



# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work-site at 508 Central Ave

2. Name of Owner in Fee: Brezzi, Carol Tel. ( ) \_\_\_\_\_  
Address 1614 W. Burlington Ave.  
street municipality zip code

3. Ownership in Fee: Public \_\_\_\_\_ Private \_\_\_\_\_

4. Principal Contractor: Kinney Pools Tel. ( ) 899-7060  
Address Rt. 88-E.

License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Federal Emp. No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

5. Architect or Engineer \_\_\_\_\_ Tel. ( ) \_\_\_\_\_  
Address \_\_\_\_\_

6. Responsible Person  
In Charge of Work \_\_\_\_\_ Tel. ( ) \_\_\_\_\_

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

|                                   |                | Update | Update |
|-----------------------------------|----------------|--------|--------|
| 1. Building                       | \$ <u>35.-</u> |        |        |
| 2. Electrical                     |                |        |        |
| 3. Plumbing                       |                |        |        |
| 4. Fire Protection                |                |        |        |
| 5. Other                          |                |        |        |
| 6. Subtotal                       | \$ _____       |        |        |
| Less 20% for<br>State Plan Review | <u>5.-</u>     |        |        |
| Subtotal                          | \$ _____       |        |        |
| 7. DCA Training Fee               |                |        |        |
| 10. Subtotal                      | \$ _____       |        |        |
| 11. Cert. of Occupancy            | <u>20.-</u>    |        |        |
| 12. Other                         |                |        |        |
| 13. TOTAL                         | \$ <u>60.-</u> |        |        |

## VI. BUILDING/SITE CHARACTERISTICS

|                                            | (office use only) |
|--------------------------------------------|-------------------|
| 1. Number of Stories _____                 |                   |
| 2. Height of Structure _____ ft.           |                   |
| 3. Area—Largest Floor _____ sq. ft.        |                   |
| 4. Building Area—All Floors _____ sq. ft.  |                   |
| 5. Volume of 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. Fire Grading _____                     |                   |
| 12. Max. Live Load _____                   |                   |
| 13. Max. Occupancy Load _____              |                   |

## 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. ☐ Asbestos Abatement
10. ☐ Demolition

Est. Cost

## OPTIONAL (for office use only)

| Plans<br>Rec'd By | Date<br>Rec'd | Rejection<br>Date | Approval<br>Date | Re-<br>viewer | Resubmission Dates<br>Approval Rejection | Re-<br>viewer |
|-------------------|---------------|-------------------|------------------|---------------|------------------------------------------|---------------|
|                   |               |                   | <u>7-26-90</u>   | <u>as</u>     |                                          |               |
|                   |               |                   |                  |               |                                          |               |
|                   |               |                   |                  |               |                                          |               |
|                   |               |                   |                  |               |                                          |               |
|                   |               |                   |                  |               |                                          |               |
|                   |               |                   |                  |               |                                          |               |
|                   |               |                   |                  |               |                                          |               |
|                   |               |                   |                  |               |                                          |               |
|                   |               |                   |                  |               |                                          |               |

TOTAL COSTS

## 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:

## 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 \_\_\_\_\_

Address \_\_\_\_\_

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

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



# CONSTRUCTION PERMIT

Date Issued

7-16-90

Control #

Permit #

1402-90

IDENTIFICATION Block

532

Lot

32

Work Site Location

508 Central Ave.

Contractor

Kinney Pools

Address

Owner in Fee

Carol Buzzi

Address

1614 W. Princeton Ave.

Tele. ( )

e. ( )

Brick, NJ

Lic. No. or Bids. Reg. No.

Exp. Date

Federal Emp. No.

1402

or Social Security No.

BLOCK

Whereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER  
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

above gr. 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 \$

2700.

