11.10.05 4 C19.60 C19.50-1 C19-50-2

BLOCK ~~X~~ LOT ~~11.10.05~~ QUALIFICATION CODE _____ ADDRESS (SITE) 132 WALKER Rd. PERMIT NO. 00-2173

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 132 WALKER Rd.
2. Name of Owner in Fee: DINSE, MICHAEL Tel. ( ) _____
   Address 132 (street) WALKER Rd BRICK (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: POOLSIDE POOLS + SPA'S Tel. (732) 557-9900
   Address 1570 LAKEWOOD Rd.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-3684559 FAX: (732) 557-9991
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work NICK SPALLEDA
   Tel. (732) 557-9900 FAX (732) 557-9991

6/11/00

INGROUND POOL & fence

V. FEE SUMMARY (for office use only)

			Update +A	Update +B
1. Building	$	100	40	
2. Electrical		35		60.-
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		1.16	4	1.-
10. Subtotal				
11. Cert. of Occupancy		20		
12. Other				
13. TOTAL	$	181.-	44.	61.

+C 40 40

VI. BUILDING/SITE CHARACTERISTICS

225

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area — Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes / no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Recd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building		CAS	5/19/00		5/31/2000	KB	10/5/00		OK
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		N/A	5/24/00		5/24/00				N/A
TOTAL COSTS	17,800								

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10401806

8/8

U.C.C. F100-1 (rev 3/96)

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

( ) Check if contractor.

Agent Name POOLSIDE POOLS & SPAS LLC

Address 1570 LAKEWOOD RD TOMS RIVER N.J. 08755

Telephone (732) 557. 9900

Signature _____

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

OFFICE DATE RECEIVED: ______________________

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IMPORTANT-
A.H.B.T. - EXEMPT

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

Name of Code & Edition | **Name of Code & Edition**

Building ______________________ Energy ______________________ Other ______________________

Electrical ______________________ Barrier Free ______________________

Plumbing ______________________ Flood Hazard ______________________

Fire Protection ______________________ As Built Elevation Cert. ______________________

Mechanical ______________________ Other ______________________

X. CERTIFICATES ISSUED (office use only)		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. ______	______	______	______	______
☐ Temporary Certificate of Compliance	No. ______	______	______	______	______
☐ Continued Certificate of Occupancy	No. ______	______	______	______	______
☐ Certificate of Compliance	No. ______	______	______	______	______
☐ Certificate of Occupancy	No. ______	______	______		
☐ Certificate of Approval	No. ______	______	______		
☐ Lead Abatement Clearance Certificate	No. ______	______	______	______	______

0010 2173## 0.00
LOT 4 # BUILDING 100.00
ELETRIC# 35.00
D.C.A. 16.00
ZONEPLOT 15.00
ENG P.R. 15.00
TOTAL 181.00
CHECK 181.00
CHANGE 0.00 -?:-?
NO. 5 0006A005
15/-?/00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/09/2000
Control #
Permit # 00-2173

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 1170.05 Lot 4 Qual

Work Site Location 132 WALTER RD
I G POOL
Owner in Fee DINSE, MICHAEL
Address SAME
BRICK, NJ 08724-
Telephone ( )

Contractor POOLSIDE POOLS AND SPAS
Address 1570 LAKEWOOD RD
TOMS RIVER, NJ 08724-
Telephone (732)557-9900
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3684559

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
I G POOL

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

Estimated Cost of Work $ 19,850

T. Curuazzo/ BO
Construction Official

06/09/2000
Date

PAYMENTS (Office Use Only)

Building	100
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	16
Cert. of Occupancy	0
Other PP	30
Total	181 151
Check No.	977
Cash	
Collected By	LRT

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

0010
2173#
LOT 4 #
BUILDING 40.00
D.C.A. 4.00
TOTAL 44.00
CHECK 44.00
CHANGE 0.00
NO. 5 0005A005

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 06/09/2000
Control #
Permit # 00-2173+A
Permit Issued 06/09/2000

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 1170.05 Lot 4 Qual

Work Site Location 132 WALTER RD
I G POOL
Owner in Fee DINSE, MICHAEL
Address SAME
BRICK, NJ 08724-
Telephone ( )

Contractor POOLSIDE POOLS AND SPAS
Address 1570 LAKEWOOD RD
TOMS RIVER, NJ 08724-
Telephone (732)557-9900
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3684559

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
4' PICKET FENCE W/2" SPACING

PAYMENTS (Office Use Only)

Building	40
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	4
Cert. of Occupancy	0
Other	
Total	44
Check No.	977
Cash	
Collected By	LRT

Estimated Cost of Work $ 5,000

J. Cuccazzo/LRT
Construction Official

06/09/2000
Date

U.C.C. PIC0 (rev. 3/96)

0011
2173*# 0.00
BLOCK 117005 # 0.00
LOT 4 #
PLUMBING 60.00
D.C.A. 1.00
TOTAL 61.00
CHECK 61.00
CHANGE 0.00
15/-?/00 NO. 5 0024A005 -?-?

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 06/09/2000
Control #
Permit # 00-2173+B
Permit Issued 06/09/2000

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 1170.05 Lot 4 Qual

Work Site Location 132 WALTER RD
I G POOL
Owner in Fee DINSE, MICHAEL
Address SAME
BRICK, NJ 08724-
Telephone ( )

Contractor POOLSIDE POOLS AND SPAS
Address 1570 LAKEWOOD RD
TOMS RIVER, NJ 08724-
Telephone (732)557-9900
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3684559

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
POOL HEATER

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	60
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	61
Check No.	2317
Cash	
Collected By	SC

Estimated Cost of Work $ 950

Construction Official

06/09/2000
Date

U.C.C. PI50 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/18/2000
Date Issued 6/19/00
Control # C19-50
Permit # 00-2173

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

Block 1170.05 Lot 4 Qual

Work Site Location 132 WALTER RD
I G POOL

Owner in Fee DINSE, MICHAEL

Address SAME
BRICK, NJ 08724-

Tele.( )

Contractor POOLSIDE POOLS AND SPAS

Address 1570 LAKEWOOD RD
TOMS RIVER, NJ 08724-

Tele.(732)557-9900 Fax ( ) -

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-3684559

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

I G POOL

* MUST COMPLY WITH ZONING CONDITIONS ALSO MUST ENCLOSE POOL AREA TO CODE GATES MUST OPEN OUT AND BE SELF CLOSING. SELF LATCHING.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5/31/2000	JKJr
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
~~Footing~~ FOUND 6/21/2000 (over)			6/21/2000	JKJr
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			10/5/2000	JKJr
BarrierFree				

TYPE OF WORK

[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence 0 Height (exceeds 6')
[ ] Sign 0 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[X] Other I G POOL
Other
[ ] Demolition

54" HIGH LOCKING DEVICE OR 3" DOWN ON INSIDE ON SOLID FENCES

FEE (Office Use Only)

	$ 0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	100
	0
	0

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 19,000
3. Total (1+2)$ 19,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 100
DCA Training Fee	$ 15

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/19/2000
Date Issued 6/9/00
Control # C19-50-1
Permit # 00-2173+A

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

Block 1170.05 Lot 4 Qual
Work Site Location 132 WALTER RD
FENCE
Owner in Fee DINSE, MICHAEL
Address SAME
BRICK, NJ 08724-
Tele.( )
Contractor POOLSIDE POOLS AND SPAS
Address 1570 LAKEWOOD RD
TOMS RIVER, NJ 08724-
Tele.(732)557-9900 Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3684559

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

4' PICKET FENCE W/2" SPACING

* Comply with all Zoning Conditions and make sure fence meet code for Pool Non Climable in design, self closing self latching, open out only. Lock 54" high.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5/31/2000	GLL
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

TYPE OF WORK

		FEE (Office Use Only)
[ ] New Building		$ 0
[ ] Addition		0
[X] Alteration		0
[ ] Roofing		0
[ ] Siding		0
[ ] Fence 0	Height (exceeds 6')	0
[ ] Sign 0	Sq. Ft.	0
[ ] Pool		0
[ ] Asbestos Abatement Subchapter 8		0
[ ] Lead Haz. Abatement NJAC 5:17		0
[X] Other 4' FENCE		40
Other		0
[ ] Demolition		0

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 5,000
3. Total (1+2) $ 5,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 40
DCA Training Fee	$ 4

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/19/2000
Date Issued 6/9/00
Control # C19-50-1
Permit # 00-2173+A

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

Block 1170.05 Lot 4 Qual
Work Site Location 132 WALTER RD
FENCE
Owner in Fee DINSE, MICHAEL
Address SAME
BRICK, NJ 08724-
Tele.( )
Contractor POOLSIDE POOLS AND SPAS
Address 1570 LAKEWOOD RD
TOMS RIVER, NJ 08724-
Tele.(732)557-9900 Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3684559

* Comply with all Zoning Conditions and make sure fence meets code for Pool Non Climable in design, self closing self latching, open out only. Lock 54" high.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5/31/2000	JKL
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 5,000
3. Total (1+2) $ 5,000

Industrialized Building:
[ ] State Approved
[ ] HUD

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

4' PICKET FENCE W/2" SPACING

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[X] Other 4' FENCE	40
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 40
DCA Training Fee	$ 4

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/19/2000
Date Issued 6/A00
Control # C19-50-1
Permit # 00-2173+A

