

BLOCK B44 LOT 12 QUALIFICATION CODE _____ ADDRESS (SITE) 1691 Laurelton St. PERMIT NO. 16-36057



CONSTRUCTION PERMIT APPLICATION

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

C-16-004112

I. IDENTIFICATION

1. Proposed Work Site at: 1691 Laurelton St.

2. Name of Owner in Fee: Gabriel Tel. 08724
Address 1691 Laurelton St. Brick Municipality 08724 Zip Code

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: Pool Town, Inc. Tel. (732) 901-9071
Address 5500 U.S. Highway 9 South, Howell, NJ 07731
License No. OR if new home, Builder Reg. No. 13VH00923100 Exp. Date 3/31/17
Federal Employee No. 22-2763004 FAX (732) 364-1815

5. Architect or Engineer _____ Tel. () _____
Address _____

6. Responsible Person in Charge of Work PoolTown, Inc. ✓
Tel. (732) 901-9071 FAX (732) 364-1815

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	AA	\$ 250	
2. Electrical		250	
3. Plumbing		150	150
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review			
8. Subtotal			
9. State Permit Surcharge Fee		68	2
10. Subtotal	2	30	
11. Cert. of Occupancy			
12. Other	EP	150	
13. TOTAL		898	152

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	INGROUND POOL
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	

Proposed 18'x36' Inground Pool • Existing Proposed 16' PVC
Fence with self latching, locking gate, opening outward, installed by homeowner.

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates		Re-viewer
							Approval	Rejection	
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
5. ☒ b. Alteration	35,200				10-6-16	508	10-7-16		
6. ☐ c. Renovation									
7. ☐ d. Reconstruction									
8. ☐ Fire Protection									
9. ☒ Plumbing	1000				9-22-16				
10. ☒ Electrical	500				9/8/16				
11. ☐ Elevator Devices									
12. ☐ Asbestos Abat. Subch. 8									
13. ☐ Lead Hazard Abatement									
14. ☐ Demolition									
TOTAL COSTS	36,700								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

4. No. of dwelling units: All Units Income-restricted

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:

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	4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells
2. ☐ High Pressure Boilers	5. ☐ Cross-Connections/Backflow Preventers	9. ☐ Underground Storage Tanks
3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly	10. ☐ Swimming Pools, Spas and Hot Tubs
	7. ☐ Sprinklers	

8/26/16 - Sent to Chun - NY 20

IMPORTANT

A.H.B.T. - MANDATORY FEE - RESIDENTIAL



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 06/14/2017
Control Number C-16-004112
Permit Number 16-3657
Permit Issue Date 10/20/2016
Certificate Number 16-3657

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1691 LAURELTON ST Brick Township, NJ Block: 844 Lot: 12 Qual: _____
Owner in Fee: GABRIEL, JEFFREY R & GRUSS, C A
Owner Address: 1691 LAURELTON ST BRICK NJ 08724
Telephone: _____
Contractor: POOL TOWN INC
Address: 5500 RT 9 SOUTH HOWELL NJ 07731 - 3728
Telephone: (732) 901-9071 Fax: (732) 364-1815
License Number or Builders Registration Number: 13VH00923100 Federal Emp. Number: 22-2763004

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: INGROUND SWIMMING POOL ...18'x36'

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Construction Official

Fee: \$0.00
Check Number: _____
Collected By: _____

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

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

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

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

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

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

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(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.

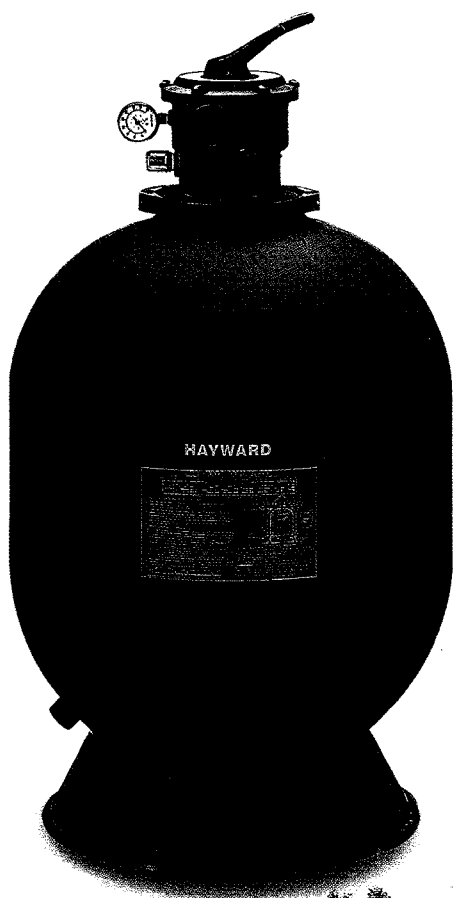
☐ Check if contractor.

Agent Name POOL TOWN, INC.
Address 5500 RT. 9 S.
HOWELL, NJ 07731

Telephone (732) 505-9000

Signature Anthony Rose

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



ProSeries™

TOP-MOUNT SAND FILTERS

Hayward ProSeries high-rate sand filters offer the very latest in pool filter technology with smooth, efficient flow and totally balanced backwashing.

ProSeries sand filters feature unitized construction of corrosion-proof, polymeric material and self-cleaning, 360° slotted laterals. A versatile, seven-position control valve offers both easy operation and maximum efficiency.

For crystal clear, sparkling water with minimum care, ProSeries filters set a new standard for performance, value and dependability.





Super Pump®

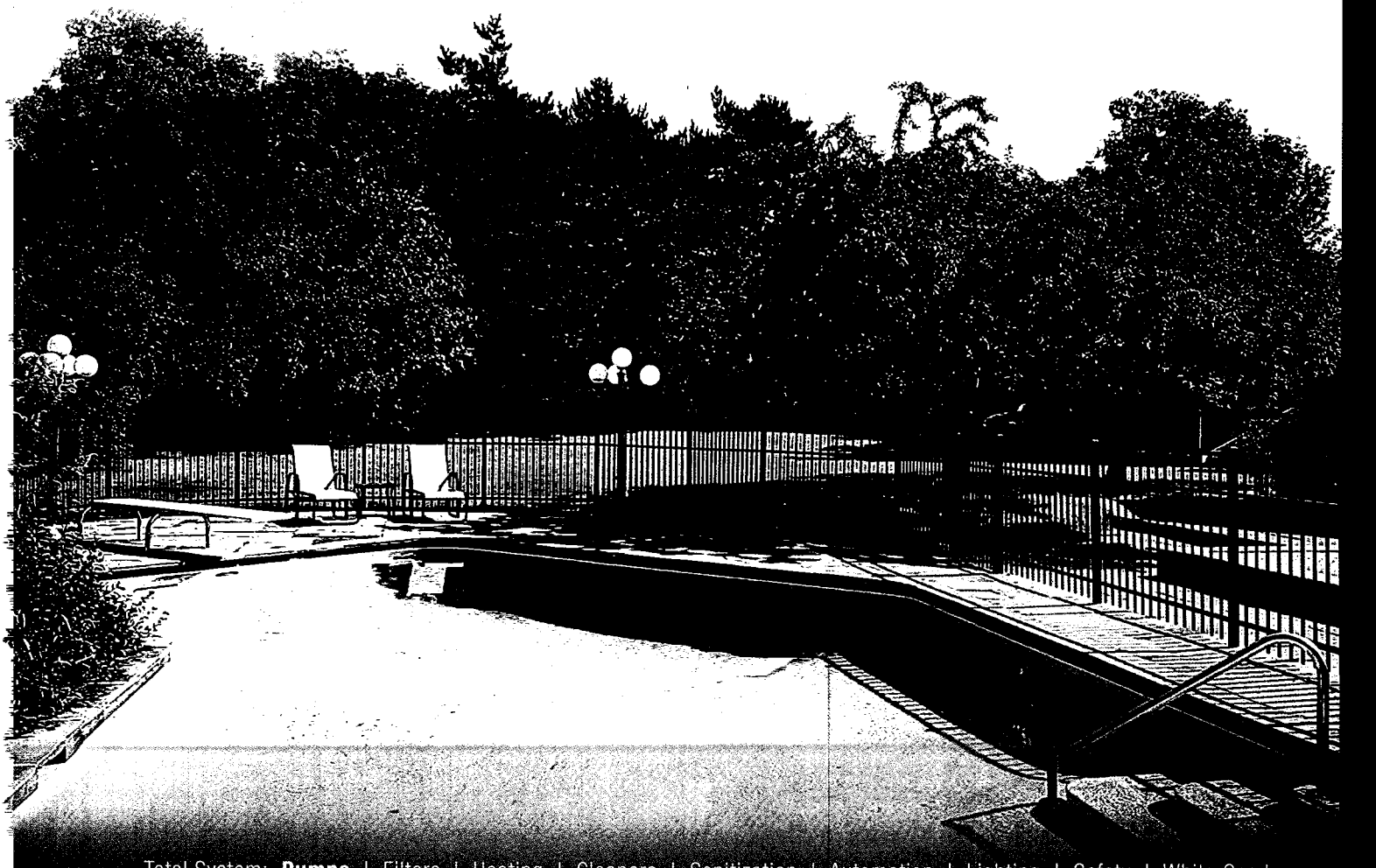
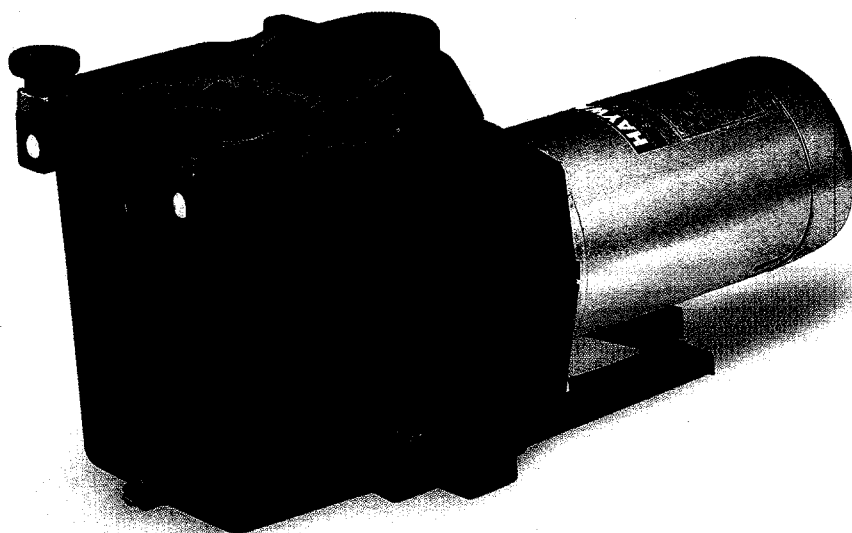
MEDIUM HEAD PUMP SERIES

