BLOCK 825 LOT 41 QUALIFICATION CODE N/A ADDRESS (SITE) 1621 Tilford Blvd, Brick PERMIT NO. 03-2913

CONSTRUCTION PERMIT APPLICATION

C30.01

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

I. IDENTIFICATION

1. Propsed Work Site at: 1621 Tilford Boulevard, Brick, NJ 08724
2. Name of Owner in Fee: Susan A. Callaghan Tel. [redacted]
   Address 1621 Tilford Boulevard (street) Brick (municipality) NJ 08724 (zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: H/O Tel. ( ) ____
   Address ____
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. ____ FAX: ( ) ____
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work ____
   Tel. ( ) ____ FAX ( ) ____

HOT TUB

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 50		
2.	Electrical	44		
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	*Subtotal*	$		
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy	15		
12.	Other	109		
13.	TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ *Minor Work*									
2. ☐ New Building		GS	5-28-03		7-1-03	FM	9-10-03		
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ *Plumbing*									
7. ☐ Electrical					6-6-03	TO	7-15-03		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ *Demolition*		CW	6/6/03		6/6/03	M			
TOTAL COSTS									

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ *Prototype Processing*

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

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

B. NON-RESIDENTIAL

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

LDS BR 10401204

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 5-27-03

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

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ 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.									
☐									
☐									

IMPORTAINT
A.H.B.T. - EXEMPT

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

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. _____	_____	_____	_____	_____

Constituent Contact Report

Date	Comments	Initials

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/02/2003
Control #
Permit # 03-2913

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 825 Lot 41 Qual

Work Site Location 1621 TILFORD BLVD
HOT TUB
Owner in Fee CALLAGHAN, SUSAN A
Address SAME
BRICK, NJ 08724-
Telephone [redacted]

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
12X14 CONCRETE SLAB 8X8 HOT TUB

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 $ 300

D F Newman Jr 07/02/2003
Construction Official Date

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

PAYMENTS (Office Use Only)

Building	50
Electrical	44
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	15
Total	109
Check No.	
Cash	
Collected By	

07/02/03 8:19AM 000000#1653
XX06 SERV.006

#032913	
BUILDING	$50.00
ELECTRIC	$44.00
ZPA	$15.00
CHECK	$109.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/28/2003
Date Issued 7.11.03
Control # C30-01
Permit # 03-2913

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

Block 825 Lot 41 Qual

Work Site Location 1621 TILFORD BLVD
HOT TUB

Owner in Fee CALLAGHAN, SUSAN A

Address SAME
BRICK, NJ 08724-

Tele [redacted]

Contractor

Address

Tele.( ) Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HO-

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

12X14 CONCRETE SLAB 8X8 HOT TUB

Only 1 set plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	7-1-03	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 9-10-03
Approved By: FM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes	7/24/03 (VER)			
Energy				
Mechanical				
TCO				
Other				
Final			9/10/03	KL
BarrierFree				

TYPE OF WORK

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

FEE (Office Use Only)

	$ 0
	0
	0
	0
	0
	0
	0
	50
	0
	0
	0
	0
	0
	0
Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 50
DCA State Permit Fee	$ 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 $ 200
3. Total (1+2)$ 200

Industrialized Building:
[ ] State Approved
[ ] HUD

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 05/28/2003
Date Issued 7/2/03
Control # C30-01
Permit # 03-2913

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

Block 825 Lot 41 Qual

Work Site Location 1621 TILFORD BLVD

HOT TUB

Owner in Fee CALLAGHAN, SUSAN A

Address SAME

[redacted]724-

Tele [redacted]

Contractor

Address

Tele.(__) Fax (__)

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HO-

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

12X14 CONCRETE SLAB 8X8 HOT TUB

Only 1 set plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	7-1-03	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present 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 $ 200
3. Total (1+2)$ 200

Industrialized Building:
[ ] State Approved
[ ] HUD

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

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 05/28/2003
Date Issued 7/2/03
Control # C30-01
Permit # 03-2913

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

Block 825 Lot 41 Qual

Work Site Location 1621 TILFORD BLVD

HOT TUB

Owner in Fee CALLAGHAN, SUSAN A

Address SAME

BRICK, NJ 08724-

Tele [redacted]

Contractor

Address

Tele.(__) Fax (__)

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. HO-

Only 1 set plans

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

12X14 CONCRETE SLAB 8X8 HOT TUB

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	7-1-03	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present 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 $ 200
3. Total (1+2)$ 200

Industrialized Building:
[ ] State Approved
[ ] HUD

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

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 50
DCA State Permit Fee	$ 0

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 05/28/2003
Date Issued 7 12 03
Control # C30-01
Permit # 03-2913

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

Block 825 Lot 41 Qual
Work Site Location 1621 TILFORD BLVD
HOT TUB
Owner in Fee CALLAGHAN, SUSAN A
Address SAME
BRICK NJ 08724-
Tele [redacted]
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 6/11/03
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7/15/03
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
~~Other~~ Hot tub			7/15/03	
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	
1		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	
1		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
1		Storable Pool/Spa/Hot Tub	9
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space*Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 44
DCA State Permit Fee $ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/28/2003
Date Issued 7/2/03
Control # C30-01
Permit # 03-2913