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

Block 1170.05 Lot 4 Qual
Work Site Location 132 WALTER RD
FENCE
Owner in Fee DINSE, MICHAEL
Address SAME
BRICK, NJ 08724-
Tele.( )
Contractor POOLSIDE POOLS AND SPAS
Address 1570 LAKEWOOD RD
TOMS RIVER, NJ 08724-
Tele.(732)557-9900 Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3684559

* Comply with all Zoning Conditions and make sure fence meets code for Pool Non Climable in design, self closing self latching, open out only. Lock 54" high.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5/31/2000	GK
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 5,000
3. Total (1+2)$ 5,000

Industrialized Building:
[ ] State Approved
[ ] HUD

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

4' PICKET FENCE W/2" SPACING

TYPE OF WORK

	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[X] Other 4' FENCE	40
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 40
DCA Training Fee	$ 4

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/18/2000
Date Issued 6/19/00
Control # C19-50
Permit # 00-2173

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

Block 1170.05 Lot 4 Qual
Work Site Location 132 WALTER RD
I G POOL
Owner in Fee DINSE, MICHAEL
Address SAME
BRICK, NJ 08724-
Tele.( )
Contractor POOLSIDE POOLS AND SPAS
Address 1570 LAKEWOOD RD
TOMS RIVER, NJ 08724-
Tele.(732)557-9900 Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3684559

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

I G POOL

* MUST COMPLY WITH ZONING CONDITIONS ALSO MUST ENCLOSE Pool AREA To CODE GATES MUST OPEN OUT AND BE SelF closing SelF LATCHING.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	5/31/2000	JKS
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

TYPE OF WORK		FEE (Office Use Only)
[ ] New Building	54" HIGH LOCKING	$ 0
[ ] Addition	DEVICE OR 3" DOWN	0
[X] Alteration	ON INSIDE ON SOLID	0
[ ] Roofing	Fences's	0
[ ] Siding		0
[ ] Fence 0	Height (exceeds 6')	0
[ ] Sign 0	Sq. Ft.	0
[ ] Pool		0
[ ] Asbestos Abatement Subchapter 8		0
[ ] Lead Haz. Abatement NJAC 5:17		0
[X] Other I G POOL		100
Other		0
[ ] Demolition		0

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 19,000
3. Total (1+2)$ 19,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 100
DCA Training Fee	$ 15

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/18/2000
Date Issued 6/19/00
Control # C19-50
Permit # 00-2103

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

Block 1170.05 Lot 4 Qual
Work Site Location 132 WALTER RD
I G POOL
Owner in Fee DIESE, MICHAEL
Address SAME
BRICK, NJ 08724-
Tele.( )
Contractor POOLSIDE POOLS AND SPAS
Address 1570 LAKEWOOD RD
TOMS RIVER, NJ 08724-
Tele.(732)557-9900 Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3684559

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

I G POOL

* MUST COMPLY WITH ZONING CONDITIONS ALSO MUST ENCLOSE Pool AREA To CODE GATES MUST OPEN OUT AND BE SelF closing SelF LATCHING.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5/31/2000	JK
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

TYPE OF WORK

[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence 0 Height (exceeds 6')
[ ] Sign 0 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[X] Other I G POOL
Other
[ ] Denolition

54" HIGH LOCKING DEVICE OR 3" DOWN ON INSIDE ON SOLID Fences's

FEE (Office Use Only)

$	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	100
	0
	0

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 19,000
3. Total (1+2)$ 19,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 100
DCA Training Fee	$ 15

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 07/03/2000
Date Issued ~~01/01/1954~~
Control # ~~10-6-00~~
Permit # 00-2173+C

344

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

Block 1170.05 Lot 4 Qual
Work Site Location 132 WALTER RD
SUBPANEL
Owner in Fee DINSE, MICHAEL
Address SAME
BRICK, NJ 08724-
Tele.(732)244-9773 Fax ( )
Contractor ADVANCED ELECTRIC
Address P O BOX 1469
TOMS RIVER, NJ 08754-
Tele.(732)244-9773
Lic. No. or Bldrs. Reg. No. 12366
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present 0 Proposed 0
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 250

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 7 5 00
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
2 0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
1	60	AMP Subpanels	10
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 10
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. P120 (rev. 3/96)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6-9-00
Date Issued
Control #
Permit # 00-2173

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

Block 1170.05 Lot 4
Work Site Location 132 WALKER RD.
BRICK NJ 08724
Owner in Fee/Occupant DUDE, MICHAEL
Address 132 WALKER RD.
BRICK NJ 08724
Tele. (732) 458-9193
Contractor Advanced Electric
Address P O Box 1469
Toms River, NJ 08754
Tele. (732 244-9773 Fax ( )
Lic. No. 12366
Federal Emp. No. [redacted]

B. ELECTRICAL

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ $850.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5 23 00
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
~~TCO~~ Bond			7300	
Other				
Service				
Final Update 10500				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
1	X	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	
2	1+1.5	HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

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

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 07/03/2000
Date Issued ~~01/01/1954~~
Control # 10-6-00
Permit # 00-2173+C

2445

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

Block 1170.05 Lot 4 Qual
Work Site Location 132 WALTER RD
SUBPANEL
Owner in Fee DINSE, MICHAEL
Address SAME
BRICK, NJ 08724-
Tele.(732)244-9773 Fax ( )
Contractor ADVANCED ELECTRIC
Address P O BOX 1469
TOMS RIVER, NJ 08754-
Tele.(732)244-9773
Lic. No. or Bldrs Reg No 12166
Federal Emp. N [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work $ 250

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 7 5 00
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

C. CERTIFICATION IN LIEU OF OATH

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

_____
Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
1	60	AMP Subpanels	40
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other _____	0
		Other _____	0

Administrative Surcharge $ 0
Paid [ ] Check # _____ Minimum Fee $ 0
Collected by: _____ TOTAL FEE $ 40
DCA Training Fee $ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 07/03/2000
Date Issued ~~01/01/1954~~
Control # ~~10-6-00~~
Permit # 00-2173+C

2445

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

Block 1170.05 Lot 4 Qual
Work Site Location 132 WALTER RD
SUBPANEL
Owner in Fee DINSE, MICHAEL
Address SAME
BRICK, NJ 08724-
Tele.(732)244-9773 Fax ( )
Contractor ADVANCED ELECTRIC
Address P O BOX 1469
TOMS RIVER, NJ 08754-
Tele.(732)244-9773
Lic. No. or Bldrs. Reg. No. 12366
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 250

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 7 5 00
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
1	60	AMP Subpanels	40
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 40
	DCA Training Fee	$ 0

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6-9-00
Control #
Permit # 00-2173

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

Block 1170.05 Lot 4
Work Site Location 132 WALKER RD. BRICK NJ 08724
Owner in Fee/Occupant DINSE, MICHAEL
Address 132 WALKER RD. BRICK NJ 08724
Tele. (732) 458-9193
Contractor Advanced Electric
Address P O Box 1469 Toms River, NJ 08754
Tele. (732 244-9773 Fax ( ) [redacted]
Lic. No. 12366
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ $850.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5 23 00
Approved by:

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		.....
		TOTAL NUMBERS
1		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
2	1½	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 $
DCA Training Fee $
TOTAL FEE $

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

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/05/2000
Date Issued 6/9/00
Control # C19-50-2
Permit # 00-3175+B

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

Block 1170.05 Lot 4 Qual
Work Site Location 132 WALTER RD
POOL HEATER
Owner in Fee DIMSE, MICHAEL
Address SAME
BRICK, NJ 08724-
Tele.(732)557-9900 Fax ( ) -
Contractor POOLSIDE POOLS AND SPAS Thomas Gagon
Address 1570 LAKEWOOD RD 409 Crestview Terr
TOMS RIVER, NJ 08724- Brick, NJ 08723
Tele.(732)557-9900 9607 920-5721
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3684550 23-3318979

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed U
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 950

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 6-6-00
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

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.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other POOL HEATER	35
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 60
	DCA Training Fee	$ 1

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: May 22, 2000 **No.2000-0841**

Block: 1170.05 **Lot** 4 **Zone**: R-7.5

Property Address: 132 Walter Road

Owner : Michael Dinse

Applicant:: Nick Spalletta **Phone**: 557-9900

Existing Use: single family residential

Proposed Use: same

Proposed Construction: 20' x 34' inground swimming pool, 6' high picket fence

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

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

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
MAY 2000
ZONING

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

BLOCK 1620.05 LOT 4

PROPERTY ADDRESS (number and street) 132 WALKER RD.

NAME OF PROPERTY OWNER DINSE, MICHAEL

PERSONAL NAME OF APPLICANT NICK SPALLETTA

BUSINESS NAME OF APPLICANT POOLSIDE POOLS + SPA'S LLC

MAILING ADDRESS OF APPLICANT 1570 LAKEWOOD RD. TOMS RIVER 08755

TELEPHONE NUMBER OF APPLICANT 732-557-9900

PRESENT USE OF PROPERTY (check all that apply)
- ☐ Vacant Lot
- ☒ Single-family dwelling
- ☐ Multi-family dwelling
- ☐ Commercial (please describe)

PROPOSED USE OF PROPERTY (check all that apply)
- ☐ Vacant Lot
- ☒ Single-family dwelling
- ☐ Multi-family dwelling
- ☐ Commercial (please describe)

PROPOSED CONSTRUCTION (please describe, specifically additions)

INGROUND SWIMMING POOL + FENCE

All dimensions: ____ Width ____ Length ____ Height

All dimensions: ____ Width ____ Length ____ Height

All dimensions: 20 Width 34 Length 4'-8"- Height

Deck or Garage: ____ Attached ____ Detached ____ Height

Fence: PICKET Style ALUMINUM Material 6' Height

CHECKLIST:

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

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

Signature of applicant _____ Date 5/19/00

Reviewed by Zoning Officer Date 5/22/00 (X) Approved ( ) Rejected

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli Mayor

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

Department of Administration & Finance

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

Date: 5-17-00

Block: 1170.05 Lot: 4

Property Address: 132 WALKER RD.