CONSTRUCTION OFFICIAL

C. Form F-170A

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

Building 532 #  
Plumbing 32 #  
Electrical BUILDING  
Fire Protection FLAN RWV  
Other C / G  
Other TOTAL  
DCA Training Fee CASH  
Cert. of Occ. CHANGE  
Other 07/15/90 NO. 5 00094005  
Total \_\_\_\_\_  
Check No. \_\_\_\_\_  
Cash \_\_\_\_\_  
Collected By: \_\_\_\_\_

# RECEIVED

12 1990

## CONSTRUCTION PERMIT APPLICATION BRICK TOWNSHIP, NEW JERSEY

### BUILDING

IMPORTANT — Complete ALL items. Mark boxes where applicable

|                                                                          |  |                                             |                      |                     |
|--------------------------------------------------------------------------|--|---------------------------------------------|----------------------|---------------------|
| I. LOCATION OF BUILDING                                                  |  | Number and street<br><b>508 CENTRAL AVE</b> | Section<br><b>32</b> | Block<br><b>532</b> |
| N S                                                                      |  | N S                                         |                      |                     |
| E W side of                                                              |  | feet E W from intersection of               |                      |                     |
| (Other local geographic, political, or legal subdivision identification) |  |                                             |                      |                     |

II. TYPE AND COST OF BUILDING — All applicants complete Parts A - D

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| A. TYPE OF IMPROVEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | D. PROPOSED USE — For "Wrecking" most recent use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 1 <input type="checkbox"/> New buildings<br>2 <input type="checkbox"/> Addition (if residential, enter number of new housing units added, if any, in Part D, 13)<br>3 <input type="checkbox"/> Alteration (See 2 above)<br>4 <input type="checkbox"/> Repair, replacement<br>5 <input type="checkbox"/> Demolition<br>6 <input type="checkbox"/> Moving (relocation)<br>7 <input type="checkbox"/> Garage<br>8 <input checked="" type="checkbox"/> Swim Pool <input type="checkbox"/> In <input checked="" type="checkbox"/> Out<br>9 <input type="checkbox"/> Fence |  | Residential<br>12 <input type="checkbox"/> One family<br>13 <input type="checkbox"/> Two or more family — Enter number of units<br>14 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units<br>15 <input type="checkbox"/> Garage<br>16 <input type="checkbox"/> Carport<br>17 <input type="checkbox"/> Other — Specify<br><br>Nonresidential<br>18 <input type="checkbox"/> Amusement, recreational<br>19 <input type="checkbox"/> Church, other religious<br>20 <input type="checkbox"/> Industrial<br>21 <input type="checkbox"/> Parking garage<br>22 <input type="checkbox"/> Service station, repair garage<br>23 <input type="checkbox"/> Hospital, institutional<br>24 <input type="checkbox"/> Office, bank, professional<br>25 <input type="checkbox"/> Public utility<br>26 <input type="checkbox"/> School, library, other educational<br>27 <input type="checkbox"/> Stores, mercantile<br>28 <input type="checkbox"/> Tanks, towers<br>29 <input type="checkbox"/> Other - Specify |  |

B. OWNERSHIP

8 ☐ Private (individual, corporation, nonprofit institution, etc.)

9 ☐ Public (Federal, State, or local government)

|                                                    |              |
|----------------------------------------------------|--------------|
| C. COST                                            | (Omit cents) |
| 10. Cost of Improvement                            | \$           |
| To be installed but not included in the above cost |              |
| a. Electrical (# Fixtures, Outlets)                |              |
| b. Plumbing (# of Fixtures)                        |              |
| c. Heating, air conditioning                       |              |
| d. Other (elevator, etc.)                          |              |
| 11. TOTAL COST OF IMPROVEMENT                      | \$2700-      |

Nonresidential — Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

### III. SELECTED CHARACTERISTICS OF BUILDING —

For new buildings and additions, complete Parts E - I; for wrecking, complete only Part H, for all others skip to IV.

|                                                                                                                                                                                                                                 |  |                                                                                                                                    |  |                                                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| E. PRINCIPAL TYPE OF FRAME                                                                                                                                                                                                      |  | H. DIMENSIONS                                                                                                                      |  | FEE COMPUTATIONS                                                                                                                                                      |  |
| <input type="checkbox"/> Masonry (wall bearing)<br><input type="checkbox"/> Wood frame<br><input type="checkbox"/> Structural steel<br><input type="checkbox"/> Reinforced concrete<br><input type="checkbox"/> Other - Specify |  | Number of stories<br><br>Total square feet of floor area, all floors, based on exterior dimensions<br><br>Total land area, sq. ft. |  | VOLUME OF BUILDING<br><br>BUILDING SUB CODE<br><br>ELECTRICAL CODE<br><br>PLUMBING CODE<br><br>PLAN REVIEW<br><br>CERTIFICATE OF OCCUPANCY<br><br>STATE TRAINING FUND |  |
| F. TYPE OF HEATING SYSTEM                                                                                                                                                                                                       |  | 1. RESIDENTIAL BUILDING ONLY                                                                                                       |  | CONSTRUCTION<br>PERMIT FEE                                                                                                                                            |  |
| Specify<br>Air Cond. Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                   |  | Number of bedrooms<br><br>Number of bathrooms<br>{ Full<br>Partial                                                                 |  | 35<br><br>5<br><br>20<br><br>60                                                                                                                                       |  |
| G. TYPE OF SEWERAGE DISPOSAL                                                                                                                                                                                                    |  |                                                                                                                                    |  |                                                                                                                                                                       |  |
| <input type="checkbox"/> Public<br><input type="checkbox"/> Individual                                                                                                                                                          |  |                                                                                                                                    |  |                                                                                                                                                                       |  |