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

Block 825 Lot 41 Qual
Work Site Location 1621 TILFORD BLVD
HOT TUB
Owner in Fee CALLAGHAN, SUSAN A
Address SAME
BRICK NJ 08724-
Tele.([redacted]
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 6/10/03
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	
1		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	
1		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
1		Storable Pool/Spa/Hot Tub	9
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 44
DCA State Permit Fee $ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/28/2003
Date Issued 7 12 03
Control # C30-01
Permit # 03-2913

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

Block 825 Lot 41 Qual
Work Site Location 1621 TILFORD BLVD
HOT TUB
Owner in Fee CALLAGHAN, SUSAN A
Address SAME
BRICK, NJ 08724-
Tel [redacted]
Contractor
Address
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 6/4/03
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	
1		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	
1		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
1		Storable Pool/Spa/Hot Tub	9
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 44
DCA State Permit Fee $ 0

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

Township of Brick
Zoning Permit

Approved: Wednesday, June 04, 2003 **Number:** 957

Block 825 **Lot** 41 **Zone:** R-7.5

Property Address: 1621 Tilford Boulevard

Applicant: Susan A. Callaghan

Property Owner: Susan A. Callaghan

Existing Use: Single Family Residential

Proposed Use: Single Family Residential

Proposed Construction: Hot tub, partially enclsed by with two side wallsand a roof, 8' x 8', 9' high, on 12' x 14' concrete slab.

Conditions: The hot tub and enclosure must be set back at least 5 feet from the side property lines and at least 5 feet from the rear property line.

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 30 2003
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 825 LOT 41 QUALIFIER N/A

PROPERTY ADDRESS 1621 TILFORD BOULEVARD BRICK, NJ. 08724

PERSONAL NAME OF APPLICANT SUSAN A. CALLAGHAN

BUSINESS NAME OF APPLICANT ~~N/A~~ NONE

MAILING ADDRESS OF APPLICANT 1621 TILFORD BOULEVARD, BRICK, NJ 08724

PROPERTY OWNER'S FULL NAME SUSAN A. CALLAGHAN

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe)_____

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☒ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe)_____

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height_____
☐ Addition - Height_____
☐ Alteration
☐ Porch or deck - Height_____
☐ Shed - Height _____
☐ Fence - Type_____ Height 8x8
☐ Swimming Pool ☐ in-ground ☒ above-ground SPA/HOT TUB w/ 2 SIDEWALLS 4' HIGH
☒ Other (please describe) CONCRETE SLAB 12x14

CHECKLIST

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

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

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 [signature] Date 5-27-03

Reviewed by Zoning Office_____ Date 6/4/03 ☒ Approved ( ) Denied

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD · BRICK, NJ 08723

4

Department of Engineering

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

Date: 5-27-03

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

Re: Block: 825 Lot(s): 41

Property Address: 1621 Tilford Boulevard, Brick

I, Susan A. Callaghan (Name) of 1621 Tilford Boulevard (Address) Brick, NJ 08724

request to be exempted from the plot plan requirement for an addition as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

(Applicant's Signature)

The following shall be submitted with this request

1. Submit survey locating existing dwelling and proposed addition. Dimensions of 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: 6/6/03 (Date) Signature:

Rejected: (Date) Signature:

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 6-12-03

JURISDICTION _____
(City, County, Township, etc.)

BUILDING LOCATION 1621 Telford Blvd.
(Street address)

BUILDING DESCRIPTION _____
RESUBMIT

REVIEWED BY _____ DATE 6-20-03

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
(1)	Application Notes Hot Tub (Submittal Notes Enclosure)	
(2)	Will Enclosure Be Added (Need Drawings)	
	Called H.O left Message	

06/93

CENTRAL JERSEY POOLS
PATIO & MORE
visit us at: www.centraljerseypools.com
4235 Route 9 North Freehold, NJ 07728 T 732 462 5005 F 732 462 0438

CJ POOL HOT TUB ELECTRIAL INFORMATION

CJ POOL WILL CHARGE $795.00 TO HOOK UP ANY 220V HOT SPRINGS SERIES TUB WHICH INCLUEDS UP TO 50 FT OF WIRE (IN OR OUTSIDE OF HOUSE) ADDITONAL WIRE WILL COST $4.00 LF. THE COST FOR 120V SYSTEMS WILL BE $550.00 UP TO 50FT AND $4.00 LF THEREAFTER.

CJ POOLS WILL CHARGE $895.00 TO HOOK UP ANY CAL SPA TUB WHICH INCLUDES UP TO 50FT OF WIRE (IN OR OUTSIDE OF HOUSE) ADDITIONAL WIRE WILL COST $4.00 LF. THIS PRICE INCLUDES THE GFCI.

THESE COSTS ASSUME CUSTOMER PURCHASED THE TUB FROM CJ POOLS. THESE COSTS ASSUME THE SERVICE WILL ACCEPT THE SPA. EXTENSIVE PIPING AND SNAKING OF WIRE MAY ALSO INCUR ADDITIONAL CHARGES.

THESE COSTS ARE FOR MIDDLESEX, OCEAN AND MONMOUTH COUNTY ONLY. OUTSIDE THIS AREA ADDITIONAL CHARGES MAY APPLY. .