I, MICHAEL DINSE (name) of 132 WALKER RD. (address)

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

Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

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

FOR OFFICE USE ONLY

Approved on: 5/24/00 Signed: [signature]

Rejected on: _____ Signed: _____

Comments:

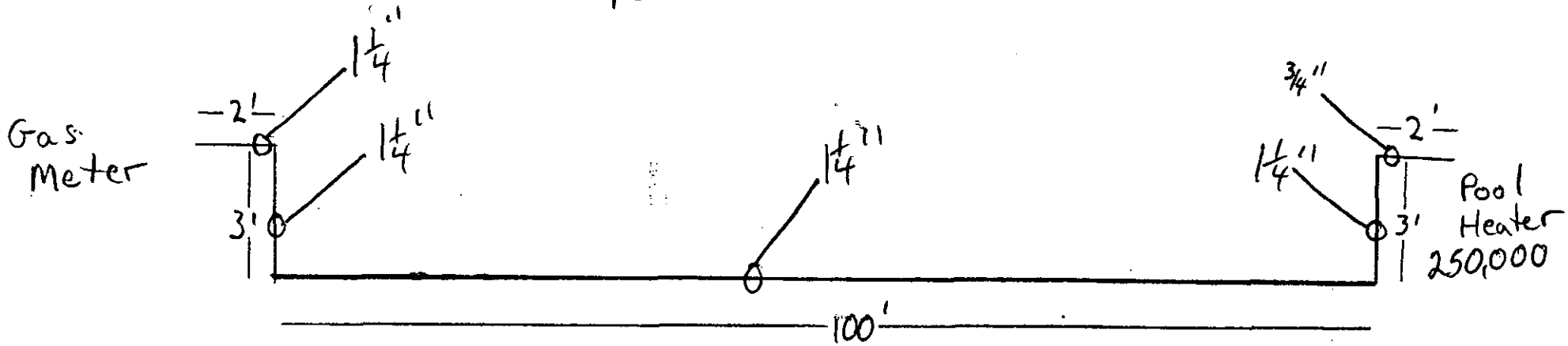
Owner Dinse
Address 132 Walter Rd
Block# 1170.05
Lot# 4
Phone# 458-9193

GARON T.
PLBG. & HTG.

Plumbing License #9677
409 Crestview Terrace
Brick, NJ 08723
(732) 920-5721

Gas Line To Pool Heater

Total Run 110'



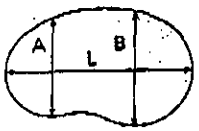
Piping will be underground gas poly pipe with approved risers.

DW
6-6-00

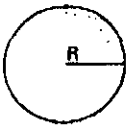
SELECTING THE CORRECT SIZE H-SERIES HEATER

For Your Swimming Pool

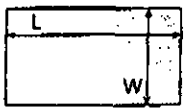
Determine your pool's surface area in square feet



Area = (A+B)x L x .45



Area = R x R x 3.14



Area = L x W

Locate in the table below, the surface area equal to or just greater than the pools surface area, read to the left and select the appropriate H-Series model.

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

Recommended H-Series Model

Model	Surface Area
H-400	1200
H-350	1050
H-300	900
H-250	750
H-200	600
H-150	450

Table is based on a 30°F temperature rise, 3½ 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 7½.)

The reference table lists the time required in minutes to raise the temperature of the spa/hot tub by 30°F. Locate in the table below the spa/hot tub size in gallons equal to or just greater than the spa/hot tub size in gallons. Select the desired time to raise the spa/hot tub temperature 30°, read to the left and select the appropriate 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 = 2.

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

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

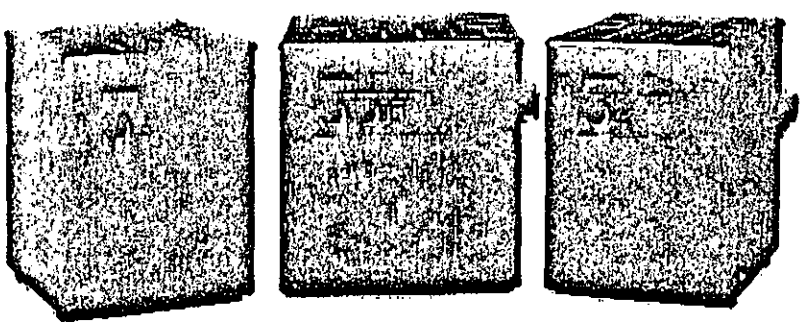
Recommended H-Series Model

Model	Spa/Tub Size in Gallons								
	200	300	400	500	600	700	800	900	1,000
	Time in Minutes to Raise Spa/Tub Temperature 30°F								
H-400	9	14	19	23	28	33	37	42	47
H-350	11	16	21	27	32	37	43	48	54
H-300	12	19	25	31	37	44	50	56	62
H-250	15	22	30	37	45	52	60	67	75
H-200	19	28	37	47	56	66	75	84	94
H-150	25	37	50	62	75	87	100	112	125

Specifications and Dimensions

Model	BTU /Hr.	Width	Depth	Height	Flue Outlet Diameter	Flue Pipe Diameter	Stack Height OHI	Stack Height HWS	Heater Weight (lbs.)	Gas Connection at Heater
H-400	400,000	35 ½"	27 ½"	28 ½"	9"	10"	31 ½"	19 ½"	200 lbs.	3/4"
H-350	350,000	32 ½"	27 ½"	28 ½"	9"	10"	31 ½"	17 ½"	185 lbs.	3/4"
H-300	300,000	29 ½"	27 ½"	28 ½"	8"	9"	30 ½"	17 ½"	157 lbs.	3/4"
H-250	250,000	27"	27 ½"	28 ½"	7"	7"	28 ½"	17 ½"	144 lbs.	3/4"
H-200	200,000	24 ½"	27 ½"	28 ½"	7"	7"	28 ½"	15 ½"	141 lbs.	3/4"
H-150	150,000	21 ½"	27 ½"	28 ½"	6"	6"	22 ½"	14"	131 lbs.	3/4"

H-Series heaters are available in a comprehensive range of BTU sizes and options, including 1½" and 2" water connections, millivolt and electronic temperature control, and natural or propane gas. All units are certified by the American Gas Association and carry Hayward's exclusive warranty.



The Hayward H-Series family of high-performance heaters.

UNIVERSAL CONNECTIONS

H-Series heaters feature water connections that ar fully compatible with pl... sting installations.

HAYWARD POOL PRODUCTS, INC.

Hayward Pool Products, Inc.
900 Fairmount Avenue
Elizabeth, N.J 07207

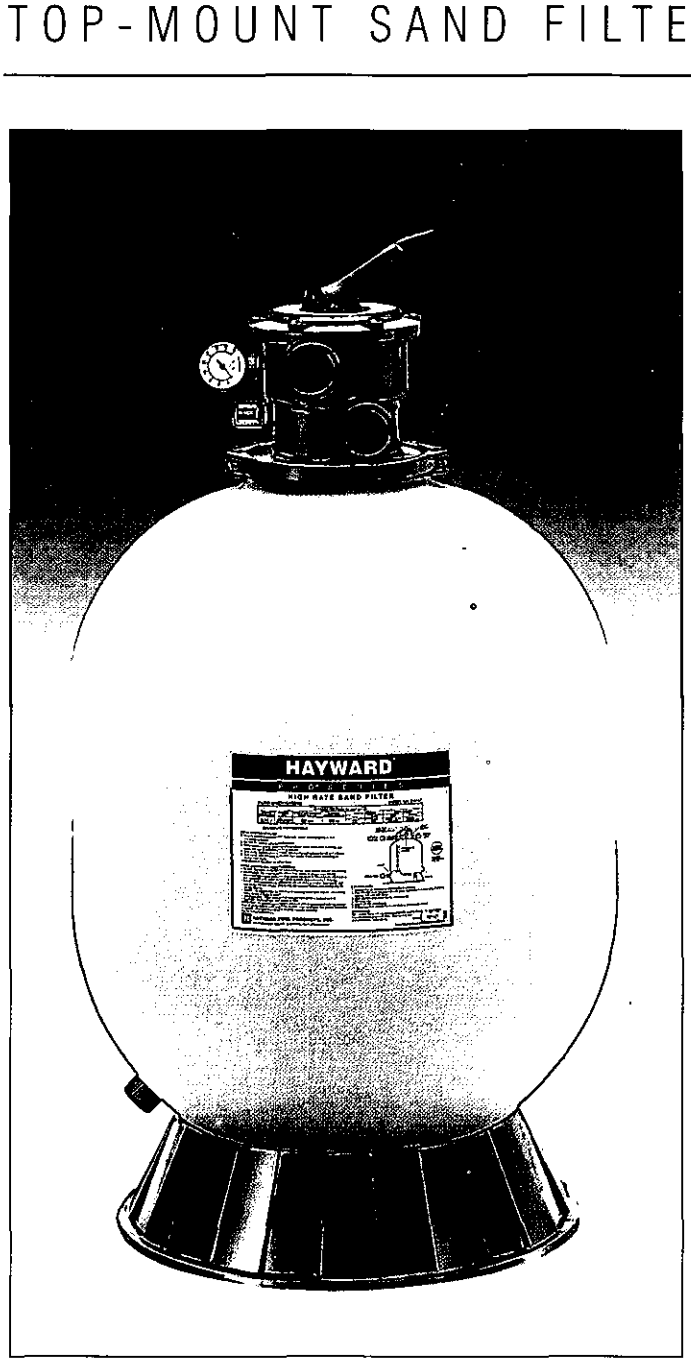
Hayward Pool Products, Inc.
2675 Pomona Boulevard
Pomona, CA 91768

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

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

Pro™ Series

TOP-MOUNT SAND FILTERS



■ *Pro-Series S244T 24" filter, shown with Vari-Flo™ top-mount filter control valve.*

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

Totally Hayward™ America's #1 Pool Water Systems.

