and rear property lines.

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

RECEIVED
MAY 9 2001
ZONING

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

Block X524 Lot X 34 Qualifer _____

PROPERTY ADDRESS X 960 Rosewood Ave

PERSONAL NAME OF APPLICANT X April MiKKelson

BUSINESS NAME OF APPLICANT N/A

PROPERTY OWNER X April MiKKelson

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 decribe)_____

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____
☐ Addition
☐ Alteration
☐ Porch or deck (state heights) _____
☐ Shed (state height) _____
☐ Fence (state type & height) _____
☒ 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.

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 X April MiKKelson Date X 4-30-01

Reviewed by Zoning Office JC Date 5-9-1 (X) Approved ( ) Denied

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723
(732) 262-1050

Joseph C. Scarpelli Mayor

Township Council
Frederick J. Underwood, Sr - President
Stephen C. Acropolis
Kimberley S. Casten
Steven N. Cucci
Gregory S. Kavanagh
Kathy M. Russell
Anthony R. Shupin

Department of Administration & Finance

Office of Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
www.twp.brick.nj.us

Date: 4-30-01

Block: 324 Lot: 34

Property Address: 960 Rosewood Ave

I, April Mikkelson of 960 Rosewood Ave
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in Chapter 190.31 if the Codified Ordinance of the Township of Brick.

April Mikkelson
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the 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 on: 5/11/01 Signed:

Rejected on: _____ Signed: _____

Comments:

Wall	Gray Solero Steel Wall with Crystex® Coat
Ledges	7" Vinyl Coated Steel
Verticals	6" Deluxe Box Vinyl Coated Steel
Rails	1" Stainless Steel Bottom Rails
Cover	Two-Piece Full-Contoured Molded Resin
Plates	6" Steel Universal Resin-Coated Top and Bottom Plates
Hardware	Stainless Steel

Galvanized Coating
3 Alkaline-Cleaned Zinc Bonderized Coating
4 Chromic Sealant
5 Textured Vinyl Shield Exterior and Interior Weather Coating

Galvanized Coating
3 Alkaline-Cleaned Zinc Bonderized Coating
4 Chromic Sealant
5 Primer Coat
6 All-Weather® Enamel Protective Coating
7 Printed Pattern
8 Crystex® Coat Textured Weather Sealant

AVAILABLE SIZES

12' Round	18' x 12' Oval	15' x 10' NB
15' Round	24' x 12' Oval	18' x 12' NB
18' Round	24' x 15' Oval	21' x 15' NB
21' Round	30' x 15' Oval	24' x 18' NB
24' Round	33' x 18' Oval	(NB Indicates Non-Buttress Oval)
27' Round	45' x 18' Oval	

35 YEAR WARRANTY First 3 Years No Charge

Stainless Steel Panel

Stainless Steel Hardware

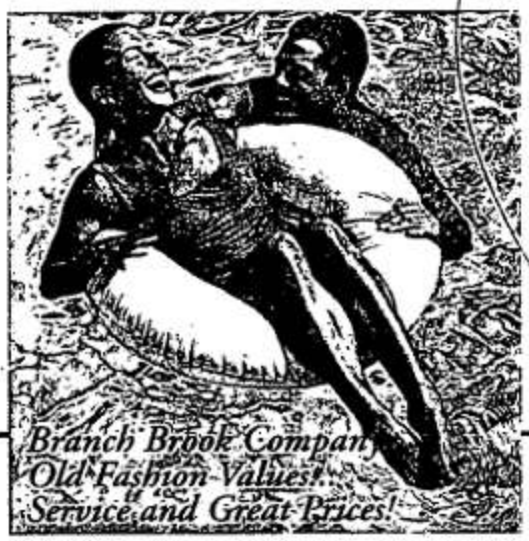
Weatherall® Poly-Shield

Stainless Steel Hardware

Rust-Oleum Certified

52" Wall Height

25 Gauge All-Weather® Virgin Vinyl Beaded Tile Print Lin



Deluxe Pool Package

All items listed below are included in Our Deluxe Pool Package.