IF YOU DECIDE TO WIRE THE TUB YOURSELF OR USE YOUR OWN CONTRACTOR WE OFFER THE FOLLOWING INFORMATION:

FOR CAL SPAS A 220 VOLT DEDICATED 50 AMP GFCI SERVICE WITH **FOUR # 6** AWG COPPER WIRES IS REQUIRED. THIS WILL INCLUDE A BLACK AND RED WIRE FOR YOUR INCOMING POWER, A WHITE WIRE USED FOR YOUR NEUTRAL AND A GREEN **#6** WIRE FOR YOUR GROUND. WIRE RUNS OVER 100FT MUST INCREASE ALL WIRE TO #4. SPAS WIRED IN ANY OTHER WAY WILL VOID YOUR WARRANY.

FOR HOT SPRINGS 220 VOLT MODELS AN ELECTRICAL SUBPANEL CONTAINING TWO GFCI BREAKERS IS INCLUDED. THIS SUBPANEL REQUIRES A 50 AMP SINGLE PHASE, 220 VOLT FOUR WIRE SERVICE(TWO LINE, ONE NEUTRAL, ONE GROUND). THE GROUNDING CONDUCTOR MUST BE AT LEAST THE SAME GAUGE AS THE LINE CONDUCTORS, BUT NOT LESS THAN #10 AWG.
A MINIMUM OF #10 SOLID COPPER BOND WIRE IS ALSO REQUIRED.

FOR HOT SPRINGS 120 VOLT SYSTEMS THEY MUST BE CONNECTED TO A DEDICATED 120 VOLT, 20 AMP, GFCI PROTECTED, GROUNDED CIRCUIT USING #12 AWG OR LARGER WIRE(INCLUDING THE GROUND WIRE) IF A BONDING WIRE IS REQUIRED IT MUST BE AT LEAST #10AWG.

ALL ELECTRICAL WORK MUST BE DONE IN ACCORDANCE WITH THE LATEST VERSION OF THE NATIONAL ELECTRIC CODE. PLEASE CHECK WITH YOUR MUNICIPAL CODE OFFICE.

CENTRAL JERSEY POOLS DOES NOT TAKE RESPONSIBILITY FOR FAULTY ELECTRICAL WORK. IF A TUB DOES NOT FIRE UP BECAUSE YOUR TUB WAS WIRED INCORRECTLY BY YOURSELF OR YOUR CONTRACTOR AND A SERVICE CALL IS RQUIRED BY CJ YOU WILL BE RESPONSIBLE FOR THE COST OF THE SERVICE CALL BY US TO CORRECT THE PROBLEM.

ELECTRIC WORK SHOULD BE DONE AFTER THE TUB IS IN PLACE AT YOUR HOME AND NOT BEFORE.

G.F.I. HOOK-UP

CIRCUIT BREAKER PANEL
120/240V SOURCE
(HOUSE)
INPUTS FROM TRANSFORMER
NEUTRAL/GROUND BAR
CONDUIT
G.F.I.
TOP VIEW
SEE SIDE VIEW FOR DETAIL
SPA
120/240V LOAD
TB1
GRN
RED
BLK
WHT
CONDUIT
BLK (HOT) (LOAD POWER)
WHT (NEUTRAL) (PIG TAIL)
G.F.I.
RED (HOT) (LOAD POWER)
WHT (LOAD NEUTRAL)
CONDUIT
SIDE VIEW
SCHEMATIC DIAGRAM
120/240V AS SOURCE
SINGLE POLE BREAKER WITH G.F.C.I.
120/240V AS LOAD

FOR ALL PERMITS AFFECTING A RESIDENTIAL STRUCTURE (REGARDLESS IF A FIRE PERMIT IS REQUIRED) A MINIMUM OF 1 (ONE) BATTERY OPERATED OR ELECTRIC SMOKE DETECTOR IS REQUIRED ON EACH LEVEL AND IN THE VICINITYOF THE SLEEPING ROOMS. AS OF APRIL 7, 2003 THE STATE OF NJ REQUIRES THE INSTALLATION OF AT LEAST 1 (ONE) CARBON MONOXIDE DETECTOR IN THE VICINITY OF ALL SLEEPING ROOMS. THIS APPLIES TO ALL DWELLING UNITS CONTAINING A FUEL BURNING APPLIANCE OR ATTACHED GARAGE.

For work not requiring a fire inspection for fire alarms in accordance with the code, homeowners or their agents (contractors) shall be required to confirm the installation of these devices. This may be done by signing the below affidavit in lieu of an inspection.