Efficient, Dependable, Proven.

The Hayward® Super Pump series medium head pumps set the standard for excellence and value.

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

Super Pump combines proven performance with quiet, efficient and dependable operation.



Total System: Pumps | Filters | Heating | Cleaners | Sanitization | Automation | Lighting | Safety | White Goods

Integral Top Diffuser

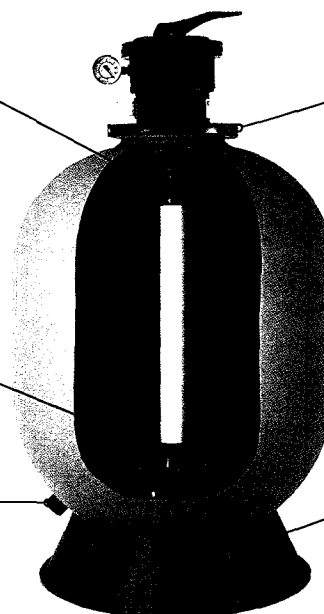
ensures even distribution of water over the top of the sand media bed. Full-size internal piping gives smooth, free-flowing performance.

Efficient, Multilateral Underdrain Assembly

with precision-engineered, self-cleaning, 360° slotted laterals, provides totally balanced flow and backwashing.

Integral Molded Drain Plug

for easy draining of tank, without the loss of sand.

**Flange Clamp Design**

allows 360° rotation of valve to simplify plumbing.

Unitized, Corrosion-Proof Filter Tank

molded of tough, durable, colorfast polymeric material for dependable, all-weather performance with only minimal care.

Totally Corrosion-Proof Base

is rugged and attractively styled to provide strong, stable support.

SPECIFICATIONS – PROSERIES™ HIGH-RATE SAND FILTERS

Filter Type	High-Rate Sand: No. ½ Silica Sand (.45 mm - .55mm)
Filter Tank	Molded Polymeric
Underdrain	360° Self-Cleaning Slotted Laterals, Precision-Installed in Ball Joint Assembly
Control Valve	1 ½" or 2" 7-Position, Top-Mount VariFlo® with Lever-Action Handle
Valve Fastening	Flange Clamp Design
Support Base	Injection-Molded Polymer
Performance Range	30 to 120 GPM, 114 to 454 LPM
Dimensions	S220T – 22 ½"W x 41"H (572 mm x 1041 mm) S244T – 24 ½"W x 42"H (622 mm x 1067 mm) S270T – 27"W x 43"H (675 mm x 1075 mm) S270T2 – 27"W x 43"H (675 mm x 1075 mm) S310T2 – 30 ½"W x 48"H (775 mm x 1219 mm) S360T2 – 35 ½"W x 53"H (895 mm x 1346 mm)

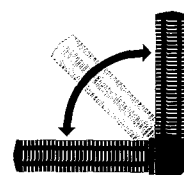


VariFlo® 7-Position Control Valve with easy-to-use lever-action handle lets you "dial" any of seven valve/filter functions.

PERFORMANCE DATA

MODEL NUMBER	EFFECTIVE FILTRATION AREA		DESIGN FLOW RATE*		TURNOVER				SAND REQUIRED	
					GALLONS		KILOLITERS			
	sq. ft.	m ²	GPM	LPM	3 hrs.	10 hrs.	3 hrs.	10 hrs.	lbs.	kg
S220T	2.64	0.246	52	197	24,960	31,200	94.47	118.09	250	114
S244T	3.14	0.292	62	235	29,760	37,200	112.64	140.80	300	136
S270T	3.70	0.345	74	285	35,520	44,400	134.49	168.07	350	159
S270T2	3.70	0.345	74	285	35,520	44,400	134.49	168.07	350	159
S310T2	4.91	0.457	98	371	47,040	58,800	178.05	222.56	500	227
S360T2	7.06	0.660	141	535	67,680	84,600	256.20	320.25	700	318

*Based upon 20 GPM per ft.² (814 LPM per m²). Maximum allowable NSF rating.

Patented Service-Ease Design

with unique folding ball joint design allows lateral assembly to be easily accessed for simple servicing.

NSF.

To take a closer look at Hayward Filters, go to hayward.com or call 1-888-HAYWARD.

HAYWARD®

620 Division Street | Elizabeth, NJ 07201

See-Through Strainer Cover
lets you see when basket needs cleaning and eliminates guesswork. Special self-adjusting seal ensures dependable sealing.

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

Super-Size Housing
and diffuser ensure rapid priming.

Corrosion-Proof Impeller
has smooth, wide openings to prevent fouling or clogging.

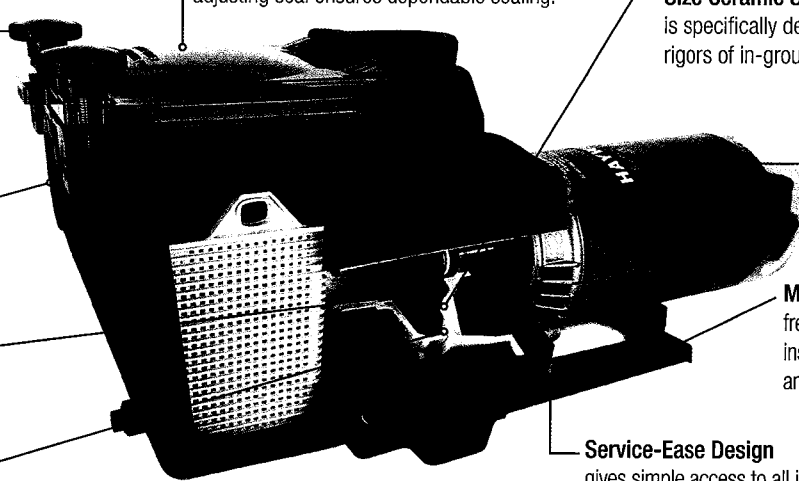
Self-Priming
(suction lift up to 10' above water level)

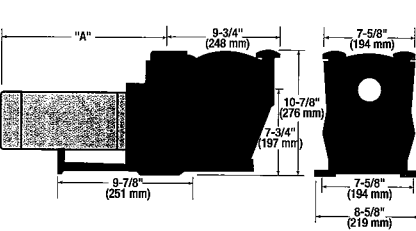
Heat-Resistant, Industrial - Size Ceramic Seal
is specifically designed for the rigors of in-ground use.