SEE REVERSE

## SUB CONTRACTORS

| NAME | TRADE | ADDRESS | ZIP CODE | PHONE # |
|------|-------|---------|----------|---------|
| 1.   |       |         |          |         |
| 2.   |       |         |          |         |
| 3.   |       |         |          |         |
| 4.   |       |         |          |         |
| 5.   |       |         |          |         |
| 6.   |       |         |          |         |
| 7.   |       |         |          |         |
| 8.   |       |         |          |         |

PERSON TO BE IN CHARGE OF CONSTRUCTION

NAME KINNEY POOLSADDRESS 2155 Rt. 88 E BRICK TOWN

## IV. IDENTIFICATION — To be completed by all applicants

| Name                                                | Mailing address — Number, street, city, and State | ZIP code     | Tel. No.        |
|-----------------------------------------------------|---------------------------------------------------|--------------|-----------------|
| 1. <u>Ed Kinney</u><br><small>(Owner/Agent)</small> | <u>KINNEY POOLS</u>                               | <u>08723</u> | <u>844-7060</u> |
| 2. <u>Carol Briggs</u><br><small>Contractor</small> | <u>2155 Rt. 88 E BRICK TOWN</u>                   |              |                 |
| 3. <u>Carol Briggs</u><br><small>Architects</small> | <u>1614 W. Princeton Ave</u>                      |              |                 |

The owner of this building and the undersigned agree to conform to all applicable laws of Township of Brick and that all required state, county and local prior approvals have been given.

Signature of applicant

Karen Nugent

Address

508 CENTRAL AVE BRICK

Application date

7/12/90

DO NOT WRITE IN THIS SPACE — FOR OFFICE USE ONLY

Approved by

Date permit issued

Permit Number

1402.90

I agree to construct said building in conformity with the plans and specifications filed with the Construction Official and in compliance with the provisions of the Building Code whether shown on plans or not.



**BUILDING  
SUBCODE  
TECHNICAL SECTION**



Date Received  
Date Issued  
Control #  
Permit #

7-16-90  
1402-90

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

Block 532 Lot 32  
Work Site Location 508 Central Ave  
BRICK  
Owner in Fee CAROL BEEZZI  
Address 1614 W PRINCETON AVE  
BRICK  
Tele. ( 458 ) 5203  
Contractor KINNEY POOLS  
Address 2455 RT 88 E  
BRICK  
Tele. ( 201 ) 899-7060  
Lic. No. or Bldrs. Reg. No. 1007  
Federal Emp. No. 222-299-577/000 or Social Security No. \_\_\_\_\_

**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 Ed Kinney

**D. TECHNICAL SITE DATA  
DESCRIPTION OF WORK**

24' Above ground Pool

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW                                                                                  | Date          | Initial     | INSPECTIONS | Dates (Month/Day) | Failure | Failure | Approval | Initial |
|----------------------------------------------------------------------------------------------|---------------|-------------|-------------|-------------------|---------|---------|----------|---------|
| <input checked="" type="checkbox"/> No Plans Req.                                            | <u>JUL 13</u> | <u>1990</u> | type:       |                   |         |         |          |         |
| <input type="checkbox"/> All                                                                 |               |             | Footing     |                   |         |         |          |         |
| <input type="checkbox"/> Footing                                                             |               |             | Foundation  |                   |         |         |          |         |
| <input type="checkbox"/> Foundation                                                          |               |             | Slab        |                   |         |         |          |         |
| <input type="checkbox"/> Frame                                                               |               |             | Frame       |                   |         |         |          |         |
| <input type="checkbox"/> Other                                                               |               |             | Insulation  |                   |         |         |          |         |
| Joint Plan Review Required:                                                                  |               |             | Finishes:   |                   |         |         |          |         |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire |               |             | Energy      |                   |         |         |          |         |
| SUBCODE APPROVAL                                                                             |               |             | Mechanical  |                   |         |         |          |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA         |               |             | TCO         |                   |         |         |          |         |
| Date: <u>7-16-90</u>                                                                         |               |             | Other       |                   |         |         |          |         |
| Approved By: <u>[Signature]</u>                                                              |               |             | Final       |                   |         |         |          |         |