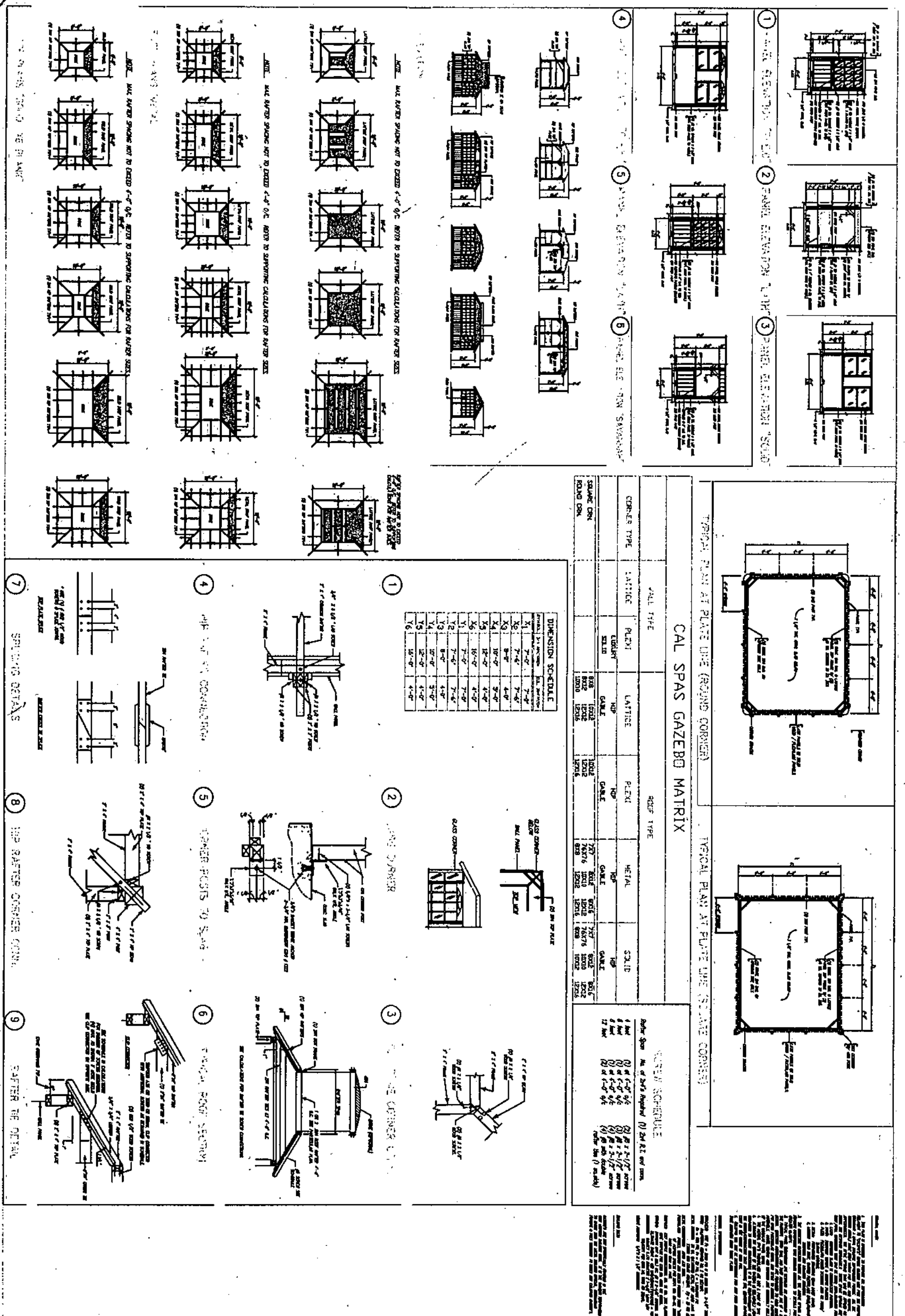
********PLEASE READ AND SIGN********

I hereby certify that a minimum of one smoke detector is installed and is operational on each level of this residential structure in the immediate vicinity of the sleeping rooms. I further certify that a minimum of one carbon monoxide detector is installed and operational in the vicinity of the sleeping rooms. Also, I understand that failure to install and maintain these devices in an operational condition is a violation of the New Jersey Administrative Code 5:23 and may subject me to penalties as prescribed by law.

NAME: Susan A. Callaghan

SIGNATURE: Callaghan DATE: 5-27-03

BLOCK: 825 LOT: 41-43 ADDRESS: 1621 Tilford Boulevard, Brick, NJ 08724



2ND PLAN CHECK REVISION	4/1/03	
PLAN CHECK REVISIONS	1/24/03	
CLIENT'S REVISIONS	11/7/01	
CLIENT'S / ENGINEER'S REVISIONS	10/16/01	
REVISION	DATE	BY

R.T. WHARTON AND ASSOCIATES, INC.