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

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

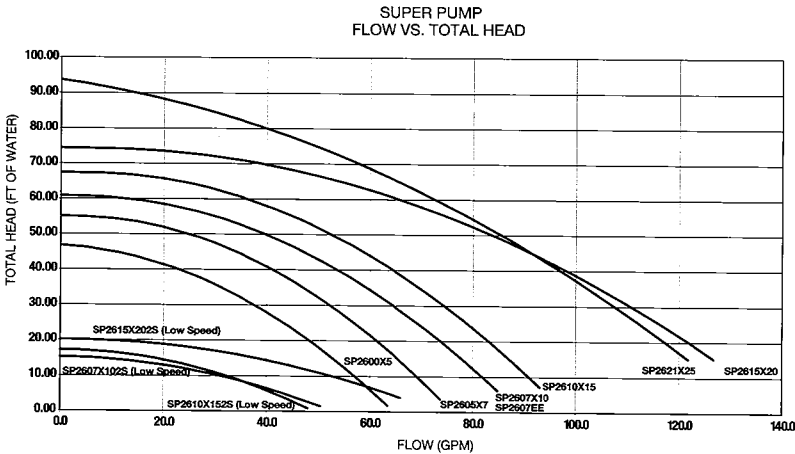
Service-Ease Design
gives simple access to all internal parts. Motor and entire drive group assembly can be removed, without disturbing pipe or mounting connections, by disengaging just four bolts.



OVERALL DIMENSIONS	MODEL	Horse Power			Pipe Size	Dimension "A"	
		Total HP	HP	Service Factor	inches	inches	mm
	Energy Efficient Full-Rated Single Speed						
	S2607EE	0.99	¾	1.32	1 ½	15	381
	Standard Efficient Max-Rated Single Speed						
	SP2600X5	0.60	½	1.20	1 ½	13 ¼	337
	SP2605X7	0.75	¾	1.00	1 ½	13 ⅞	352
	SP2607X10	1.10	1	1.10	1 ½	14 ¼	362
	SP2610X15	1.50	1 ½	1.00	1 ½	15 ⅝	391
	SP2615X20	2.00	2	1.00	2	15 ⅞	403
	SP2621X25	2.50	2 ½	1.00	2	16 ⅞	416
	Standard Efficient Max-Rated Dual Speed						
	SP2607X102S	1.00	1	1.00	2	13	330
	SP2610X152S	1.50	1 ½	1.00	2	13 ¾	349
	SP2615X202S	2.00	2	1.00	2	14 ¼	362



Super-Size 110-Cubic-Inch Basket has extra leaf-holding capacity and extends time between cleanings. Rigid construction with load-extender ribbing ensures free-flowing operation for heavy debris loads.



Super Pump® Series Pumps are listed by:



To take a closer look at Super Pumps or other Hayward products, go to hayward.com or call 1-888-HAYWARD



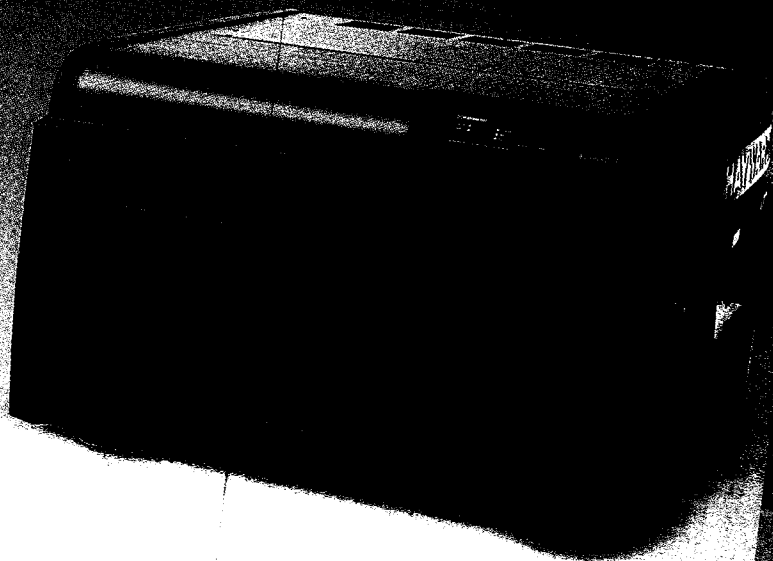
620 Division Street | Elizabeth, NJ 07201

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H HAYWARD®

HEATING

Technologically
advanced for the
ultimate in comfort.



Universal H-Series

POOL AND SPA HEATERS

Total System: Pumps | Filters | **Heating** | Cleaners | Sanitization | Automation | Lighting | Safety | White Goods



EASY TO INSTALL. EVEN EASIER TO OPERATE.

The Universal H-Series' unique advantage lies in its commercial grade cupro nickel heat exchanger. This distinctive feature defends against damaging water chemistry conditions, resulting in long-lasting value and dependability at no extra cost.

Universal left- or right-side electric, gas and water connections provide Universal H-Series heaters unprecedented installation flexibility. This exceptional adaptability, coupled with a modern low-profile appearance and front panel only access required for both installation and service, ensures compatibility with all new or existing systems and equipment pad configurations.

PERFORMANCE & VALUE



Standard Cupro Nickel Heat Exchanger

Industry's only standard cupro nickel hex and Totally Managed Flow provide exceptional corrosion resistance and erosion protection. Ideal for today's salt-based electronic chlorination systems.



Superior Hydraulic Performance

Industry-leading hydraulic performance saves energy by reducing circulation pump run time.

FLEXIBILITY



Dual Voltage

Installation is simplified with voltage that easily adapts to either 110V or 220V.



Universal Wiring Junction Boxes

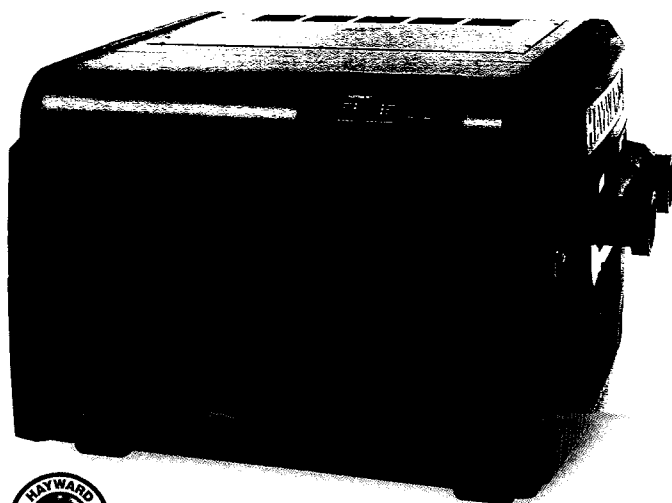
High- and low-voltage connections are easy and convenient with left- and right-side junction boxes.