Chlorine Dispenser

Weighted Vacuum Head

10" Wall Brush

Leaf Skimmer w/Aluminum Handle

Deluxe Wide Mouth Wall Skimmer

30' Extruded Cuffed End Vacuum Hose

Return Inlet

Purifier Cartridge

Eco Spring Systems

Vacuum Plate w/Hose Adapter

(2) 8'-12' Extruded Aluminum Poles

(1) Vac Pole

(1) Skimmer Pole

Test Strips

Chemical Kit 15,000 Gal.

Contents:
4 lbs. -pH Plus
2 lbs. -Buffer Stock
4 lbs. -Chlorine Stabilizer
1 qt. -30% Algaecide

Swim'n Play CHEMICAL KIT

Pool Book

25' Backwash

Thermometer

Basketball Game 'Family Fun'

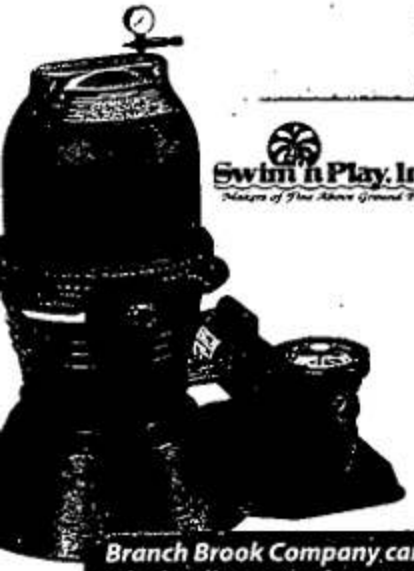
SAVE up to 90% of Chlorine Use.

E-Z TABS Mineral Series

Stainless Steel Clamps (4)

Hazlet • Brick • Newark • Rockaway • Cinnaminson • Green Brook

filters...pumps...



Swim'n Play CM75 Cellular Media Filter

75 Square Foot
Cellular Media
Filter with Base
1 HP Pump & Motor
3000 GPH Flow Rate
8-Hour Turnover of 24,000 Gallons

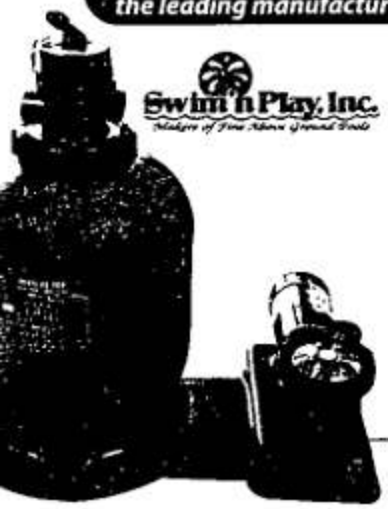
Swim'n Play CM1002 Cellular Media Filter

100 Square Foot
Cellular Media
Filter with Base
1.5 HP / 2-Speed Pump & Motor
3600 GPH Flow Rate
8-Hour Turnover* of 28,800 Gallons

Swim'n Play CM1502 Cellular Media Filter

150 Square Foot
Cellular Media
Filter with Base
2 HP / 2-Speed Pump & Motor
4200 GPH Flow Rate
8-Hour Turnover* of 33,600 Gallons

Branch Brook Company carries a full line of D.E., sand, and cellular media filters from the leading manufacturers like those featured on this page, as well as many others.



Swim'n Play Super 162 16-Inch Sand Filter

Resin Tank & Base
1.5 Horsepower / 2 Speed Pump & Motor
6-Way Valve
2400 Gallons per Hour Flow Rate
8-Hour Turnover* of 19,200 Gallons

Swim'n Play CP2162 21-Inch Sand Filter

Resin Tank & Base
2 Horsepower / 2 Speed Pump & Motor
6-Way Valve
3000 Gallons per Hour Flow Rate
8-Hour Turnover* of 24,000 Gallons