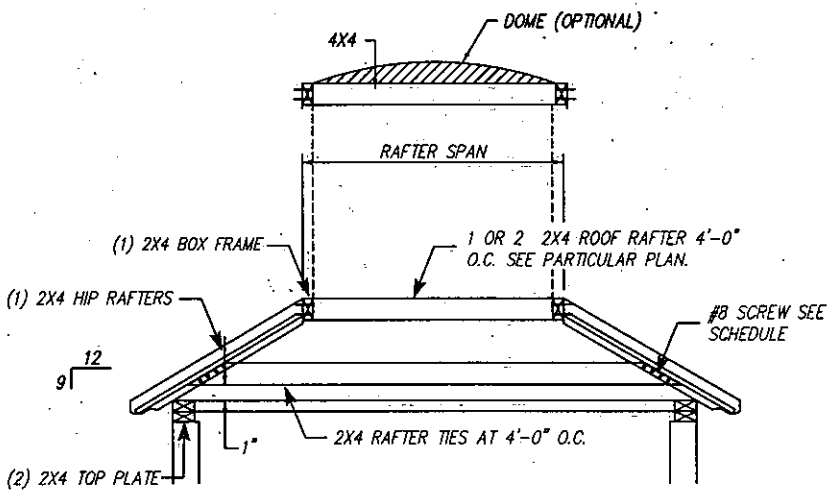
CALSPAS

GAZEBO
LATTICE / PLEXI / METAL
SOLID / LUXURY
NOTES / DETAILS
ELEVATIONS / PLANS

CALSPAS
1462 E. NINTH STREET
POMONA, CALIFORNIA

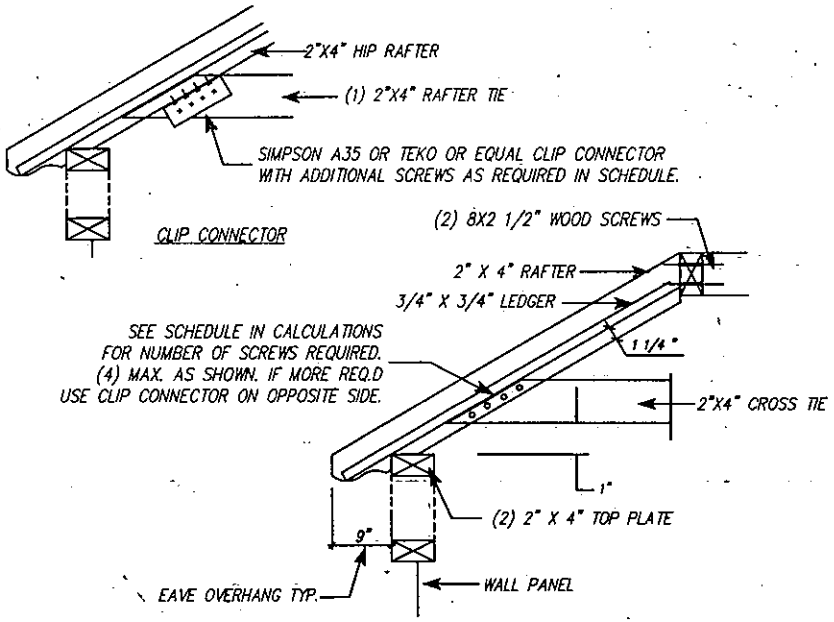
AS NOTED
KEITH
RON
297

S1



SEE CALCULATIONS FOR RAFTER TIE SCREW CONNECTIONS.

6 TYPICAL ROOF SECTION



9 RAFTER TIE DETAIL

LATTIC
S
NC
ELE

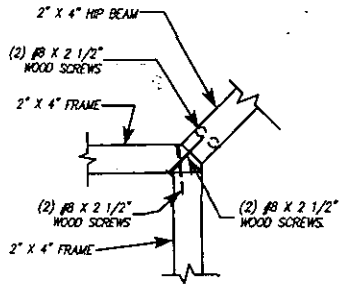
CALSPAS
1462 E. NINTH STREET
POMONA, CALIFORNIA

DATE	1/5/01
SCALE	AS NOTED
DRAWN BY	KEITH
CHECKED BY	RON
JOB NO.	2671
SHEET	S1
SHEET OF SHEETS	

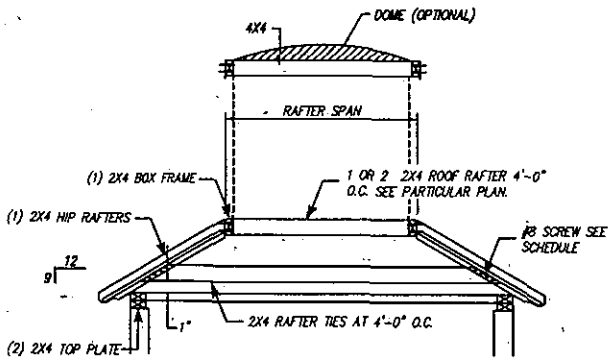
SQUARE CORNER)

SCREW SCHEDULE

Rafter Span	No. of 2x4's Required	(1) 2x4 R.T. end conn.
4 feet	(1) at 4'-0" o/c	(2) #8 x 2-1/2" screws
6 feet	(1) at 4'-0" o/c	(3) #8 x 2-1/2" screws
8 feet	(1) at 4'-0" o/c	(4) #8 x 2-1/2" screws
12 feet	(2) at 4'-0" o/c	(4) #8 with double rafter ties (1 ea.side)



3 BOX FRAME CORNER CONN.



SEE CALCULATIONS FOR RAFTER TIE SCREW CONNECTIONS.