**TYPE OF WORK:**

- ☐ New Building  
☐ Addition  
☐ Alteration  
☐ Roofing  
☐ Siding  
☐ Other \_\_\_\_\_  
☐ Demolition  
☐ Miscellaneous  
☐ Fence \_\_\_\_\_ Height  
☐ Sign \_\_\_\_\_ Sq. Ft.  
☒ Pool  
☐ Elevator  
☐ Asbestos Abatement  
☐ Other \_\_\_\_\_

**(Office Use Only)**

\$ 35 FEE

**B. BUILDING CHARACTERISTICS**

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

**Est. Cost of Bldg. Work:**

1. New Bldg. \$ \_\_\_\_\_  
2. Alteration \$ \_\_\_\_\_  
3. Total (1+2) \$ \_\_\_\_\_

**Administrative Surcharge**

Paid ☐ Check # \_\_\_\_\_ Minimum Fee \$ \_\_\_\_\_  
Collected by: \_\_\_\_\_ TOTAL FEE \$ \_\_\_\_\_



**BUILDING  
SUBCODE  
TECHNICAL SECTION**



Date Received  
Date Issued  
Control #  
Permit #

7-16-90  
1402-90

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

Block 532 Lot 32  
Work Site Location 508 Central Ave  
BRICK  
Owner in Fee CAROL BEEZZI  
Address 1614 W PRINCETON AVE  
BRICK  
Contractor KINNEY POOLS  
Address 2155 RT 88 E  
BRICK  
Tele. (201) 899-7060  
Lic. No. or Bldrs. Reg. No. 1007  
Federal Emp. No. 222-299-577/000 or Social Security No. \_\_\_\_\_

**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 Ed Kinney

**D. TECHNICAL SITE DATA  
DESCRIPTION OF WORK**

24' Above ground Pool

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW                                                                                  | Date     | Initial | INSPECTIONS | Dates (Month/Day)                |
|----------------------------------------------------------------------------------------------|----------|---------|-------------|----------------------------------|
|                                                                                              |          |         | Type:       | Failure Failure Approval Initial |
| <input checked="" type="checkbox"/> No Plans Req.                                            | <u>3</u> |         | Footings    |                                  |
| <input type="checkbox"/> All                                                                 |          |         | Foundation  |                                  |
| <input type="checkbox"/> Footing                                                             |          |         | Slab        |                                  |
| <input type="checkbox"/> Foundation                                                          |          |         | Frame       |                                  |
| <input type="checkbox"/> Frame                                                               |          |         | Insulation  |                                  |
| <input type="checkbox"/> Other                                                               |          |         | Finishes:   |                                  |
| Joint Plan Review Required:                                                                  |          |         | Energy      |                                  |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire |          |         | Mechanical  |                                  |
| SUBCODE APPROVAL                                                                             |          |         | TCO         |                                  |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA         |          |         | Other       |                                  |
| Date:                                                                                        |          |         | Final       |                                  |
| Approved By:                                                                                 |          |         |             |                                  |

**B. BUILDING CHARACTERISTICS**

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

Est. Cost of Bldg. Work:

1. New Bldg. \$ \_\_\_\_\_  
2. Alteration \$ \_\_\_\_\_  
3. Total (1+2) \$ \_\_\_\_\_

**TYPE OF WORK:**

☐ New Building  
☐ Addition  
☐ Alteration  
☐ Roofing  
☐ Siding  
☐ Other \_\_\_\_\_  
☐ Demolition  
☐ Miscellaneous  
☐ Fence \_\_\_\_\_ Height \_\_\_\_\_  
☐ Sign \_\_\_\_\_ Sq. Ft. \_\_\_\_\_  
☒ Pool  
☐ Elevator  
☐ Asbestos Abatement  
☐ Other \_\_\_\_\_