Molded of durable, corrosion-proof polymeric materials, they feature attractive, unitized construction, and self-cleaning 360° slotted laterals for smooth, efficient flow and totally-balanced backwashing. Plus, a versatile six-position control valve allows for easy operation and maximum efficiency.

Pro Series filters set a new standard for performance, value and dependability. And you know it's quality throughout because it's made by Hayward — the first choice of pool professionals.

HAYWARD®

America's # 1 Pool Water Systems.

Pro™ Series Top-Mount Sand Filters

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

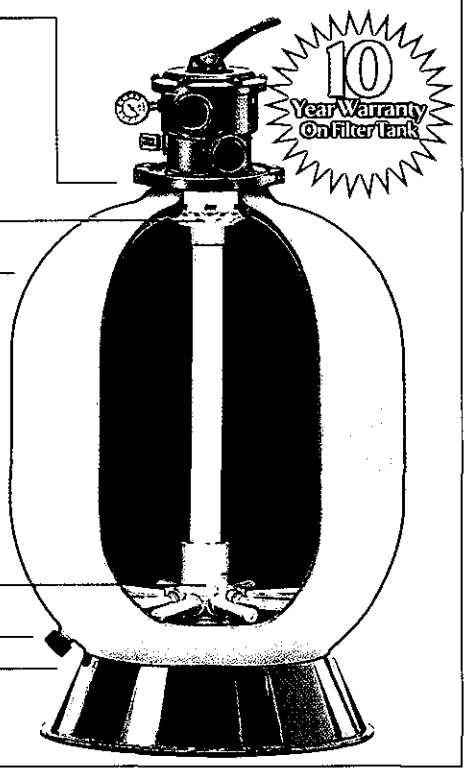
Integral Top Diffuser assures even distribution of water over the top of the sand media bed. Full-size internal piping gives smooth, free-flowing performance.

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

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

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

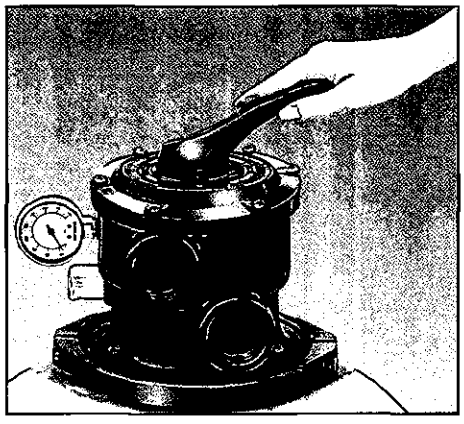
Totally Corrosion-Proof Base is rugged and attractively styled to provide strong, stable support.



Specifications – Pro Series High-Rate Sand Filters

FILTER TYPE:	High-Rate Sand: No. 1/2 Silica Sand (.45mm – .55mm)
FILTER TANK:	Molded Polymeric
UNDERDRAIN:	360° Self Cleaning Slotted Laterals, Precision Installed in Ball Joint Assembly
CONTROL VALVE:	1 1/2 or 2" 6-Position, Top-Mount Vari-Flo™ With Lever-Action Handle
VALVE FASTENING:	Flange Clamp Design
SUPPORT BASE:	Injection-Molded ABS
PERFORMANCE RANGE:	1/2 to 3 HP (30 to 120 GPM) .37 to 2.2 KW (114 to 454 LPM)
DIMENSIONS:	S180T–18 1/2 " W x 35" H (470 mm x 889 mm) S210T–20 1/2 " W x 38" H (521 mm x 965 mm) S220T–22 1/2 " W x 41" H (572 mm x 1041 mm) S244T–24 1/2 " W x 42" H (622 mm x 1067 mm) S310T2–30 1/2 " W x 48" H (775 mm x 1219 mm)

NSF

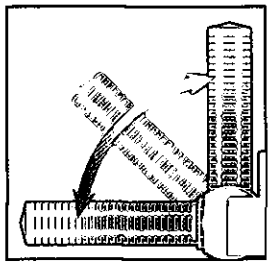


Vari-Flo™ 6-Position Control Valve
with easy-to-use lever-action handle lets you "dial" any of six valve/filter functions.

Performance Data

MODEL NUMBER	EFFECTIVE FILTRATION AREA		DESIGN FLOW RATE*		TURNOVER 8 Hr. GALLONS	TURNOVER 10 Hr. GALLONS	TURNOVER 8 Hr. KILO LITERS	TURNOVER 10 Hr. KILO LITERS	SAND REQUIRED	
	ft.²	m²	GPM	LPM					lbs.	kgs.
S180T	1.75	0.163	35	132	16,800	21,000	63.59	79.48	150	68
S210T	2.20	0.205	44	167	21,120	26,400	79.94	99.92	200	91
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
S310T2	4.91	0.457	98	371	47,040	58,800	178.05	222.56	500	227

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



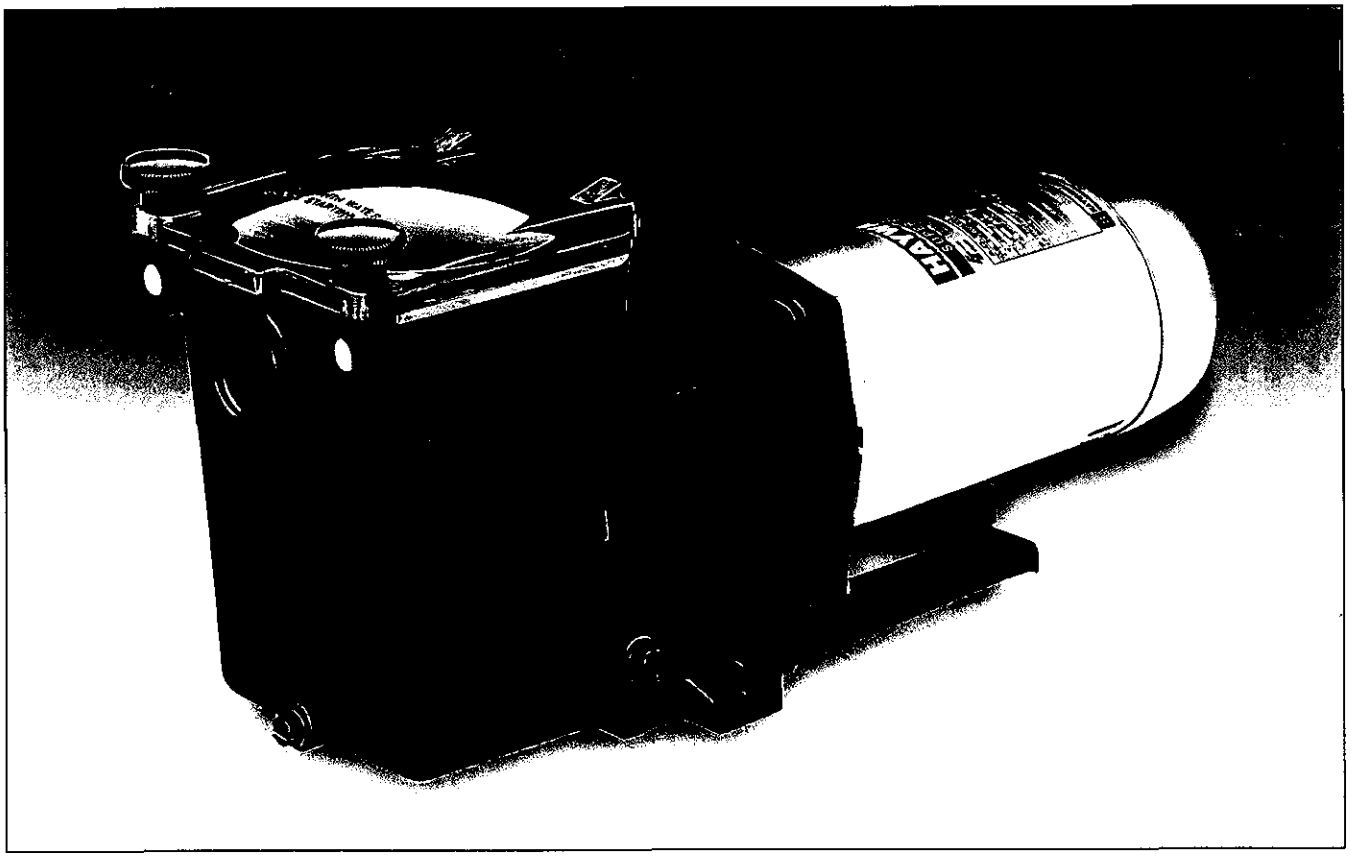
Patented Service Ease Design
Unique folding ball-joint design allows lateral assembly to be easily accessed for simple servicing.