6 TYPICAL ROOF SECTION

CONCRETE: USE f'c = 2000 PSI @ 28 DAYS MIN., 3-1/2" THICK.
WOOD: CALIFORNIA REDWOOD NO. 2 OR BETTER.
Fb = 925 PSI, Fv = 80 PSI, E = 1,250,000 PSI
METAL ROOFING: 26 GA. GALVANIZED METAL PER ASTM A446 WITH KYNAR 500 COLOR COATING. Fy = 33 KSI MIN.
METAL CONNECTORS: ASTM A36 STEEL
FIBERGLASS: DOMES, WINDOWS AND INSETS FORMED FROM "ACRYAL" OF ACRYLIC SHEETS PER BOCA NO. 86-45, SBCC NO. 8658 AND ICBO NO. 4417.
STAPLES: KAY STAPLE INTERNATIONAL CO. 16 GA. ZINC PLATED WIRE STAPLES PER ICBO NO. 4638 OR EQUAL.
SCREWS: RAINBOW NUT & BOLT INC. #8 X 2-1/2" DRYWALL SCREW. ULTIMATE SHEAR = 485 LBS/3(SAFETY FACTOR) = 161 LBS
DRIVESHOTS: RAMSET 0.170 DIAMETER X 1-1/2" LONG LOW VELOCITY PER ICBO NO. 1639 OR EQUAL.
WEDGE ANCHORS: 1/4"ø X 1 1/2" EMBEDMENT.

BUILDING DATA

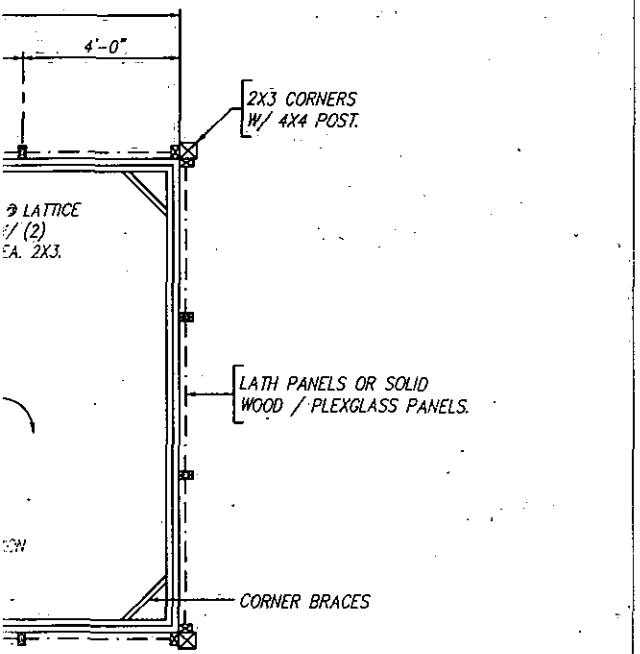
GAZEBO'S ARE NOT SPECIFICALLY COVERED IN THE 1997 UNIFORM BUILDING CODE. IT IS THE OWNERS RESPONSIBILITY TO CHECK WITH THE LOCAL BUILDING OFFICIAL REGUARDING PERMITS & FEES REQUIRED TO ERECT ANY CALSPAS GAZEBO'S.

GAZEBO
LATTICE / PLEXI / METAL
SOLID / LUXURY
NOTES / DETAILS
ELEVATIONS / PLANS

CALSPAS
1462 E. NINTH STREET
POMONA, CALIFORNIA 91766
PHONE: (909) -
FAX: (909) -

R.T. WHARTON AND ASSOCIATES, INC.
CONTACT NAME: MIKE DALE, KEITH SCHMIDT, & KRIS COLLINS
601 S. MILLIKEN AVE. (909) 605-6665
SUITE H FAX(909) 605-6870
ONTARIO, CA. 91761

S NINTH STREET
A, CALIFORNIA



ARE CORNER

SCREW SCHEDULE

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12 feet	(2) at 4'-0" o/c	(4) #8 with double rafter ties (1 ea.side)

GENERAL NOTES

1. THIS PLAN IS INTENDED TO PROVIDE ALL INFORMATION RELAVENT TO "CALSPA'S" ENTIRE GAZEBO LINE FOR THE PURPOSE OF OBTAINING A LOCAL BUILDING DEPARTMENT PERMIT. ALL THE VARIOUS MODELS HAVE BEEN SHOWN FOR SIZE AND GENERAL APPEARANCES. THE STYLE OPTIONS THAT MAY BE APPLIED ON ANY MODEL ARE DETAILED SEPARATELY. THESE STYLE OPTIONS ARE THE ROOF/WALL COVERINGS THAT MAY BE USED; EXPLANATIONS FOLLOW.
   - A. LATH: REDWOOD SLATS IN CROSSHATCH PATTERN.
   - B. SOLID: REDWOOD TONGUE & GROOVE PLANKS.
   - C. PLEXI: PLEXIGLASS DOMED SKYLIGHT AND OR FIXED/ SLIDING WINDOWS.
   - D. METAL: PREPAINTED STANDING SEAM ROOF COVER.
   - E. LUXERY: SOLID ROOF, SMOKED PLEXIGLASS DOME/SLIDING WINDOWS AND ROUNDED CORNERS.
2. THE ISOMETRIC ELEVATION SHOWS ALL THE ABOVE STYLES AND FRAMING CONDITIONS WITH BUBBLES REFERRING TO DETAILS FOR GREATER CLARITY.
3. TYPICAL PANEL ELEVATIONS ARE DETAILED AS ASSEMBLED IN THE FACTORY. BOTH WALL AND ROOF ASSEMBLIES ARE OF A MODULAR DESIGN. ERECTION INSTRUCTIONS ARE PROVIDED TO FIELD CREWS FOR EACH PARTICULAR MODEL AND STYLE TO INSURE A PROPER ASSEMBLY. MODEL WIDTHS AND LENGTHS ARE GENERALLY MULTIPLES OF THE MODULAR PANEL WIDTH.
4. THE ACTUAL SPA'S THEMSELVES ARE NOT A PART OF THIS PLAN.
5. ALTHOUGH THE WEIGHT OF THE GAZEBO IS RELATIVELY LIGHT COMPARED TO OTHER STRUCTURES, IT IS THE RESPONSIBILITY OF THE OWNER/CONTRACTOR THAT ADEQUATE SOIL BEARING CAPACITIES EXIST IN THE ORDER OF 1000 PSF.
6. CALSPAS WILL NOT BE RESPONSIBLE FOR ANY FIELD ASSEMBLY THAT DEVIATES FROM THESE PLANS.