D.E. Filter System by Jacuzzi

Jacuzzi Splash 402 DE Filter

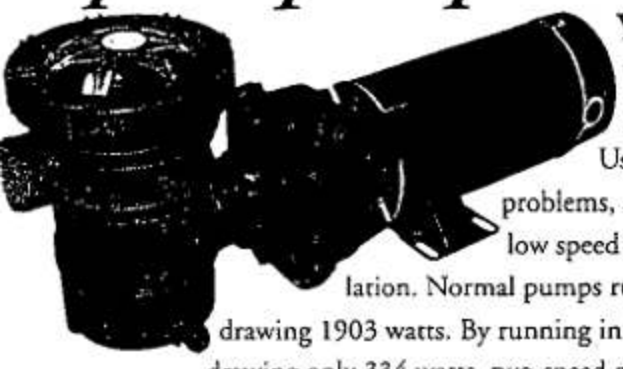
Resin Tank & Base
1.50 Horsepower / 2 Speed Pump & Motor
3000 Gallons per Hour Flow Rate
8-Hour Turnover* of 24,000 Gallons

Jacuzzi Splash 752 DE Filter

Resin Tank & Base
2 Horsepower / 2 Speed Pump & Motor
4200 Gallons per Hour Flow Rate
8-Hour Turnover* of 33,600 Gallons

*Indicates Operation in High-Speed Mode

2-speed pumps



You can now customize your filter operation and save money!

Use high speed for vacuuming, water problems, and adding chemicals, or switch to low speed for continuous filtration and circulation. Normal pumps run only at high speed (3450 RPM), drawing 1903 watts. By running in low-speed mode (1725 RPM) and drawing only 334 watts, two-speed pumps can save up to 55% off electrical costs. Two-speed pumps are designed for continuous filtration; this improved filtra-