HAYWARD®
America's # 1 Pool Water Systems.

6T00

Super Pump®

HIGH-PERFORMANCE PUMP SERIES



■ *Super Pump: high performance and quiet operation.*

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

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

Totally Hayward™ America's #1 Pool Water Systems.

For super performance and safe, quiet operation, Super Pump sets a new standard of excellence and value. And you know its quality throughout because its made by Hayward — the first choice of pool professionals.

HAYWARD®

America's # 1 Pool Water Systems.

Super Pump® High Performance Pump Series

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

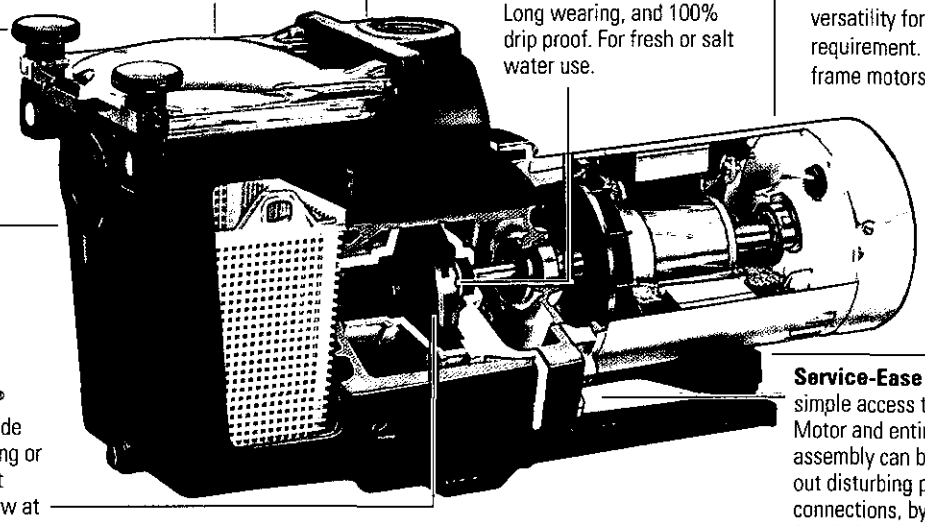
Lexan® See-Thru Strainer Cover lets you *see when* basket needs cleaning and eliminates guesswork. Special self-adjusting seal assures dependable sealing.

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

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

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

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

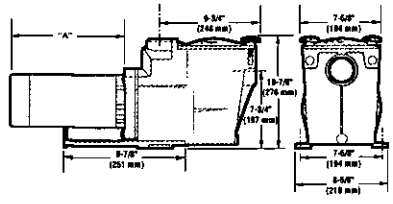


Super-Size Housing has extra air handling capacity to assure rapid priming.

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

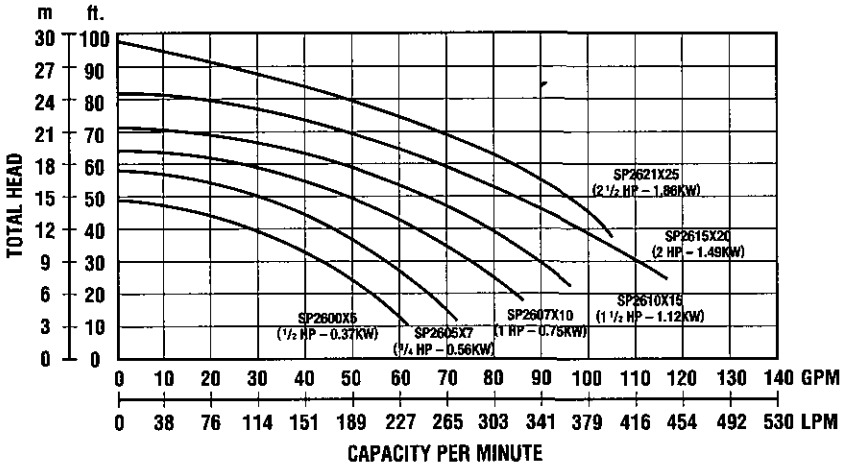
Service-Ease Design gives simple access to all internal parts. Motor and entire drive group assembly can be removed, without disturbing pipe or mounting connections, by disengaging just four bolts.

Overall Dimensions



Model	Motor Power HP	Motor Power KW	Pipe Size inch	Dimension "A" inch	Dimension "A" mm
SP2600X5	1/2	0.37	1 1/2"	11 1/4"	286
SP2605X7	3/4	0.56	1 1/2"	11 5/8"	295
SP2607X10	1	0.75	1 1/2"	11 7/8"	302
SP2610X15	1 1/2	1.12	1 1/2"	12 1/4"	311
SP2615X20	2	1.49	2"	13 1/4"	337
SP2621X25	2 1/2	1.86	2"	13 3/4"	349

Super Pumps are also available with dual speed motors.



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

Super Pump® Series Pumps are listed by:

UL® NSF® CSA®

HAYWARD®
America's # 1 Pool Water Systems.

2693

1-888-HAYWARD www.haywardnet.com

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Division of Inspections
Joseph Curlazza
Construction Official
(732) 262-1030
Fax (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

HOMEOWNER POOL CERTIFICATION

BLOCK 1170.05 LOT 4.

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

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

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

Owner's Signature

Michael DINSE.
Print Name

Sworn and subscribed to before me this 17 day of May 2000.

Notary Signature

FENCE REQUIREMENTS

Barrier shall be a minimum of 48 inches above ground level. Openings shall not be greater than 4 inches for vertical balusters with horizontal concentrated load of 200 pounds applied on a 1-square foot area at any point of fence. Maximum mesh size for chain link fencing shall not exceed 1 1/4 inches square. Where the barrier is composed of horizontal and vertical members and the distance between the tops of the horizontal members is less than 45 inches, the horizontal members shall be located on the swimming pool side of the fence. Spacing between vertical members shall not exceed 1 3/4 inches in width.

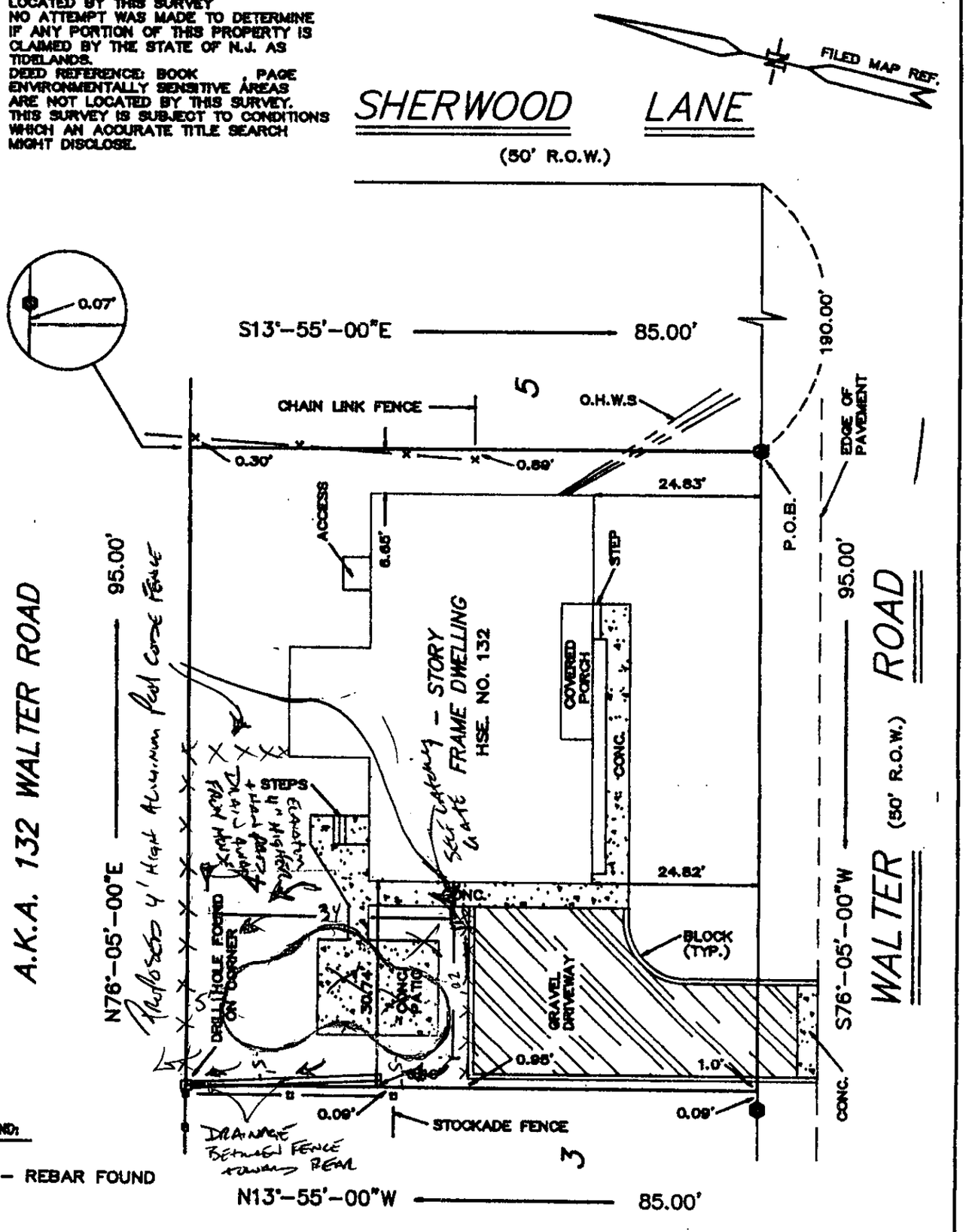
Pedestrian gates shall open outward only, away from the pool, and shall be self-closing with a self-latching device. If the self-latching device is located less than 54 inches from the bottom of the gate, then the release mechanism shall be locate on the pool side of the gate at least 3 inches below the top of the gate. The gate and the barrier shall not have an opening greater than 1/2 inch within 18 inches of the release mechanism.