ENVIRONMENTAL



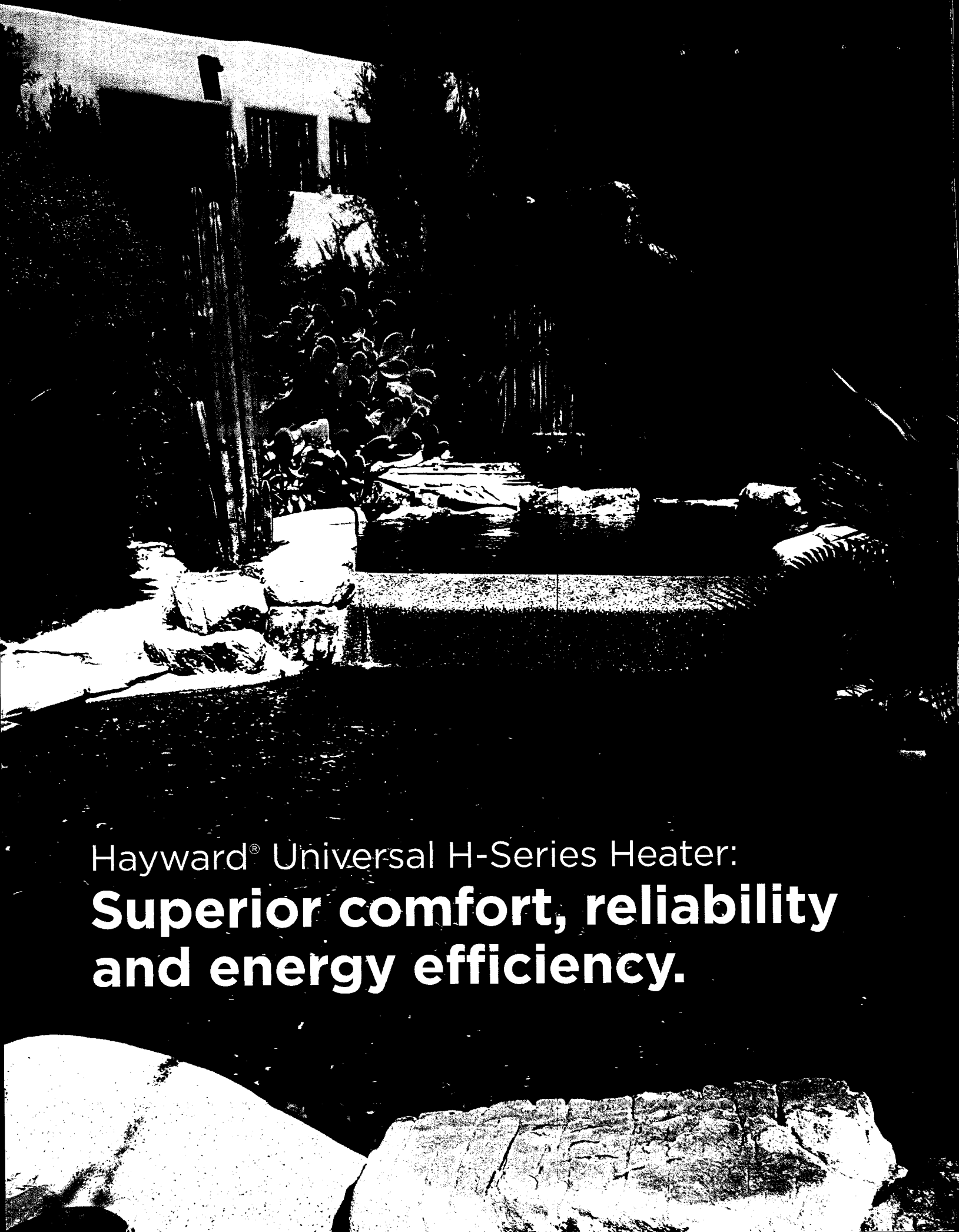
Low NOx Emissions

Environmentally responsible and meets air quality emission standards in all low NOx areas.



H400FD

An efficiently heated pool or spa lets you control your swim season and provides luxurious comfort that fits your lifestyle. Universal H-Series heaters from Hayward offer the most reliable, hydraulically efficient solutions for any pool or spa. Our heaters, including a brand-new 500,000 BTU model with the fastest speed-to-heat capability in its class, are designed for ultimate performance, comfort and durability. They also offer environmentally responsible low NOx emissions so that you can enjoy efficient luxury and peace of mind—season after season.

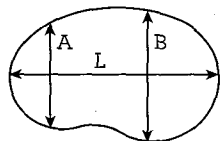


Hayward® Universal H-Series Heater:
**Superior comfort, reliability
and energy efficiency.**

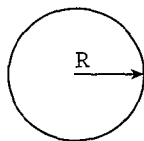
SELECTING THE CORRECT SIZE H-SERIES HEATER:

FOR YOUR SWIMMING POOL

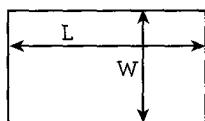
Determine your pool's surface area in square feet:



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



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



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

MODEL	SURFACE AREA
H500	1,350
H400	1,200
H350	1,050
H300	900
H250	750
H200	600
H150	450

In this table, locate the surface area that is equal to, or just greater than, the pool's surface area. To the left of this number is the appropriate Universal H-Series model that will fit the selected area.

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

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 7.5).

The reference table lists the time required in minutes to raise the temperature of the spa/hot tub by 30°F. In the table below, locate the column with the spa/hot tub size in gallons that is closest to yours. Select the desired time to raise the spa/hot tub temperature 30°F, read to the left and select the appropriate Universal H-Series 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, or 2. (**Note:** Heat lost and/or heat absorbed by spa walls or other objects will add to the time it takes the spa to heat up.) 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.

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								
H500	7	11	14	18	22	25	29	32	35
H400	9	14	18	23	27	32	36	41	45
H350	10	16	21	26	31	36	41	46	52
H300	12	18	24	30	36	42	48	54	60
H250	15	22	29	36	43	51	58	65	72
H200	18	27	36	45	54	63	72	81	90
H150	24	36	48	60	72	84	96	108	120

SPECIFICATIONS AND DIMENSIONS:

UNIVERSAL H-SERIES HEATER

	H500FD	H400FD	H350FD	H300FD	H250FD	H200FD	H150FD
BTU/HR	500,000	400,000	350,000	300,000	250,000	200,000	150,000
THERMAL EFFICIENCY	83%	83%	83%	82.7%	83%	83%	82.7%
WIDTH (INCHES)	41"	36"	33"	30"	28"	25"	21"
DEPTH (INCHES)	29-1/2"	29-1/2"	29-1/2"	29-1/2"	29-1/2"	29-1/2"	29-1/2"
HEIGHT (INCHES)	24"	24"	24"	24"	24"	24"	24"
WATER CONNECTIONS	2" x 2-1/2"	2" x 2-1/2"	2" x 2-1/2"	2" x 2-1/2"	2" x 2-1/2"	2" x 2-1/2"	2" x 2-1/2"
HEAT EXCHANGER	Cupro Nickel	Cupro Nickel	Cupro Nickel	Cupro Nickel	Cupro Nickel	Cupro Nickel	Cupro Nickel
INDOOR VENT PIPE DIAMETER (INCHES) NATURAL	6"	6"	8"	8"	4"	6"	6"
INDOOR VENT PIPE DIAMETER (INCHES) PROPANE	8"	8"	8"	8"	6"	6"	6"
HEATER WEIGHT (LBS)	223	160	158	145	134	123	110
GAS CONNECTION AT HEATER	1"	3/4"	3/4"	3/4"	3/4"	3/4"	3/4"

H-Series heaters are available in a comprehensive range of BTU sizes for natural or propane gas. All units are certified by the Canadian Standards Association and carry the exclusive Hayward® warranty.

MILLIVOLT HEATERS

	H210
BTU/Hr.	210,000
Width x Depth x Height (Inches)	27" x 27-1/2" x 28-1/2"
Heat Exchanger	Cupro Nickel

MILLIVOLT HEATERS CONT.

	H210
HWS Stack Height (Inches)	17-1/4"
Water Connections	1-1/2" x 2"
Heater Weight (lbs)	144
Gas Connection at Heater	3/4"



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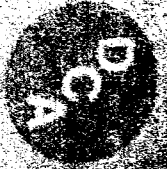


LTHS15

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

BACKGROUND AND MULTIPLE SECURITY FEATURES PLEASE EXAMINE CAREFULLY

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs



THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

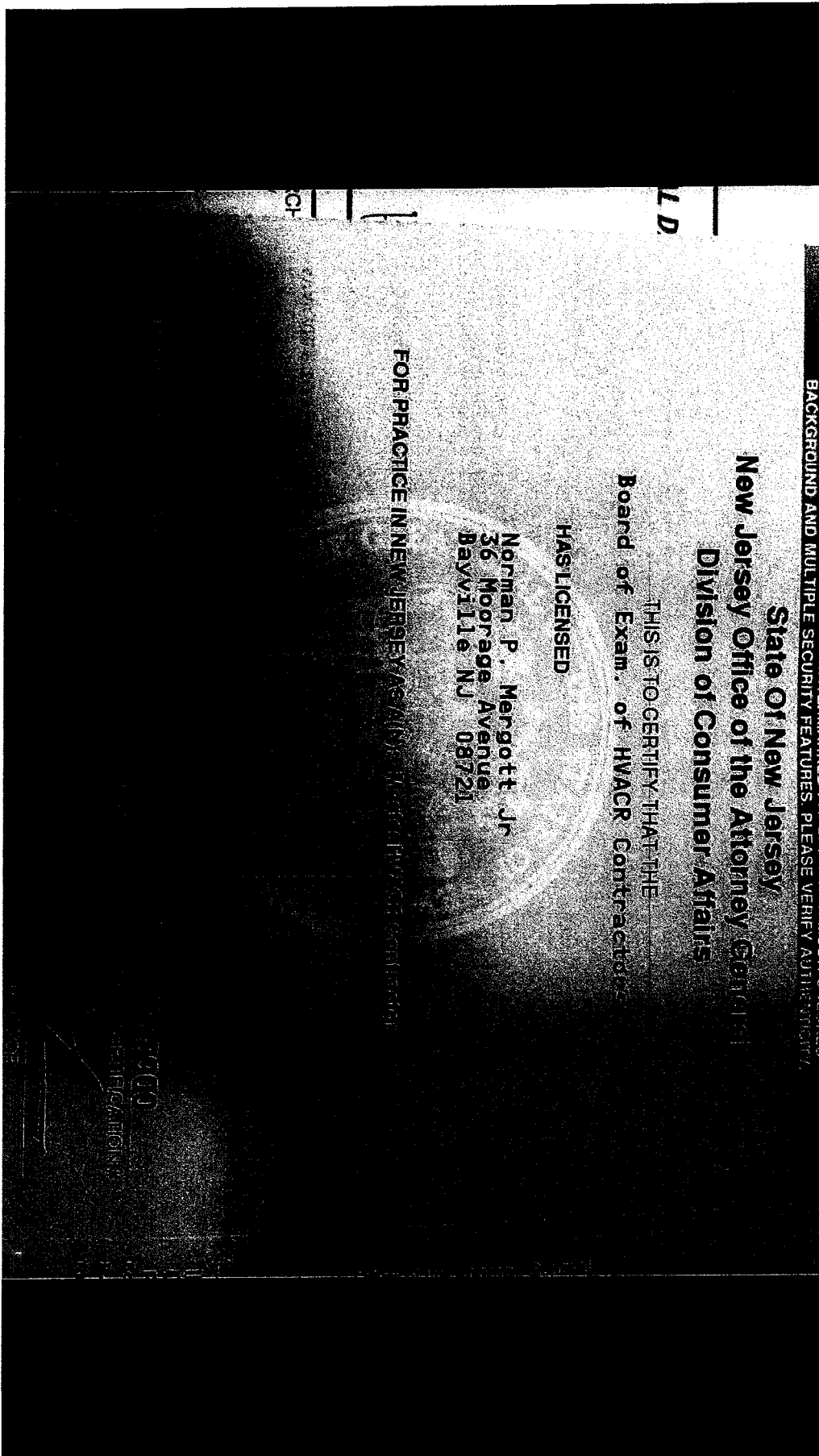
A thru X Mechanical, LLC
Norman Mergott
36 Moorage Ave.
Bayville NJ 08721