Energy Cost Comparison

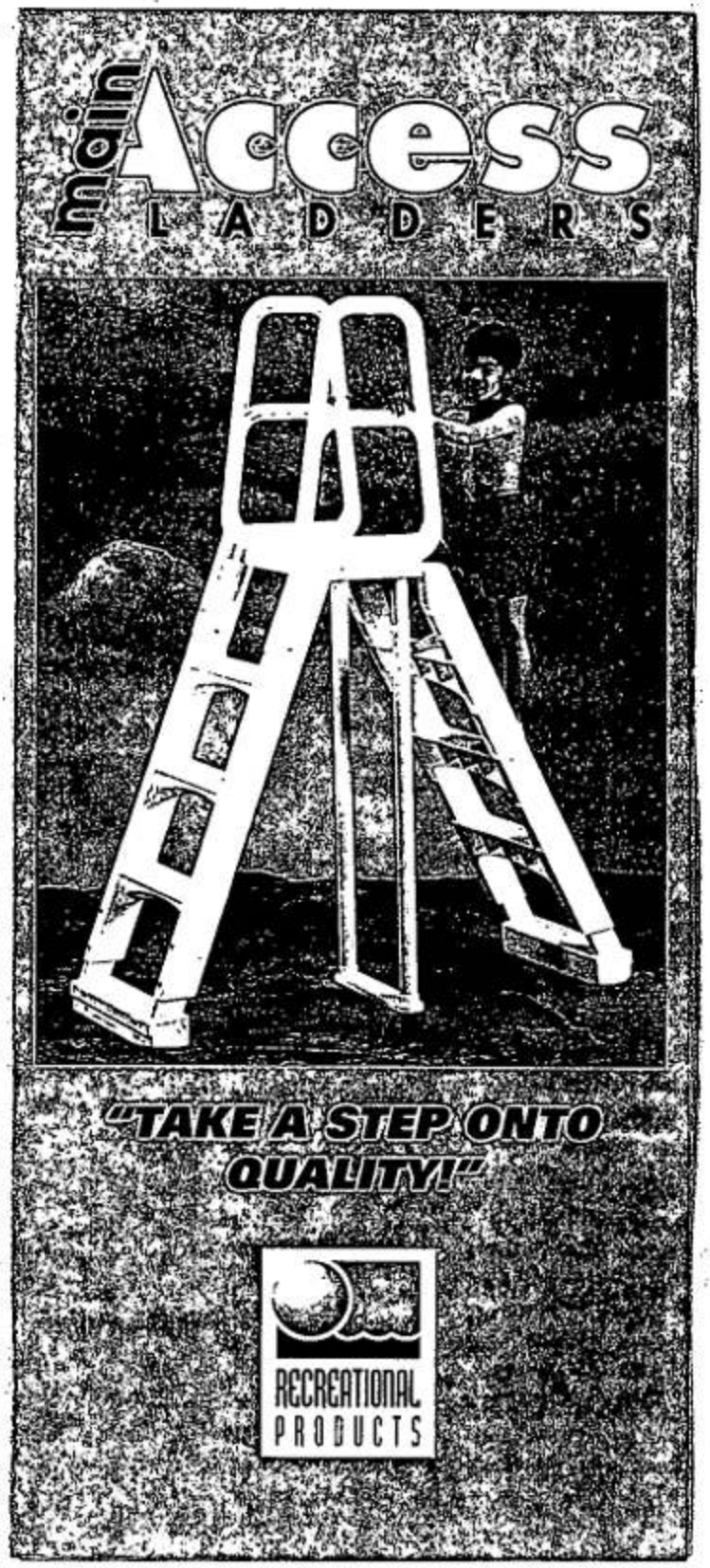
Single Speed Pump Running for 10 Hours

1903 watts = 20.9 cents per hour*
20.9 cents per hour x 10 hours = $2.09 per day
$2.09 per day x 30 days = $62.70 per month

Two-Speed Pump Running for 24 Hours (on Low)

334 watts = 3.67 cents per hour*
3.67 cents per hour x 24 hours = 88¢ per day
88¢ per day x 30 days = $26.40 per month

Savings = $36.30 per Month


main Access
LADDERS
"TAKE A STEP ONTO QUALITY!"
RECREATIONAL PRODUCTS

GAS CONVERSIONS: Always complete fire, plumbing, and electrical and include brochures for boiler, furnace and/or air conditioner. Building is required if a chimney certification is not completed & submitted. Elevation certificate must be submitted if located in a flood zone.

HOT TUBS: Treat as an AG pool permit application. See swimming pools.

MEMEBRANE STRUCTURES: Complete zoning, engineering and building. Must submit brochure and anchoring method.

PLUMBING: Complete plumbing application along with gas piping, isometric sketch, and/or list of existing fixtures.

ROOFING & SIDING: Complete building application. A debris form must be completed for any rip off. Only D225 or D3462 shingles are acceptable.

SHEDS: If shed is 100 sq. ft. or more, complete a zoning, engineering, and building application. Include 2 surveys indicating location, dimensions and setbacks. Submit 2 details on how the shed is constructed. If it is a pre fab shed, submit the brochure. If shed is under 100 sq. ft., follow the above instructions omitting the engineering and building application. Either case, submit anchoring method.

SIGNS: Commercial – require 2 signed site plans from the Planning board, submitting one original and 1 copy of the original, 2 sets of drawings of sign detailing mounting & construction. Also include electrical detail if applicable. Complete zoning, engineering, building and/or electrical application. Building mounted signs do not require the signed site plans.

SWIMMING POOLS: Complete zoning, engineering, building and electrical application. Submit 2 surveys showing location of pool, dimensions and setbacks. Submit 2 engineered sealed plans for an in ground pool and a brochure for an above ground pool. Also include a brochure on the filter and pump system and a pool certification form which needs to be signed by the homeowner and notorized. The STATE requires the ladder or stairs to the pool be fenced in and must have a self closing latched gate. If a chain link fence is to be used, the link must be an 1 ¼".

TANK INSTALLATION: New AG tank install requires 2 true size surveys indicating the location of tank with dimensions and set backs showing for zoning review. Replacing an AG tank does not require zoning. Although both require building and plumbing.