NOTES:

1. CONTRACTUAL AGREEMENT STATES THAT PROPERTY CORNERS ARE TO BE SET BY THIS SURVEY.
2. UNDERGROUND UTILITIES NOT LOCATED BY THIS SURVEY
3. NO ATTEMPT WAS MADE TO DETERMINE IF ANY PORTION OF THIS PROPERTY IS CLAIMED BY THE STATE OF N.J. AS TIDELANDS.
4. DEED REFERENCE: BOOK , PAGE
5. ENVIRONMENTALLY SENSITIVE AREAS ARE NOT LOCATED BY THIS SURVEY.
6. THIS SURVEY IS SUBJECT TO CONDITIONS WHICH AN ACCURATE TITLE SEARCH MIGHT DISCLOSE.

Title Co. File No. TAC – 006831

Job No. S–15465



LEGEND:

● – REBAR FOUND

CERTIFICATION:

IN CONSIDERATION OF FEE PAID I HEREBY CERTIFY THIS SURVEY

CERTIFICATION:

IN CONSIDERATION OF FEE PAID I HEREBY CERTIFY THIS SURVEY WAS MADE UNDER MY IMMEDIATE SUPERVISION TO:

MICHAEL DINSE AND MARIE DINSE, H/W & ROGER SHARKEY AND ALICE SHARKEY, H/W

TIDAL ABSTRACT CONPANY, INC. / STEWART TITLE GUARANTY COMPANY

SHAWN P. McCARTHY, ESQ.

JERSEY MORTGAGE CO. AND THE SECRETARY OF HOUSING ABD URBAN DEVELOPMENT ITS SUCCESSORS AND/OR ASSIGNS AS THEIR INTEREST MAY APPEAR

Map of Survey

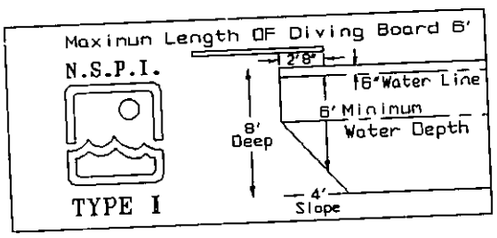
LOT 4, BLOCK 1170.05, TAX MAP, (SHEET NO. 61.01)
BRICK TOWNSHIP --- OCEAN COUNTY --- NEW JERSEY

A.K.A. LOT 4, BLOCK 1170–A–5, AS SHOWN ON A MAP ENTITLED "LAUREL ACRES BRICK TOWNSHIP, OCEAN COUNTY, N.J." FILED JULY 2, 1957, AS MAP NO. D–67.

DELCO Land Surveying Corp.
109 West Island Road
Bayville, N.J. 08721
(908) 341–4200

SCALE	DATE
1" = 20'	11/15/96
DRAWN BY	SHEET
R.H.B.	1 OF 1

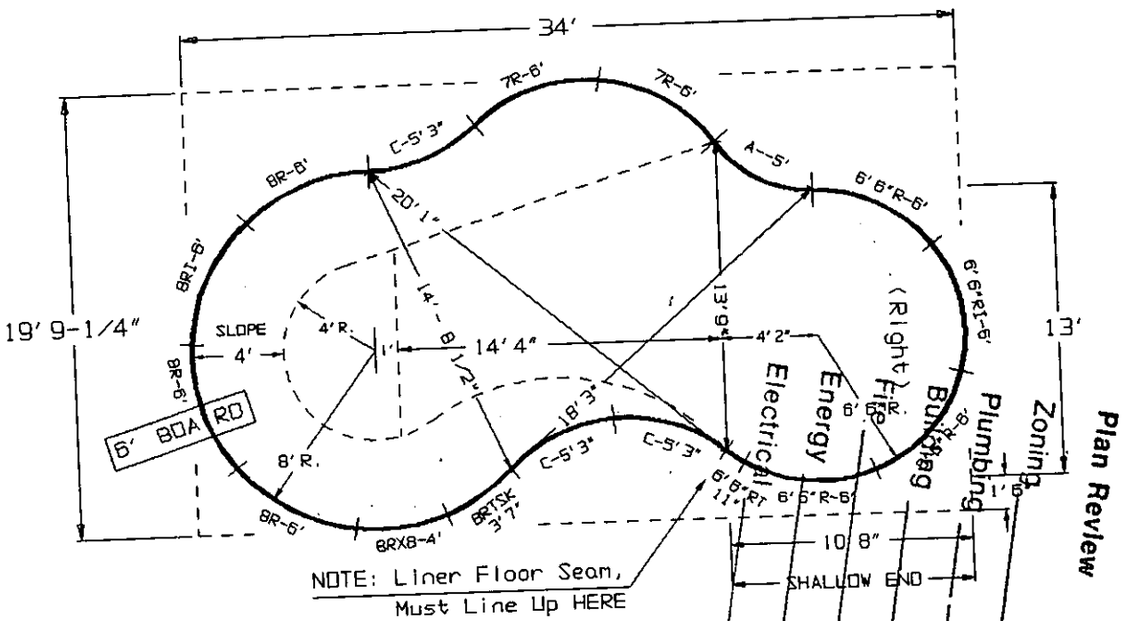
David J. Von Steenburg
LICENSED LAND SURVEYOR N.J. LIC. # 34600
PROFESSIONAL PLANNER N.J. LIC. # 04675



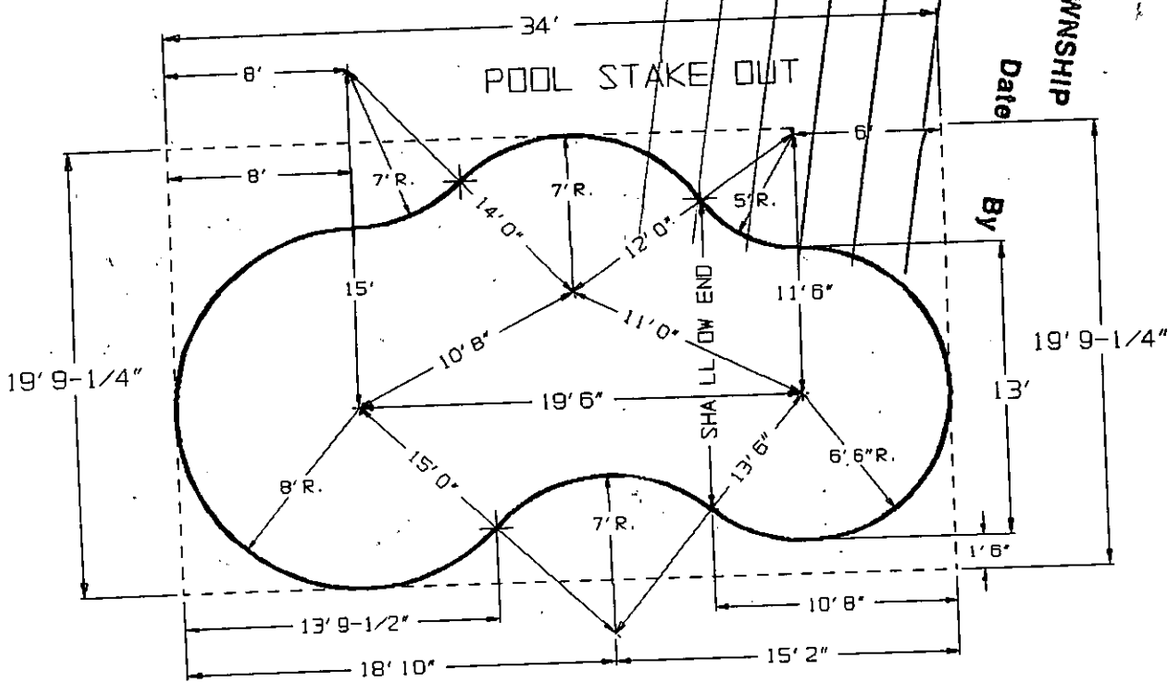
MODEL: TAHITI (Right)
SIZE: 20' X 34'
Depth: 8'
Perimeter: 89' 4"
Area: 459 Sq.Ft.
Volume: 17,700 US Gal.(67,100 Litres)
Date: January 1991

KAFKO POOLS
PONDEX

FILE: TAR20X34



"WARNING" For (SAFETY REASONS) 6' Diving Board, MUST Be Aligned With The Direction of The HOPPER, As ILLUSTRATED.