**(Office Use Only)**

\$ 35 FEE

35

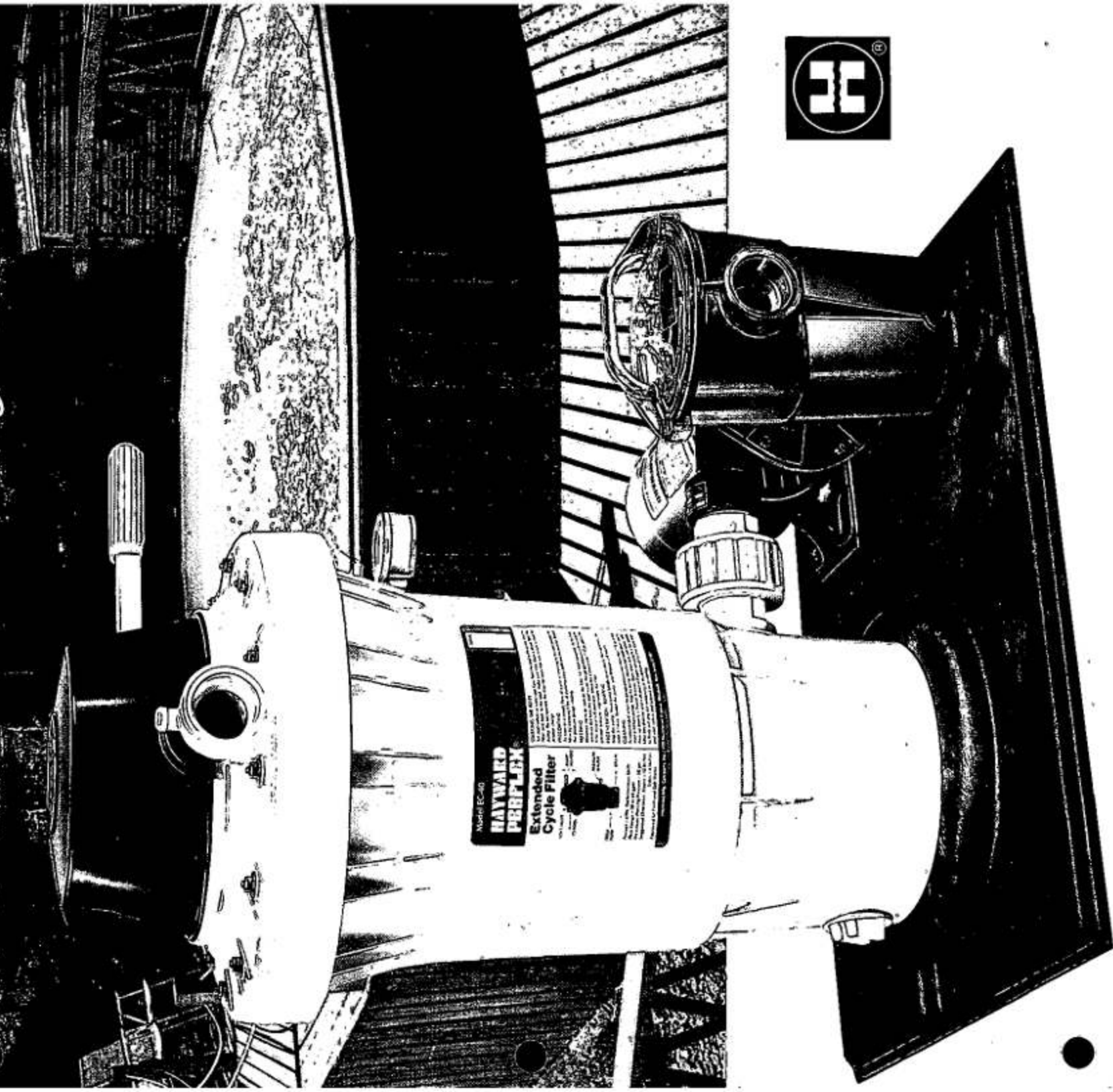
5

26

10

Administrative Surcharge \$ \_\_\_\_\_  
Paid ☐ Check # \_\_\_\_\_ Minimum Fee \$ \_\_\_\_\_  
Collected by: \_\_\_\_\_ TOTAL FEE \$ \_\_\_\_\_