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

02/05/2016 TO 03/31/2017
VALID

Signature of Licensee/Registrant/Certified Holder

12/27/2016 15:41:00
LICENSE REGISTRATION INFORMATION



In Ground Pool

Finals Necessary for CA

[print](#)
[reset defaults](#)
[check all](#)
[complete](#)**Checklist for IG Pools****In Ground Pools**

Final Building

[comment](#) ☒ ☐

Final Electrical

[comment](#) ☒ ☐

Final Plumbing

[comment](#) ☒ ☐

Final Engineering

[comment](#) ☒ ☐**IN ENG RH 5/18/17 Passed 6/2/17 rec'd in bldg. 6/5/17 MFF**

Affordable Housing

[comment](#) ☒ ☐**sent to AH with jacket on 6/5/17 MFF**This checklist has been given to: [\(edit\)](#)

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

John G. Ducey, Mayor

Township Council:

Paul Mummolo - President
Heather deJong - Vice President
Jim Fozman
Susan Lydecker
Bob Moore
Marianna Pontoriero
Andrea Zapic



Division of Engineering

Elissa C. Commins, PE, PP, CME, CPWM, CFM
Township Engineer & Floodplain Manager
Ecommins@twp.brick.nj.us

732-262-1040
Fax: 732-262-2941
www.twp.brick.nj.us

INGROUND POOL INSPECTION FORM

NAME: Gabriel
ADDRESS: 1691 Laurelton St.
CITY: Brick
STATE: NJ ZIP CODE: 08724
PHONE NUMBER: [REDACTED]
BLOCK: 844 LOT: 12

CONTRACTOR: Pool Town, Inc.
ADDRESS: 5500 US Hwy 9 South
CITY: Howell
STATE: NJ ZIP CODE: 07731
PHONE NUMBER: (732) 901-9071
STATE LICENSE NUMBER: 13J400923100

TYOE OF INSPECTION	APPROVED	REJECTED	EXPLANATION
POOL LOCATION:	☒		
POOL ELEVATION:	☒		
CONCRETE WALKWAY:	☒		
CONSTRUCTION ENTRANCE:	☒		
(A) CONCRETE CURB:	<u>N/A</u>		
(B) CONCRETE SIDEWALK:	<u>N/A</u>		
(C) ROAD PAVEMENT:	☒		
RETAINING WALL:	<u>N/A</u>		
BULKHEAD:	<u>N/A</u>		
LANDSCAPE BERM:	☒		
BACKWASH HOSE:	☒		
GRADING:	☒		
SOIL STABILIZATION:	☒		
ASBUILT REQUIRED:	YES	<u>NO</u>	
CLEAN UP:	☒		
SAFETY:	☒		

ENGINEER REVIEW BY: LAPOB

DATE: 6/2/17

INSPECTORS NAME: R. Harris



Pass

DATE: 6/1/17

Community Development and Land Use

401 Chambers Bridge Rd.

Brick NJ 08723

(732) 262-1336



Receipt

Payment Date 06/09/2017

Transaction # PMT-17-70409

Receipt #

Issued To COURTNEY A. GABRIEL

Description FINAL AFFORDABLE HOUSING
BLOCK 844 LOT 12
1691 LAURELTON STREET

Date Printed 06/09/2017

Check Number 1276

Cash \$0.00

Check \$70.00

Charge \$0.00

Total Paid \$70.00



Council on Affordable Housing (COAH) Fee

Block: 844 Lot: 12 1691 LAURELTON ST

General **Fees** Payments

General

Date: 08/26/2016

Application Type: Residential

Application Number: ZA-16-01298

Values

Sq. Ft.:

Cost / Sq. Ft.:

Estimated Assessed Value:

Actual Assessed Value:

Equalized Value:

Land Value:

☐ Use Cost / Sq. Ft. for Calculation☒ Use % of Assessed Value for Calculation

Contributions

Initial % Due:

% Required:

Estimated Contribution Fee:

Actual Contribution Fee:

☒ Use Estimated Fee for Payment Due☐ Use Actual Fee for Payment Due

Notes

Prelim Fees Due \$55.00

Final Due \$70

OK

Cancel



PERMIT UPDATE

Date Update Issued 10/20/16
Control # C-16-004112+A
Permit # +A

16-3057

IDENTIFICATION Block: 844 Lot: 12 Qualifier _____
Work Site Location: 1691 LAURELTON ST Brick Township NJ Contractor POOL TOWN INC
Address 5500 RT 9 SOUTH HOWELL NJ 07731 - 3728
Owner in Fee GABRIEL JEFFREY R & GRUSS, C A
1691 LAURELTON ST BRICK NJ 08724 Telephone: (732) 901-9071
Telephone: _____ Lic. No. or Bldrs. Reg. No. 13VH00923100 13VH00923100
Federal Employee No. 22-2783004

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

INGROUND SWIMMING POOL ...UPDATE +A- GAS-FIRED POOL HEATER

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 \$1,000

D. Newman
Construction Official

10/13/16
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$150
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$2
CO Fee	
Other	\$0
Total	\$152
Check No. <u>269</u>	
Cash	\$0
Credit	\$0
Collected By <u>L L</u>	

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 the work installed conforms with 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 granted.

☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases 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, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

10/20/16 1:14PM 00155844540
6307 SERV. 007
DCA
150.00
12.00
152.00

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ 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. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☒ A complete copy of released plans must be kept on the job site.

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



CONSTRUCTION PERMIT

Date Issued 10/20/16
Control # C-16-004112
Permit # 16-3657

IDENTIFICATION Block: 844 Lot: 12 Qualifier _____
Work Site Location: 1691 LAURELTON ST Brick Township, NJ Contractor POOL TOWN INC
Address 5500 RT 9 SOUTH HOWELL NJ 07731 - 3728
Owner in Fee GABRIEL JEFFREY R & GRUSS, C A
1691 LAURELTON ST BRICK NJ 08724 Telephone: (732) 901-9071
Lic. No. or Bldrs. Reg. No. 13VH00923100 13VH00923100
Federal Employee No. 22-2763604

Is hereby granted _____ the following work:

- | | | |
|--|--|--|
| ☒ BUILDING | ☒ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT
(Subchapter 8 only) | ☐ OTHER |

DESCRIPTION OF WORK:

INGROUND SWIMMING POOL ... 18'x36'

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 \$35,750

Construction Official [Signature]

Date 10/13/16

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$250
Electrical	\$250
Plumbing	\$150
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$68
CO Fee	
Other	\$150
Total	\$868
Check No. <u>1269</u>	
Cash	\$0
Credit	\$0
Collected By <u>CH</u>	

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 the work installed conforms with 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 granted.

☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases 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, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

13657
10/20/16
16-3657
ELECTRIC \$250.00
PLUMBING \$250.00
DCA \$68.00
EPA \$150.00
ZFA \$150.00
CHECK \$898.00

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☒ A complete copy of released plans must be kept on the job site.