[1]TOWNSHIP OF BRICK

TYPES OF IMPROVEMENTS THAT REQUIRE BUILDING PERMITS AND THE REQUIREMENTS FOR OBTAINING A BUILDING PERMIT

ALL SURVEY NEED TO BE TO SCALE- NO EXCEPTIONS

A/C, BOILER, FURNACE: New or replacement requires a brochure and electrical. All new units require a licensed electrician if work is not being done by the homeowner. Replacement units may require a chimney certification when the vent/chimney is being cleaned, otherwise building needs to be completed. Furnace requires fire, boiler requires plumbing, a/c requires plumbing. Require elevation certification if located in a flood zone.

ADDITION: Submit 2 surveys showing the location of the addition, dimensions and setbacks. Complete a zoning and engineering application. Submit 2 sets of drawings and cross section showing all materials used from the footing to the roof. Submit a floor plan labeling rooms, size of windows and doors. If plans are drawn by homeowner, each page of the detail must be signed. Ask for addition checklist for further information.

ALTERATION: For inside changes, submit 2 copies of the existing and proposed floor plan including details of construction being done.

BULKHEADS & DOCKS: Copy of State and Army Corps permits. Complete engineering and building application. Submit 2 surveys showing bulkhead and/or dock and 2 cross section details signed by contractor.

DECK: Submit 2 surveys showing the location, dimensions and setbacks of the deck.. Complete a zoning and engineering application along with a building application. Submit 2 sets of plans showing how the deck will be constructed from the footing to the rail. A top view and a side view showing size of lumber being used. Refer to our deck planning guide.

FENCES: Complete a zoning, engineering and building application along with 2 surveys of the property indicating with X's the location of the fence with the height and type proposed.

FIREPLACES & WOOD STOVES: If a masonry chimney is being built on the outside of the house, complete a zoning and engineering application including 2 surveys showing location, dimensions and setbacks. Also include 2 copies of a cross section of foundation, hearth and throat. Wood burning stove needs brochure with building and fire applications completed. Gas fireplaces require brochure, gas sketch and completed building ,plumbing and fire applications.

---

[1] TURN OVER FOR MORE INFO

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723
(732) 262-1050

Department of Administration & Finance

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1030
Fax: (732) 262-8954
www.twp.brick.nj.us

HOMEOWNER'S POOL CERTIFICATION

BLOCK 524 LOT 34

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 below and understand them.

Owner's Signature

April McKelson
Print Name

Sworn and subscribed to before me on this 30th day of April 2001.

Notary Signature
MARY JANE RINALDI
Notary Public of New Jersey
My Commission Expires 06/04/2003

Fence Requirements:

Barrier shall be a minimum of 48 inches above ground level. Openings shall not be greater that 4 inches for vertical balusters with horizontal concentrated load of 200 pounds applied on a 1-square foot area at any point of fence. Maximum mesh size for chain link fencing shall not exceed 1¼ inches square. 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 1¾ inches in width.

Pedestrian gates shall open away from the pool, be self-closing and self-latching. If the self-latching device is located less that 54 inches from the bottom of the gate, then the release mechanism shall be located on the pool side of the gate at least 3 inches below the top of the gate. The gate and the barrier shall not have an opening greater that ½ inch within 18 inches of the release mechanism.

Site Location: 960 Rosewood Ave Brick
Block: 524 Lot: 34
Owner's Name: April M. Kelson
Owner's Mailing Address: 960 Rosewood Ave
Phone: [redacted]

BUILDING

Contractor: Pyramid Pools
Address: PO Box 3085
Toms River NJ 08755
Phone#: 244-6263
Lis #
Federal Emp # or SSN 222 804 763

Technical Data

Description of Work:

AG. POOL

Type of Work

___ New Building	___ Siding
___ Addition	___ Fence
___ Alteration	✓ 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:

Cost of New Building:

Total Cost of Building Work: $3000

Signature: April Mikkelsen

ELECTRICAL

Contractor: Home owner
Address: 960 Rosewood Ave
Brick [redacted]
Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	exterior switch & ext ground breaking outlet
Switches	exterior switch
Detectors	None
Light Poles	3' - 4X4 - exterior outlet
Motors w/ Fract. HP	1½ horse pool filter motor
Emergency & Exit Lights	none
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	YES
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	YES
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: approx $200.00

Signature: April Mikkelsen

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures 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

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

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:_____