# Clean Sparkling Pools



PERPLEX® Extended Cycle FILTER-PUMP SYSTEM

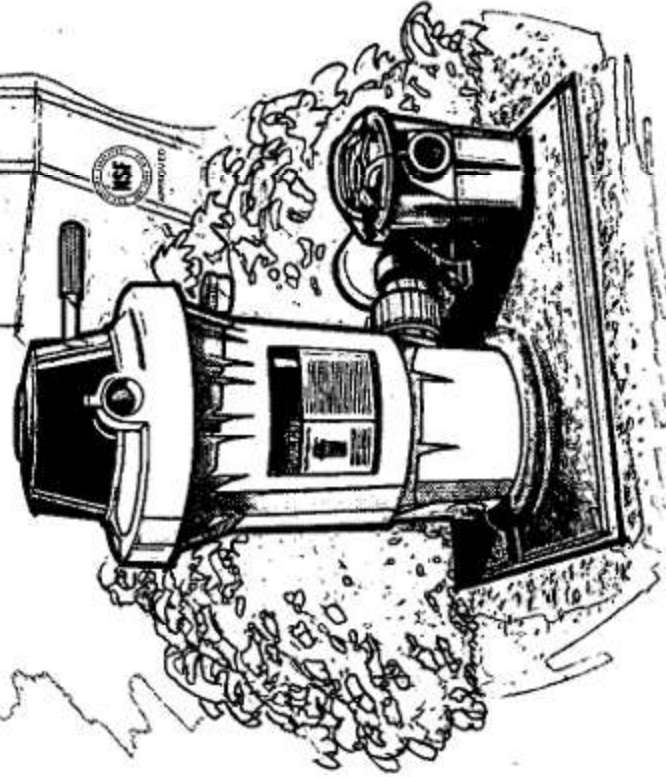
**The ultimate in home pool filtration...**

## Extended Cycle Filter System

The new Perflex Filter System is the key to clean sparkling pools, day after day. It sets a new standard of performance in home pool filtration, offering features previously found only in professional systems.

### Exclusive Perflex Features

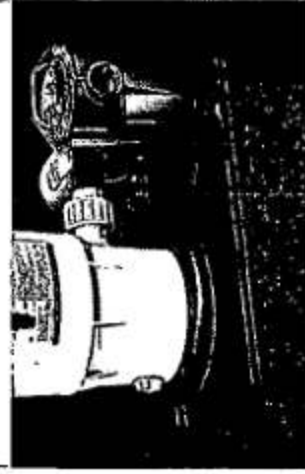
- Cleans pools fast — removes even the most minute particles the first time through.
- Performance matched — filter and pump work together in perfect balance.
- Unitized, application-designed system. Filter and pump factory assembled on platform base.
- Patented Flex-Tube™ design gives long filter cycles.
- Cleans without backwashing. Easy to operate.
- Corrosion-free construction. Molded of attractive, high strength Duralon™.
- One size for all pools. Easy to install. Ideal for new or existing pools.



**UNION CONNECTION** provides simple, direct coupling of pump and filter, eliminating pipe friction and hoses. Self-aligning, ball joint design assures positive sealing without tools. Makes installation and winterizing easy.



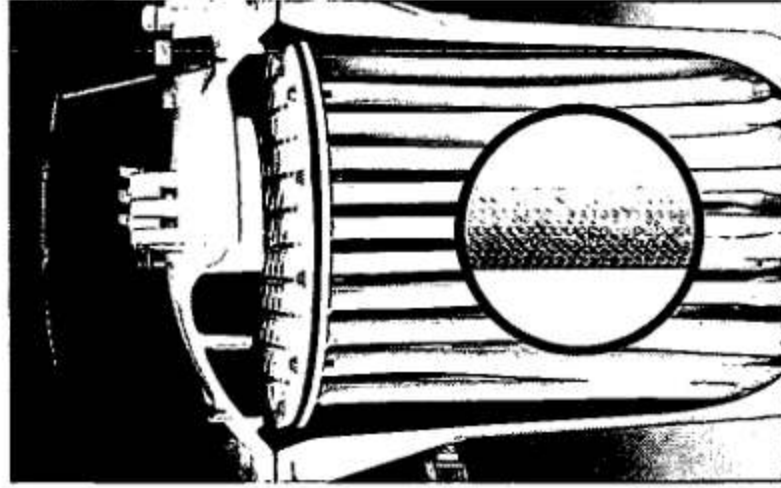
**PLATFORM BASE** specifically designed for the Perflex System. The base supports filter and pump in perfect alignment. It is molded of rugged structural ABS and cannot rust or corrode.