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

NO DIVING BOARD



BUILDING SUBCODE TECHNICAL SECTION



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

Block 844 Lot 12 Qualification Code _____
Work Site Location 1691 Laureleton St
Block 08734
Owner in Fee 0000 Gabriel
Address S/A

Contractor Pool Town, Inc.
Address 5500 U.S. Highway 9 South, Howell, NJ 07731

Tele. (732) 901-9071 Fax (732) 364-1815
Lic. No. or Bids. Reg. No. _____
Federal Emp. No. 22-2763904 13VH00923100

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Approval	Initial
☐ No Plans Required								
☒ All	<u>10-11-16</u>	<u>SP</u>		Footing				
☐ Footing				Footing Bonding				
☐ Foundation				Foundation				
☐ Frame				Slab				
☐ Other				Truss Sys/Bracing				
<u>Asst Plan Review Requested</u>	<u>10/12/16</u>	<u>WJ</u>		Barrier-Free				
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator				Insulation				
SUBCODE APPROVAL				Finishes - Base Layer				
☐ CO ☐ CCO	<u>10/16/17</u>	<u>CA</u>		Finishes - Final				
Date: <u>05/16/17</u>				Energy				
Approved by: <u>WJ</u>				Mechanical				
				Other				
				Final				
				Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed Est. Cost of Bldg. Work:
Contr. Class Present Proposed 1. New Bldg. \$ _____
No. of Stories _____ 2. Rehabilitation \$ _____
Height of Structure _____ 3. Total (1+2) \$ 35,200
Area - Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

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 Wesley P. Pore

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Proposed <u>18' x 36'</u> Inground Pool.
Existing Proposed <u>6' PVC</u>
Fence with self latching, locking gate, opening outward, installed by homeowner.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.
- ☐ Sign _____
- ☒ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other _____
- ☐ Demolition

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

U.C.C. F110
(rev. 07/03)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

Date Received 10/20/16
Control # _____
Date Issued 10-26-17
Permit # _____



ELECTRICAL SUBCODE TECHNICAL SECTION



I.G. Pool

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

Block 844 Lot 1A Qualification Code _____
Work Site Location 1691 Laurelhon St.
Owner in Fee Gabriel
Address SLA

Contractor GRL Electric LLC
Address 1048 Juniper Place

Tel (732) 552-4977 FAX (_____) _____
Contractor License No. 17560
Federal Emp. No. 462109763

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	
☐ No Plans Required	Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:					
☐ Building ☐ Plumbing	Rough				
☐ Fire ☐ Elevator	Barrier-Free				
☒ Elec. Plans Approved	Temp. Serv.				
Date: <u>9/8/16</u>	Const. Serv.				
Approved by: <u>[Signature]</u>	TCO				
	Other				
	Service				
	Final				
	Barrier-Free				
SUBCODE APPROVAL	Temp. Cut-in-Card Date Issued				
☐ CO ☐ CCO ☒ CA	Final Cut-in-Card Date Issued				
Date: <u>11/16/16</u>	Annual Pool Inspection				
Approved by: <u>[Signature]</u>	Date of Grounding and Bonding Certification				

C. CERTIFICATION AND FEE OF JONAS

I hereby certify that I am the duly authorized agent of the applicant and am authorized to make this application and certification on behalf of the applicant.

Applicant's Signature (Contractor, Seal and Signature)

☒ Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
<u>1</u>		Lighting Fixtures
<u>1</u>		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range/Receptacle	
KW Oven/Surface Unit	
KW Elec. Water Heater	
KW Elec. Dryer/Receptacle	
KW Dishwasher	
HP Garbage Disposal	
KW Central A/C Unit	
HP/KW Space Heater/Air Handler	
KW Baseboard Heat	
HP Motors 1/+ HP	
KW Transformer/Generator	
AMP Service	
AMP Subpanels	
AMP Motor Control Center	
KW Elec. Sign/Outline Light	

FEE (Office Use Only)

Administrative Surcharge \$	
Minimum Fee \$	
State Permit Surcharge Fee \$	
TOTAL FEE \$	



PLUMBING SUBCODE TECHNICAL SECTION



hp data

Date Received 10/20/16
Control #
Date Issued 16-3657 + A
Permit #

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

Block ~~844~~ 844 Lot 12 Qualification Code
Work Site Location 1691 Laurelfon St.
Brick 8724
Owner in Fee Gabriel
Address S/A

Tel () Contractor *Arthur Mechanical LLC*
Address *36 Mortgage Ave Bayville NJ*

Tel (732) 557-4877 FAX 732 269 3700 Exdate 3-31-2017
Contractor License No. *Home Improvement Registration # 13VHD6897400*
Federal Emp. No. 30-0540939

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work \$ 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS	
		Type	Dates (Month/Day)
			Failure Failure Approval Initial
Joint Plan Review Required:			
☐ No Plans Required		Slab	
☐ Building ☐ Electric		Rough	X
☐ Fire ☐ Elevator		Water	
☐ Plumbing Plans Approved		Sewer	
Date: 8-28-16		Fixtures	
Approved by: <i>[Signature]</i>		Gas Equipment	
SUBCODE APPROVAL		Gas Piping <i>1 inch</i>	11-15-16 <i>[Signature]</i>
☐ CO ☐ CCO ☐ CA		LP Gas Tank	
Date: _____		Fuel Oil Piping	
Approved by: _____		Solar	
		TCO	
		<i>FMAC</i>	5-16-17 <i>WM</i>

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
*Gas Line for Pool Heater
+
Tracer Wire*

QTY.

FIXTURE/EQUIPMENT

Water Closet
Urinal/Bidet
Bath Tub
Lavatory
Shower
Floor Drain
Sink
Dishwasher
Drinking Fountain
Washing Machine
Hose Bibb
Water Heater
Fuel Oil Piping
Gas Piping
LP Gas Tank
Steam Boiler
Hot Water Boiler
Sewer Pump
Interceptor/Separator
Backflow Preventer
Greasetrap
Sewer Connection
Water Service Connection
Stacks
Other *retail valve*
Other *9601 Heater*

FEE (Office Use Only)

\$

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

10/20/14
14-3657

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

Block 844 Lot 12

Work Site Location 1691 Laurelton St.

Brick 08724

Owner in Fee Gabriel

Address S/A

Tele. [REDACTED]

Contractor Pool Town, Inc.

Address 5500 U.S. Highway 9 South, Howell, N.J. 07731

Tele. (732) 901-9071 Fax (732) 364-1815

Lic. No. 13VH00923100

Federal Emp. No. 22-2763004

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed _____

Building Sewer Size _____ Public Sewer _____

Water Service Size _____ Public Water _____

Est. Cost of Plumbing Work \$ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required
Joint Plan Review Required:

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☒ Plumbing Plans Approved

Date: 9-22-16

Approved by: [Signature]

SUBCODE APPROVAL

☐ CO ☐ CCO ☒ CA

Date: 5-17-17

Approved by: [Signature]

INSPECTIONS

Type:

☐ Slab

☐ Rough

☐ Water

☐ Sewer

☐ Fixtures

☐ Gas Equipment

☐ Gas Piping

☐ Solar

☐ TCO

Dates (Month/Day)

Failure

Failure

Approval

Initial

11-11-16

[Signature]

5-16-17

[Signature]

5-16-17

5-16-17

5-16-17

5-16-17

5-16-17

5-16-17

5-16-17

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.

FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other _____

Other _____

Other DUAL MAIN DEANS

FEE (Office Use Only)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

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\$ _____

\$ _____

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.

Brianne Price

Signature — Contractor's Seal

☐ Licensed Plumbing Contractor

☒ Exempt Applicant

U.C.C. F130

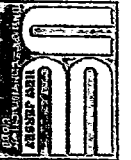
(rev. 3/06)

1 White = Inspector Copy

3 Pink = Office Copy

2 Canary = Office Copy

4 Gold = Applicant Copy



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 844 Lot 12 Qualification Code _____

Work Site Location Wall Lauchon St.

Owner In Fee: Gabriel

Tel. _____ e-mail _____

Address 31A mechanical municipality _____ Tel. (732) 552-4877

Contractor: A. P. X. mechanical e-mail _____

Address 36 Morange Ave Freeville e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____

Const. Class: Present _____ Proposed _____ Fuel Type: ☒ Flammable or ☒ Combustible

Heating System: ☒ New or ☒ Modification to Existing Fire Alarm System: ☒ New or ☒ Existing

OR ☒ Conversion or ☒ Replacement Location of Panel: _____

Fuel Type: ☒ Gas ☒ Oil ☒ Electric ☒ Solar Fire Suppression/Standpipe System: _____

Location: ☒ Other _____ Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$ 5

JOB SUMMARY (Office Use Only)

PLAN REVIEW ☒ No Plans Required ☒ Partial - Underlab: Utilities Approved

Date: _____ Approved by: _____ Standpipe _____

☒ Fire Protection Plans Approved Fire Pump _____

Date: _____ Approved by: _____ Pre-Eng. System _____

Joint Plan Review Required: ☒ Bldg. ☒ Elec. ☒ Plumb. ☒ Elev. Mechanical _____

SUBCODE APPROVAL FOR PERMIT Smoke Control _____

Date: _____ TCO _____

Approved by: _____ Flam/Combust Tanks _____

SUBCODE APPROVAL FOR CERTIFICATE Fireplace Venting _____

☒ CO ☒ CCO ☒ CA Final _____

Date: _____ 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.