MATERIAL SPECIFICATIONS

CONCRETE: USE f'c = 2000 PSI @ 28 DAYS MIN., 3-1/2" THICK.
WOOD: CALIFORNIA REDWOOD NO. 2 OR BETTER.
Fb = 925 PSI, Fv = 80 PSI, E = 1,250,000 PSI
METAL ROOFING: 26 GA. GALVINIZED METAL PER ASTM A446 WITH KYNAR 500 COLOR COATING. Fy = 33 KSI MIN.
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PLEXIGLASS: DOMES, WINDOWS AND INSETS FORMED FROM "ACRYAL" OR ACRYLIC SHEETS PER BOCA NO. 86-46, SBCC NO. 8658 AND ICBO NO. 4417.
STAPLES: KAY STAPLE INTERNATIONAL CO. 16 GA. ZINC PLATED WIRE STAPLES PER ICBO NO. 4638 OR EQUAL
SCREWS: RAINBOW NUT & BOLT INC. #8 X 2-1/2" DRYWALL SCREW. ULTIMATE SHEAR = 485 LBS/3(SAFETYFACTOR) = 161 LBS
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BUILDING DATA

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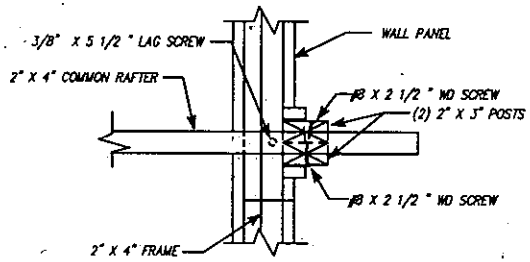
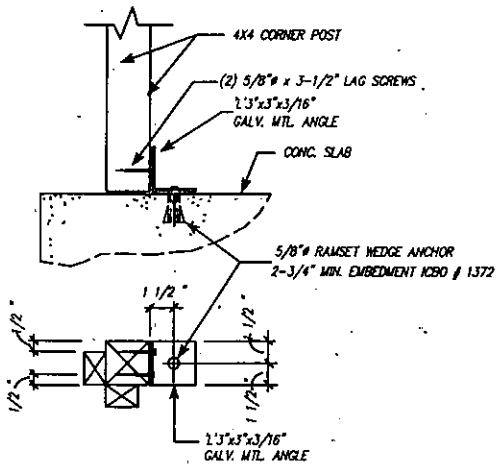
NO.	REVISION	DATE	BY
1	2ND PLAN CHECK REVISION	4/1/03	KIC
2	PLAN CHECK REVISIONS	1/24/03	KIC
3	CLIENT'S REVISIONS	11/7/01	KKS
4	CLIENT'S / ENGINEER'S REVISIONS	10/15/01	KKS

A.S.R.T. WHARTON AND ASSOCIATES, INC.
CONTACT NAME: MIKE DALE, KEITH SCHMIDT, & KRIS COLLINS
601 S. MILLIKEN AVE. SUITE H
ONTARIO, CA. 91761
(909) 605-6865
FAX (909) 605-6870