**NO BACKWASHING** Unique with Perflex. Conventional filters need backwashing to restore flow. Not Perflex! Simply move the "Bump" handle up and down and in less than a minute continue filtering.



**HAYWARD POWER-FLO™ PUMP** Corrosion-free, high performance pump with heavy duty motor, heat-resistant seal, large capacity strainer. Flow and pressure are tuned to the filter resulting in a perfectly balanced system.



**FLEX-TUBE ELEMENTS** Perflex is the only swimming pool filter with unique patented Flex-Tube elements. There are 72 Flex-Tubes inside the Perflex Filter. They are the key to the Perflex Filter's unique ability to produce the cleanest, most sparkling pool water possible without backwashing.



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

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

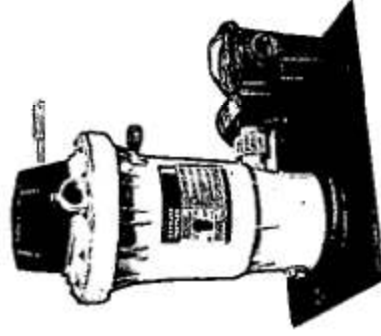
Perflex filters use diatomite filter powder, (commonly called D.E.), which is so superior a dirt remover, it even removes microscopic dust and pollen. When the filter is first started, D.E. is automatically fed into the filter, where it forms a "working surface" on the Flex-Tubes. Similarly, dirt in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

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

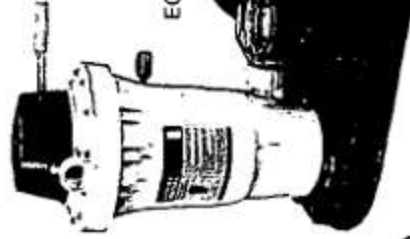
The Perflex system is economical to operate. Because it uses the same D.E. powder over and over, only 3-4 charges are required during the average pool season. Since Perflex cleans without backwashing, hundreds of gallons of treated pool water are saved, and the problem of waste water disposal is eliminated.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

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

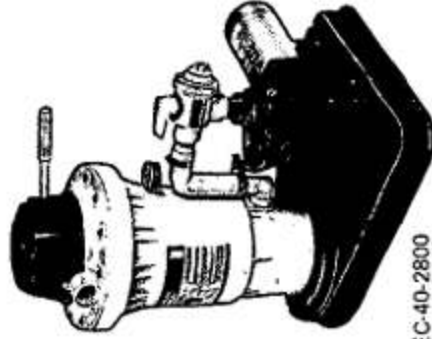
Enjoy your pool more. Step up to Perflex — the filter that makes pools more fun.



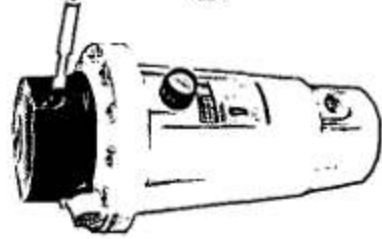
EC-40-75



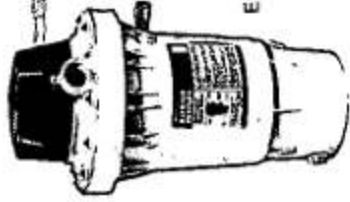
EC-40-75UL



EC-40-2800



EC-50A



EC-40B

**EC-40-75 System:**

EC-40 Filter assembled with ¾ HP Power-Flo pump, union connector, platform base, built-in check valve, pressure gauge, drain plug and 6 ft. pump power cord.

**EC-40-75UL System:**

Same as EC-40-75, except with elevated platform base, pump rainshield and switch, drain plug and 25 ft. power cord.

**EC-40-2800 System:**

EC-40A Filter with UL Max-Flo Pump, 3-way selector valve and connecting loop on molded elevated platform base. Includes built-in check valve, pressure gauge, selector valve, 1½" drain valve. Available in ½, ¾ and 1 HP.