Applicant sign/Contractor Brian Ross

sign and seal here: _____

Print name here: Brian Ross

D. TECHNICAL SITE DATA ☒ Certified Contractor ☒ Exempt Applicant

DESCRIPTION OF WORK: _____

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems ☒ System _____

☒ 110v Interconnected ☒ CO Detectors/110v _____

Alarm Devices (i.e., smoke, heat, pull, water/flow) _____

Supervisory Devices (i.e., tamper, low/high air) _____

Signaling Devices (i.e., horns/strobes, bells) _____

Other Devices _____

TOTAL _____

Suppression Systems _____

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems _____

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fuel-Fired Appliances ☒ Gas ☒ Oil ☒ Solid _____

Fireplace Venting/Metal Chimney _____

Other _____

Date Received _____

Control # _____

Date Issued _____

Permit # _____

To reprint call (609) 390-1400

ALLEGRA

Marketing • Print • Mail

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



Receipt

Payment Date 10/20/2016

Transaction # PMT-16-09282

Receipt #

Issued To COURTNEY GABRIEL

Description PRELIMINARY AH FEE \$55
BLOCK 844 LOT 12
1691 LAURELTON ST

Date Printed 10/20/2016

Check Number 1270

Cash \$0.00

Check \$55.00

Charge \$0.00

Total Paid \$55.00

10/30/16

Called
P.T.

TOWNSHIP OF BRICK

ADDRESS: 1691 Laurellton St.

CONSTRUCTION PERMIT FEES:

BUILDING \$ _____

ELECTRIC \$ _____

PLUMBING \$ _____

FIRE \$ _____

STATE PERMIT FEE \$ _____

CERTIFICATE OF OCCUPANCY \$ _____

PROTOTYPE PROCESSING
(LESS 25%) \$ _____

STATE PLAN REVIEW (LESS
25%) \$ _____

SUBTOTAL \$ _____

PRIOR APPROVAL FEES:

ZONING \$ _____

ENGINEERING \$ _____

SUBTOTAL \$ 898. + 152 -

TOTAL PERMIT FEE: \$ +1050 -

PLEASE NOTE PAYMENT FOR PERMITS AND AFFORDABLE HOUSING ARE SEPARATE.

AFFORDABLE HOUSING FEES:

PRELIMINARY \$ 55.00

CALLER'S NAME _____ DATE _____

SPOKE TO _____ (HOMEOWNER/CONTRACTOR)

RECEIVING CLERK
DATE RECD 8-25-16

ZONING PERMIT APPLICATION

PERMIT # 20-16-01509
DATE ISSUED 10/20/16

BLOCK: 844 LOT: 12 QUALIFIER: _____ SITE ADDRESS: 1691 Laurelfon St.

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Gabriel

COMPLETE ADDRESS: 1691 Laurelfon St.
Brink #0724

PHONE: [REDACTED] IL: _____

2. NAME OF APPLICANT: Pool Town

APPLICANT ADDRESS: 5500 Rt. 9 South
Howell NJ 07731

PHONE # 732-505-9000 EMAIL: Permits@pooltown1.com

3. RESPONSIBLE PERSON FOR WORK: Dino Kazanias
PHONE# 732-505-9000 FAX# 732-364-1815

4. SIGNATURE OF APPLICANT: Anthony Diana / Pool Town

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: \$ 30-
OTHER: \$ _____
TOTAL: \$ 30-

REQUIRED BY APPLICANT

RESIDENTIAL: ✓
COMMERCIAL: _____
EXISTING USE: SFC
PROPOSED USE: SFC

BOARD APPROVAL: _____ PB _____ ZB _____
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION _____ *ALTERATION ✓ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND ✓ FENCE HEIGHT _____ TYPE _____

HEIGHT: _____ (*APPLICABLE)

OTHER: _____

DESCRIPTION: 18'x36' inground pool, filter, gas heater, 3' concrete around pool + extra

ZONING REVIEW: 8/26/16

DATE RECEIVED: _____

DATE APPROVED: _____

8/26/16

DATE: _____

(SEE BACK PAGE)



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued:

Application Number: ZA-16-01298

Application Date: 08/25/2016

Project Number: _____

Permit Number: _____

Fee: \$30.00

Zoning Permit

Worksite **1691 LAURELTON ST**
Location: **Laurelton Park**
BRICK, NJ 08724

Block: 844

Lot: 12

Qualifier: _____

Zone: R-7.5

Owner: **GABRIEL, JEFFREY R & GRUSS, C A**
Address: **1691 LAURELTON ST**
BRICK, NJ 08724

Applicant: **Pool Town**
Address: **5500 Route 9 S**
Howell, NJ 07731

Application Approved Date: 08/26/2016

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Single-Family Residential

Nonconforming Use is: _____

Work Description:

Inground Pool - 18' x 36' Inground Pool/pool heater

The pool and pool equipment must be setback at least 25' from the front property line, 12.5' from the second frontage on West Princeton Ave., 5' from the side and rear property line,

Additional Zoning Permit is required for additional work.

Upon review it was determined that the Zoning Permit:

- ☒ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
 - ☐ Zoning Board of Adjustment
 - ☐ Zoning Officer


Sean Kinnevy, Zoning Officer

08/26/2016

Date


Sean Kinnevy, Zoning Officer

8/26/16

Date

ENGINEERING PERMIT APPLICATION

RECEIVED
12/10/2004

BLOCK: 844 LOT: 12 ADDRESS: 1691

IDENTIFICATION

1. WORK SITE ADDRESS: 1691 Laurethon St

2. NAME OF OWNER IN FEE: Gabriel

ADDRESS: 1691 Laurethon St. PHONE: [REDACTED]

Brick 08724 FAX #: ()

3. PRINCIPAL CONTRACTOR: Pool Town

ADDRESS: 5500 Rt. 9 South PHONE #: (732) 580-9000

Howell FAX #: (732) 364-1815

4. ARCHITECT OR ENGINEER: Martin Miller

ADDRESS: 8 Strathmore Ct. PHONE: # (732) 580-7189

5. RESPONSIBLE PERSON FOR WORK: Dino Kazanias

ADDRESS: 5500 Rt. 9 South Howell NJ 07731

PHONE #: (732) 580-9000 FAX #: (732) 364-1815 E-MAIL: [REDACTED]

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☒ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL

☐ OTHER

LENGTH: 36' WIDTH: 18' HEIGHT: [REDACTED]

ENGINEERING REVIEW:

DATE RECEIVED: 9/2/06

DATE REJECTED: [REDACTED]

DATE APPROVED: 9/2/06

INITIALS: KSJ

FEE SUMMARY

APPLICATION FEE: \$ 1500

REVIEW FEE: \$

INSPECTION FEE: \$

OTHER: \$

BOND(S): \$

TOTAL: \$ 1500

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: [REDACTED]

DRAINAGE EASEMENTS: [REDACTED]

UTILITY EASEMENTS: [REDACTED]

CONSERVATION EASEMENTS: [REDACTED]

FEMA REQUIREMENTS: [REDACTED]

D.E.P. PERMITS: [REDACTED]