1999

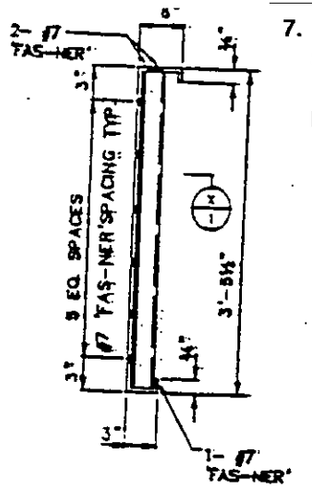
NOTE: All Measurements Are Horizontal and Finished Dimensions.

GENERAL NOTES

1. GROUND ALL METAL WITHIN 10'-0" OF POOL IF UNDERWATER LIGHT IS INSTALLED AND PROVIDE GROUND FAULT PROTECTION DEVICE AT PANEL.
2. THIS DRAWING PREPARED FROM INFORMATION SUPPLIED BY POOL MANUFACTURER.
3. HEAVY LOADS SHALL NOT BE PLACED WITHIN 10 FEET OF POOL EDGE.
4. ENSURE THAT POOL EXCAVATION IS MADE IN NATURAL UNDISTURBED SOIL AND THAT THE EXCAVATION TO THE REQUIRED DEPTH AND PROFILE IS SAFE AND STABLE.
5. DO NOT DRAIN POOL WITHOUT CONSULTING CONTRACTOR. IT IS IMPORTANT THAT THERE IS NO WATER PRESSURE BEHIND WALLS WHEN POOL IS DRAINED.
6. ENSURE THAT BACKFILL OF ¾" CRUSHED STONE OR SAND IS WELL COMPACTED AGAINST BACK OF PANELS BEFORE POOL IS FILLED. PANELS RELY ON PASSIVE PRESSURE OF BACKFILL TO RESIST ACTIVE PRESSURE OF WATER IN POOL.

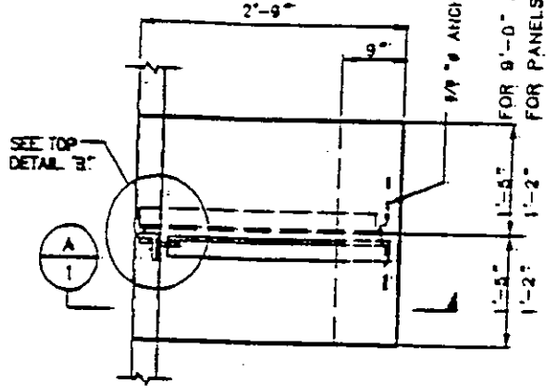
MATERIALS AND DESIGN DATA

1. FORMED 14 GAUGE Z600 GALVANIZED STEEL
2. RIVETS: #7 "FAS-NERS" WITH A 675 lbs. CAPACITY AS SUPPLIED BY A.K.H. INC.
3. BOLTS: MACHINE BOLTS A-307 GALV'D
4. CONCRETE: 15 MPa (2000 PSI) AT 28 DAYS
5. REINFORCING: fy=400 MPa (58 k.s.i.)



ELEV. OF ADDED "Z" RIBS

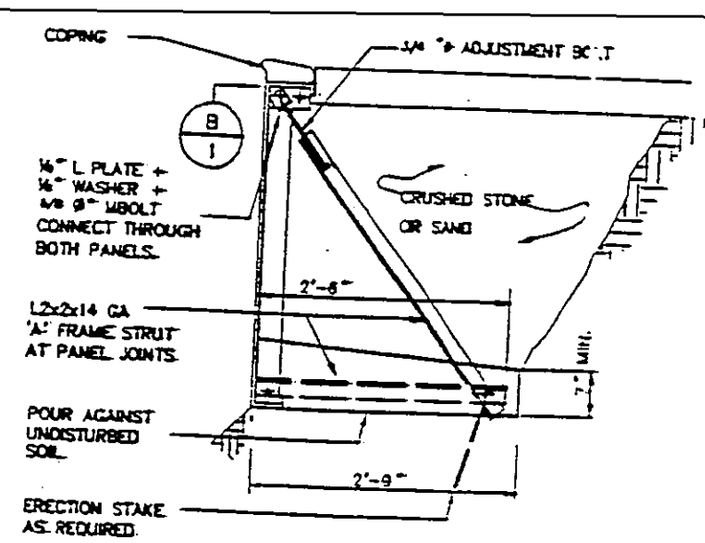
7. KAFKO POOLS WITH NSPI TYPE I & II DIG SPECIFICATIONS MEET OR EXCEED THE MINIMUM BOCA DIMENSIONS D1 & D2 FOR POOLS FEATURING DIVING BOARDS.



TYPICAL CONCRETE FOOTING PLAN FOR FRAMES WITHOUT DECK SUPPORT

LOCATE FOOTING AT ALL JOINTS BETWEEN PANELS AND ADDED BRACES

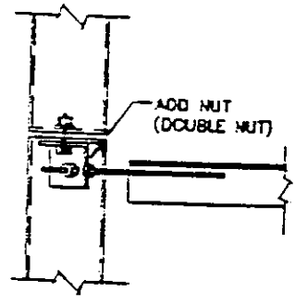
FOR FRAMES WITH DECK SUPPORT USE A CONTINUOUS CONCRETE COLLAR



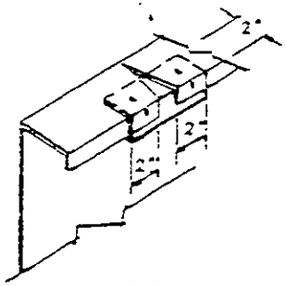
SECTION 'A'

GRECIAN	MARTINIQUE II	BAHAMA	BAHAMA FULL-L	BAHAMA LAZY-L
FLORIDA	MUSKOKA	BAHAMA	BERMUDA FULL-L	BERMUDA LAZY-L
ARUBA	BARBADOS II	OVAL	DIAMOND II	ROMAN II
	RECTANGLE	KIDNEY	FIJI	MONTEGO

Kafko Manufacturing NJ Corp.
Trenton, NJ



PLAN DETAIL 'B' AT TOP OF BRACE



DETAIL 'A'

John F. Hobson
JOHN F. HOBSON
N. J. P. E. 24854

INGROUND STEEL POOL
KAFKO MANUFACTURING (NJ) CORP.
2560 EAST STATE STREET, TRENTON, NJ 08619

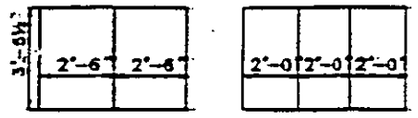
NOT TO SCALE

SHEET 1 OF 2

CHECKED BY: RRL | SCALE: NONE | DATE: 1-2-97 | JOB NO:

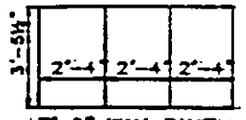
BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire			
Energy			
Electrical			

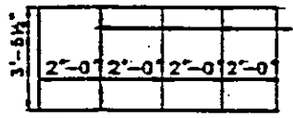


5'-0" WALL PANEL

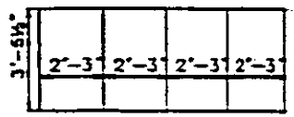
6'-0" WALL PANEL



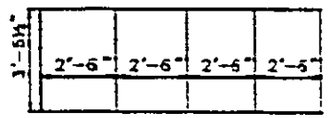
7'-0" WALL PANEL



8'-0" WALL PANEL

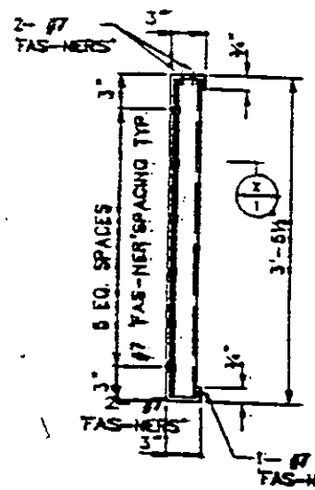


9'-0" WALL PANEL

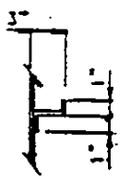


10'-0" WALL PANEL

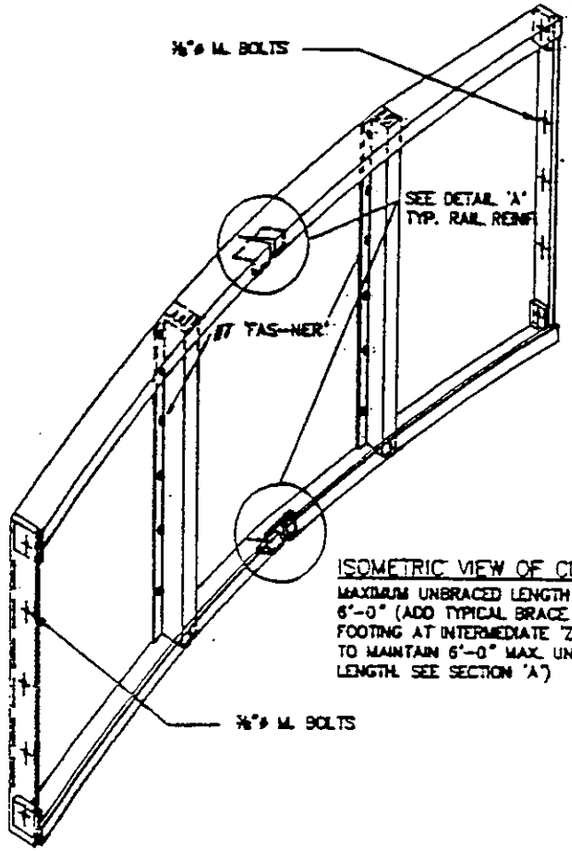
TYPICAL WALL PANELS
14 GAUGE STEEL TYPICAL