**EC-40-1700 System:**

EC-40A Filter with Power-Flo II Pump and sweep union connection on molded elevated platform base. Includes built-in check valve, pressure gauge, 1½" drain valve. Available in ½ and ¾ HP.

**EC-50 Series Systems:**

Use EC-50A filter in place of EC-40A to build modular Selecta-Systems™ with filter, pump Base Pak selections.

EC-40 and EC-50 Series Filter units are also offered without pump to meet various pool filtration requirements. This allows the use of a wide selection of pump models to custom design the EC-40 or EC-50 Filter to specific needs — whether new pool systems or replacement systems.

**Basic Filter Modular:**

EC-40A Filter with built-in check valve, pressure gauge, drain valve. EC-50A Filter with built-in check valve, pressure gauge/inspection port, drain valve.

**Basic Filter:**

EC-40B Filter with built-in check valve, pressure gauge, plug.

**EC-40F-KIT:**

Universal pump mounting bracket, clear filter connecting hose, adapters, clamps and mounting hardware. For EC-40 or EC-50 Filter.

| SPECIFICATIONS — EC-40/EC-50 Perflex Filter Systems |                                       |  |
|-----------------------------------------------------|---------------------------------------|--|
| FILTER TYPE                                         | Perflex Extended Cycle Diatomite      |  |
| FILTER TANK                                         | Molded Duralon™                       |  |
| FILTER ELEMENTS                                     | Dacron Flex-Tubes                     |  |
| FASTENINGS                                          | Stainless Steel                       |  |
| PUMP & MOTOR                                        | Power-Flo or Max-Flo Pump — 115 volts |  |
| MOUNTING BASE                                       | Platform                              |  |

| PERFORMANCE — EC-40 and EC-50 Series Filters |                         |         |
|----------------------------------------------|-------------------------|---------|
| FILTRATION RATE*                             | TURNOVER (U.S. GALLONS) |         |
|                                              | 8 Hrs.                  | 10 Hrs. |
| 30 gpm                                       | 14,400                  | 18,000  |
| 40 gpm                                       | 19,200                  | 24,000  |
| 50 gpm                                       | 24,000                  | 30,000  |

\*Controlled by pump selection.



**HAYWARD POOL PRODUCTS, INC.**

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Printed in U.S.A.

## Perflex Performance

For proper filtration of residential swimming pools, the filter system should provide a complete turnover of the pool water at least once every 12 hours. The EC-40 Series Perflex Filter Systems have the capacity to deliver 2400 gallons of filtered water per hour (40 gpm). This filtration rate provides an 8-hour turnover for a 19,000 gallon pool; and a faster turnover rate for pools of smaller capacity. The EC-50 has a 50 gpm rating (3000 gallons per hour) and provides extra capacity for larger pools.

CENTRAL AVE  
100' →

CYPRESS AVE

← 100' →

53'

← 37.6' →

← 9'6" →

↑ 46  
↓

← 11' →  
← 10' →

← 19' →

← 20' →

508  
CENTRAL AVE  
BRICK HOUSE

↑ 20'  
↓

← 22' →

← 24' →

← 12' →

↑ 4'  
↓

80'

← 3' →

← 24' →

↑ 5'5"

34'

*Approved  
11/15/98  
S. K. [unclear]*

$$\begin{array}{r} 46.12 \\ - 9.6 \\ \hline 36.52 \end{array}$$

49' CYCLONE FENCE BARRICADE ROAD

← 100' →

53'

← 37.6 →

79-63

↑  
-46  
↓

39.

 $\approx 11 \Rightarrow$ €10.9 $\leftarrow 19' \rightarrow$ 

← 2.0' →

508  
CENTRAL AVE HOUSE  
BRICK

↑  
20  
↓

 $\langle 22' \rangle$  $\rightarrow 24' \rightarrow$  $\leftarrow 12' \rightarrow$ 

4

80-

57

4-32'

 $\leq 24' \rightarrow$ 

↑ 5.5

Approved  
Jan 7/13/96  
SVC at  
Spauld

CENTRAL AVE

100

—

49% CYCLOPENTHENE MONOMER 100%

$$\begin{array}{r} 46 \\ - 9 \\ \hline 37 \end{array}$$