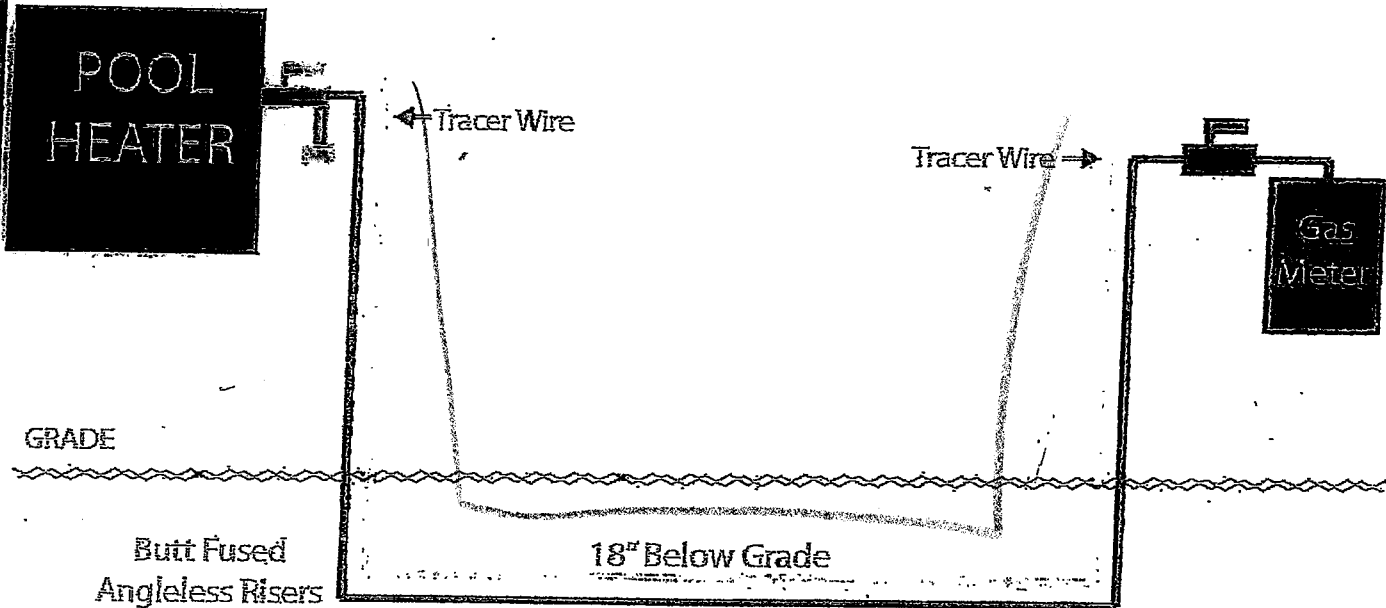
BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: [REDACTED]

APPROVED DATE: [REDACTED]

A THRU X MECHANICAL
36 MOORAGE AVE
BAYVILLE, NJ

NAME Gabriel
ADDRESS 1691 Laurehton St
BRICK 08724
BLOCK 844 LOT 12
PERMIT# _____



INPUT BTU 250,000 BTU
LENGTH OF RUN 100
SIZE OF PIPE 1 1/4
TYPE OF PIPE Pow
SAND IN TRENCH NO

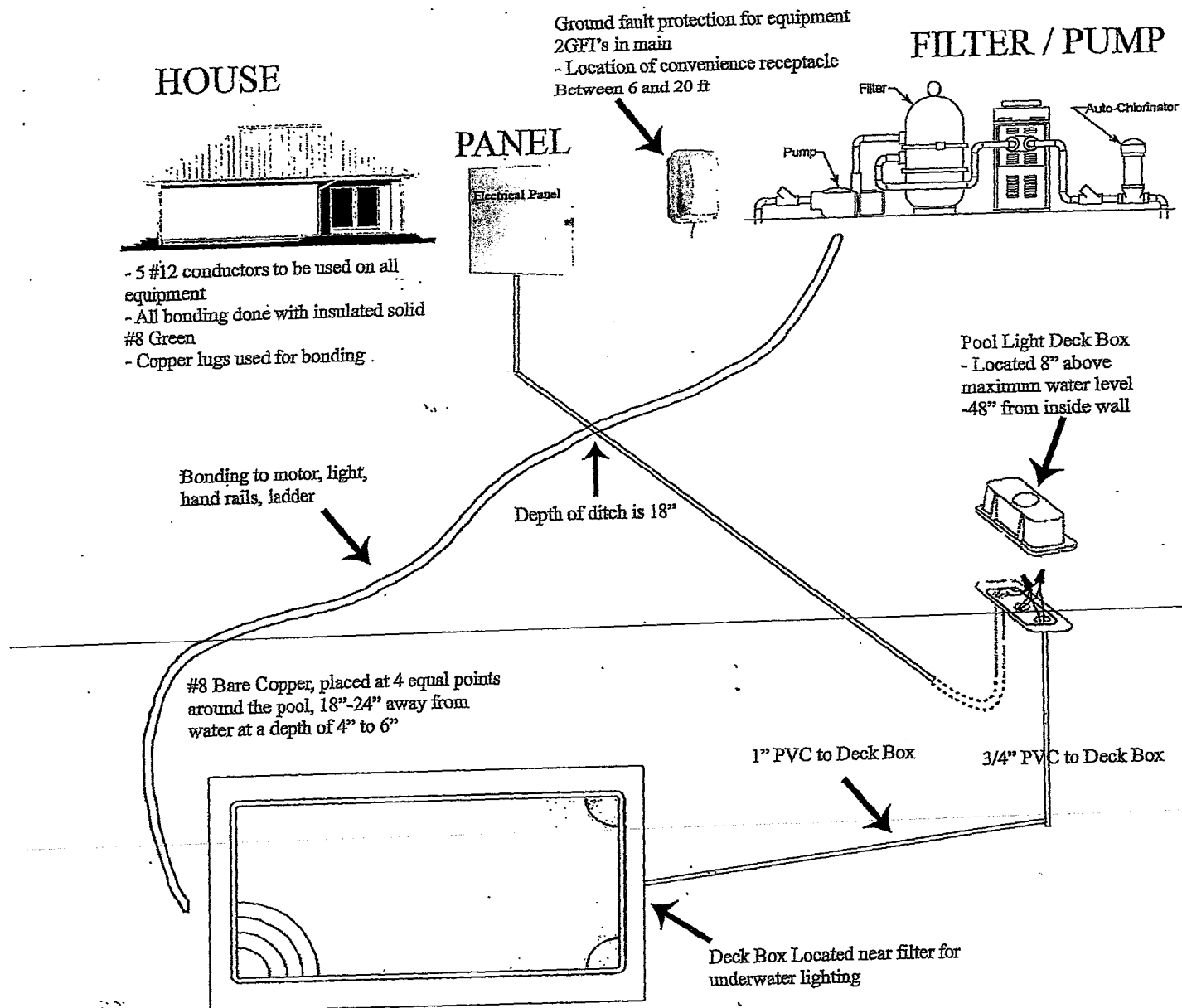
PLUMBING
SEP 29 2016
APPROVED

FILE COPY

GRL Electrical, LLC
 1048 Juniper Place
 Toms River, NJ 08753
 732.552.4877
 LIC# 17560

TOWNSHIP OF BRICK
 RELEASED FOR PERMIT INITIAL DATE
 Building Subcode _____
 Plumbing Subcode _____
 Fire Subcode _____
 Electrical Subcode PSC 9/8/14
 Plan Reviewer _____
 Plans Released _____
 Construction Official _____

Minimum Requirements for Electrical Wiring Diagram for Pools and Hot Tubs



Note: Information Contained in National Electric Code Article 680

HOMEOWNER'S POOL CERTIFICATION

FENCE REQUIREMENTS:

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

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

BLOCK: _____ LOT: _____ ADDRESS: _____

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

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

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

Courtesy Gabriel
Owner's Signature

Courtesy Gabriel
Pool Name

Sworn and subscribed to before me on this *22nd* day of *August* 20 *16*

Laura J. Massano
Notary Signature

Barrier Exceptions: Spas or hot tubs with a safety cover which complies with ASTM F 1346, as listed in Section 5.1.1, shall be exempt from the provisions of this appendix.

LAURA J. MASSANO
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 1/2/2018

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors

HAS LICENSED

GRI ELECTRIC LLC
RICHARD M LAYCOCK
1048 Juniper Place
Totks River NJ 08753

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Business Permit

03/24/2015 TO 03/31/2018

VALID

Signature of Licensee/Registrant/Certificate Holder

34EB01756000
LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Electrical Contractors
HAS LICENSED

GRI ELECTRIC LLC
Electrical Business Permit

03/24/2015 TO 03/31/2018

VALID

Signature

34EB01756000

License/Registration/Certificate #

ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:

Board of Exam. of Electrical Contractors
P.O. Box 48008
Newark, NJ 07101

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Pool Town Inc
Vassos Chrysanthou
5500 US Highway 9
Howell NJ 07731-3728

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Pool Town Inc
Home Improvement Contractor

NOT AN ELECTRICIAN'S LICENSE
02/16/2016 TO 03/31/2017
VALID
13VH00923100
Signature of Licensee/Registrant/Certificate Holder
ACTING DIRECTOR

02/16/2016 TO 03/31/2017
VALID

13VH00923100

LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

Pool Town Inc

EXPIRATION DATE 2017

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 13VH 00923100 . PLEASE USE IT IN ALL
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS
CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED
BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW ADDRESS OF RECORD BELOW.

YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON
YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE
AVAILABLE TO THE PUBLIC.

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW MAILING ADDRESS BELOW.

YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY
THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL
CORRESPONDENCE.

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be
within reasonable proximity of your original license/registration/certificate at your principal office or place of business.