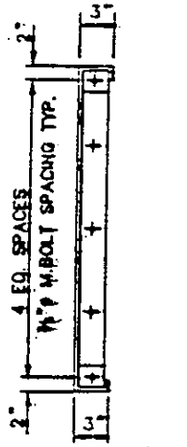
ELEV. OF ADDED "Z" RIBS



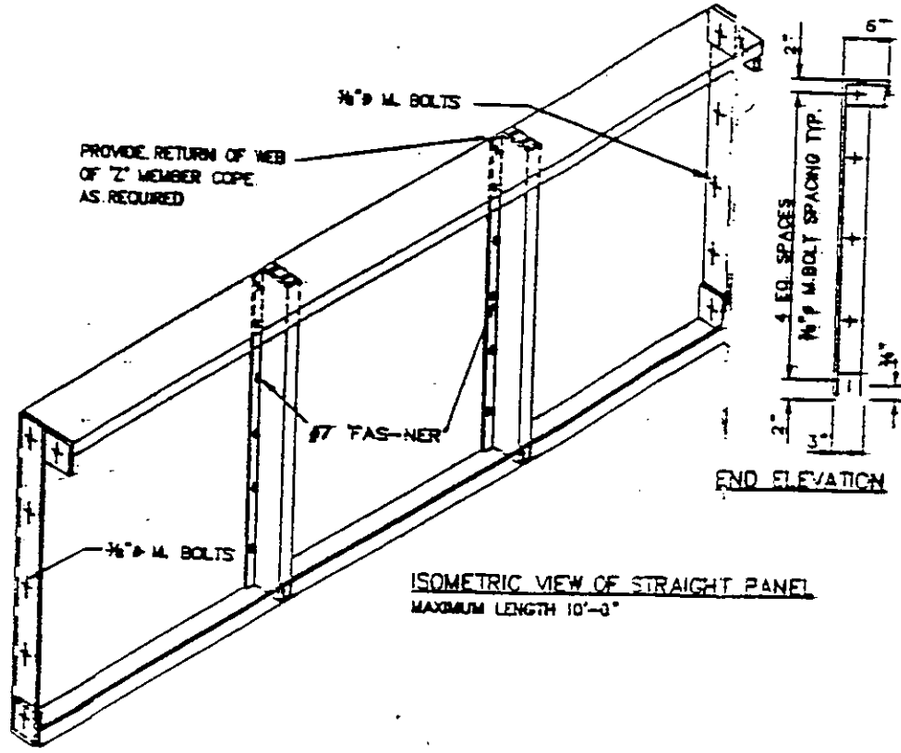
X-X



ISOMETRIC VIEW OF CURVED PANEL
MAXIMUM UNBRACED LENGTH IS 6'-0" (ADD TYPICAL BRACE AND TYPICAL FOOTING AT INTERMEDIATE "Z" RIB AS REQ'D TO MAINTAIN 6'-0" MAX. UNBRACED LENGTH. SEE SECTION "A")

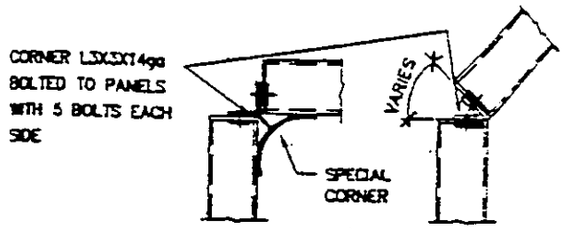


END ELEVATION



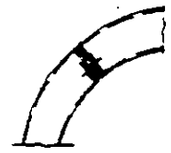
ISOMETRIC VIEW OF STRAIGHT PANEL
MAXIMUM LENGTH 10'-0"

END ELEVATION



CORNER DETAIL
ALTERNATE #1

CORNER DETAIL
ALTERNATE #2



BUTT SPLICE DETAIL
AT CURVED WALL

Kafko Manufacturing NJ Corp.
Trenton, NJ

John F. Hobson
JOHN F. HOBSON
N. J. P. E. 24854

INGROUND STEEL POOL
KAFKO MANUFACTURING (NJ) CORP.
2560 EAST STATE STREET, TRENTON, NJ 08619

NOT TO SCALE

SHEET 2 OF 2

CHECKED BY: RRL	SCALE: NONE	DATE: 1-12-97	JOB NO.:

Update
R 14-50-1
65-00 ad

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 132 Walker Rd Brick
Block: 1170.05 Lot: 4
Owner's Name: Dinse,
Owner's Mailing Address: S. A M.

Phone: (732) 458-9193

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work:

Signature:

Please Print Name

ELECTRICAL

Contractor:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

Signature:

Please Print Name

CONTRACTOR'S SEAL

C19-50-2

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Thomas Garon
Address: 406 crestview Terr. Brdc
Phone #: 920-5721
Lis #: 9677
Federal Emp # or SSN 23-3318979

Technical Data

Fixtures	Quantity
Water Closets	
Urinals/Bidets	
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	1
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other: Pool heater	

Gas line to new pool heater. (C19-50-2)

Estimated Cost of Plumbing Work 950.-

Signature: Thomas Garon

Please Print Name: Thomas Garon.

CONTRACTOR'S SEAL

FIRE

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

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:

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

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

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

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

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

Estimated Cost of Fire Work

Signature:

Print Name:

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 132 Walter Rd
Block: 1170.05 Lot: 4
Owner's Name: Dinse
Owner's Mailing Address: 132 Walter Rd
Brick Town NJ
Phone: (732) 521-8562

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Siding
___Fence
___Pool
___Demolition
___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work:

Signature:

Please Print Name

ELECTRICAL

Contractor: Advanced Electric
Address: PO Box 1469
Toms River NJ 08754
Phone#: 732-244-9773
Lis #: 12366
Federal Emp # or SSN [redacted]

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	K
Oven/Surface Unit	KV
Electric Water Heater	K
Electric Dryer	K
Dishwasher	K
Garbage Disposal	K
A/C Unit –Central Air	K
Space Heater/Air Handler	K
Baseboard Heating	K
Motors 1+ HP	
Transformer/Generator	K
Light Stander	AM
Service	AM
Subpanel 1	60 AM
Motor Control Center	AM
Sign/Outline Light	K
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: $250.-

Signature:

Please Print Name: Mark Heermann

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

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

Technical Data

Fixtures — Quantity

Water Closets_____
Urinals/Bidets_____
Bath Tub_____
Lavatory_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

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

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____

Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item — Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work_____

Signature:_____

Print Name:_____

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 132 WALTER RD. BRICK 08724
Block: 1170.05 Lot: 4
Owner's Name: DINSE, MICHAEL
Owner's Mailing Address: 132 WALTER RD. BRICK N.J. 08724
Phone: (732) 458-9193

BUILDING

Contractor: POOLSIDE POOLS + SPA'S LLC
Address: 1570 LAKEWOOD RD.
TOMS RIVER NJ 08755
Phone#: 732-557-9900
Lis #
Federal Emp # or SSN 22-3684559

Technical Data

Description of Work:

INGROUND SWIMMING POOL

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Siding
___Fence
X Pool
___Demolition
___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed: X
No of Stories: —
Height of Structure: —
Area of the largest floor: —
Area of New Building: —
Volume of Structure: —
Total Land Disturbed: 500 SQFT.

Cost of Alteration: 19,000

Cost of New Building: 19,000

Total Cost of Building Work: 19,000

Signature:

Please Print Name DOMINICK SPALLETTA

ELECTRICAL

Contractor:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

ıntractor:_____
ıdress:_____
_____
ıone #:_____
s #:_____
:deral Emp # or SSN_____

Technical Data

ixtures — Quantity

/ater Closets_____
'rinals/Bidets_____
ath Tub_____
avatory_____
hower_____
loor Drain_____
ink_____
)ishwasher_____
)rinking Fountain_____
Vashing Machine_____
Iose Bib_____
Jas Piping_____
'uel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

FIRE

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

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____

Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item — Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work_____

Signature:_____

Print Name:_____

CONTRACTOR'S SEAL

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 132 WACHER RD. BRICK NJ 08724
Block: 1170.05 Lot: 4
Owner's Name: DINSE, MICHAEL
Owner's Mailing Address: 132 WACHER RD. BRICK N.J. 08724
Phone: (732) 458-9193

BUILDING

Contractor: DINSE, MICHAEL
Address: 132 WACHER RD.
BRICK NJ 08724
Phone#: 458-9193
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

ALUMINUM POOL CODE
FENCE - 4' HIGH
PICKET W/ 2" SPACING.
Len Valentino

Type of Work

___New Building	___Siding
___Addition	X Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration: 5000.00

Cost of New Building:

Total Cost of Building Work: 5000.00

Signature:

Please Print Name DOMINICK SPALLETTA

ELECTRICAL

Contractor:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KV
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HI
A/C Unit –Central Air	KW
Space Heater/Air Handler	KV
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMI
Motor Control Center	AMI
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

ontractor:_____
ddress:_____
_____
hone #:_____
s #:_____
ederal Emp # or SSN_____

Technical Data

ixtures Quantity

Vater Closets_____
rinals/Bidets_____
ath Tub_____
avatory_____
hower_____
loor Drain_____
ink_____
)ishwasher_____
)rinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

FIRE

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

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____

Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work_____

Signature:_____

Print Name:_____

CONTRACTOR'S SEAL