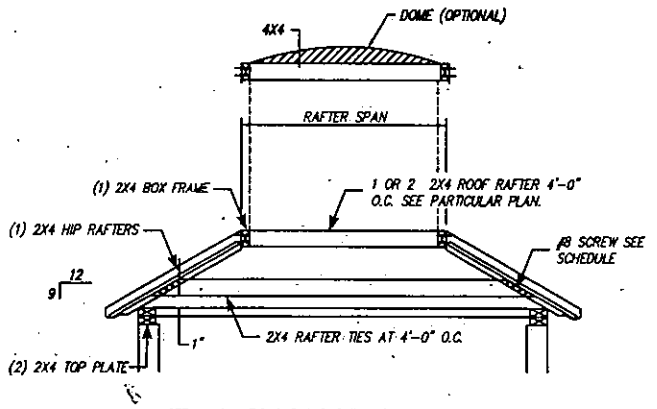
1



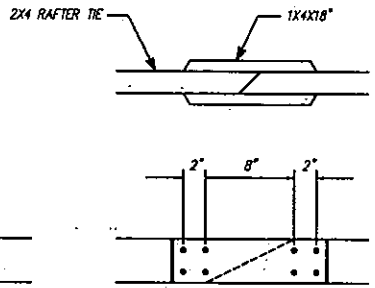
2 GLASS CORNER



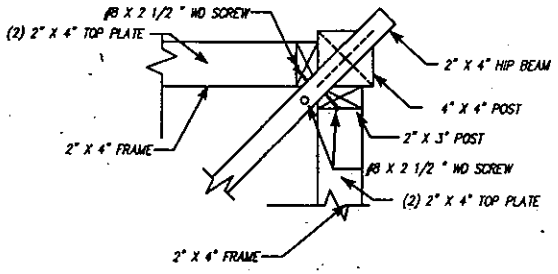
3 BOX FRAME CORNER CONN



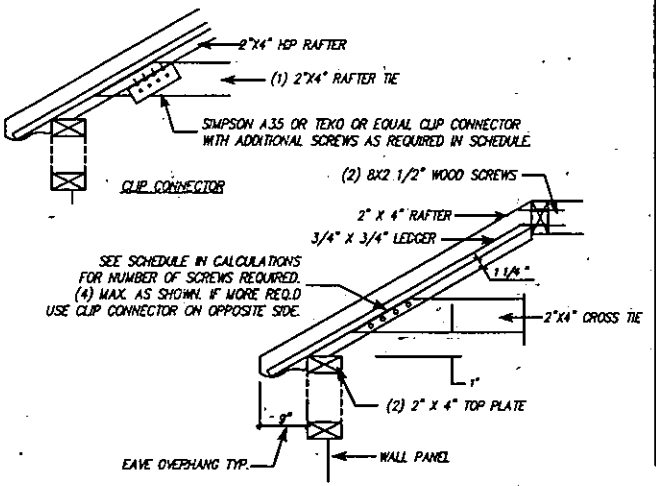
4 HIP RAFTER CONNECTION

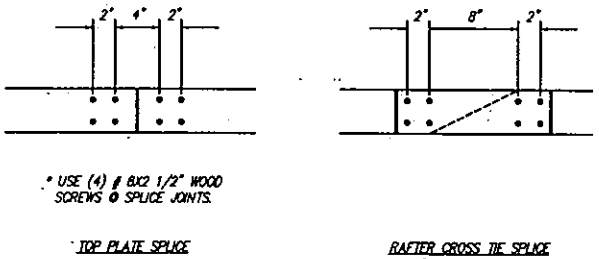


5 CORNER POSTS TO SLAB



6 TYPICAL ROOF SECTION





7 SPLICING DETAILS

8 HIP RAFTER CORNER CONN.

9 RAFTER TIE DETAIL

CAL SPAS GAZEBO MATRIX

CORNER TYPE	WALL TYPE		ROOF TYPE								
	LATTICE	PLEXI	LATTICE		PLEXI	METAL			SOLID		
		LUXURY SOLID	HIP	GABLE	HIP GABLE	HIP	GABLE		HIP	GABLE	
SQUARE CRN.			8X8	10X12	10X12	7X7	8X12	8X16	7X7	8X12	8X16
			8X12	12X12	12X12	76X76	10X10	12X12	76X76	10X10	12X12
ROUND CRN.			10X10	12X16	12X16	8X8	12X12	12X16	8X8	10X12	12X16

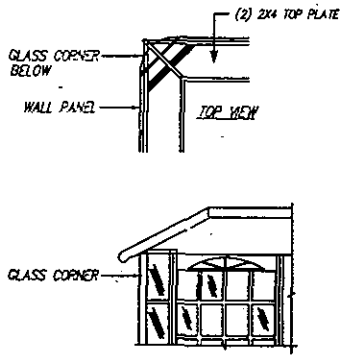
SCREW SCHEDULE

Rafter Span	No. of 2x4's Required	(1) 2x4 R.T. end conn.
4 feet	(1) at 4'-0" o/c	(2) #8 x 2-1/2" screws
6 feet	(1) at 4'-0" o/c	(3) #8 x 2-1/2" screws
8 feet	(1) at 4'-0" o/c	(4) #8 x 2-1/2" screws
12 feet	(2) at 4'-0" o/c	(4) #8 with double rafter ties (1 ea.side)

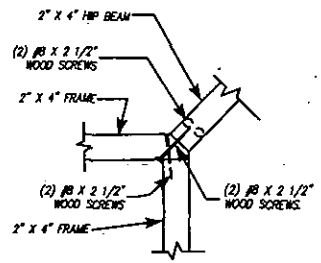
DIMENSION SCHEDULE		
SYMBOL	O/A DIMENSION	COL DIMENSION
X_1	7'-0"	7'-0"
X_2	7'-6"	7'-6"
X_3	8'-0"	4'-0"
X_4	10'-0"	5'-0"
X_5	12'-0"	4'-0"
X_6	16'-0"	4'-0"
Y_1	7'-0"	7'-0"
Y_2	7'-6"	7'-6"
Y_3	8'-0"	4'-0"
Y_4	10'-0"	5'-0"
Y_5	12'-0"	4'-0"
Y_6	16'-0"	4'-0"

RAFTER SPACING NOT TO EXCEED 4'-0" O/C. REFER TO SUPPORTING CALCULATIONS FOR RAFTER SIZES.

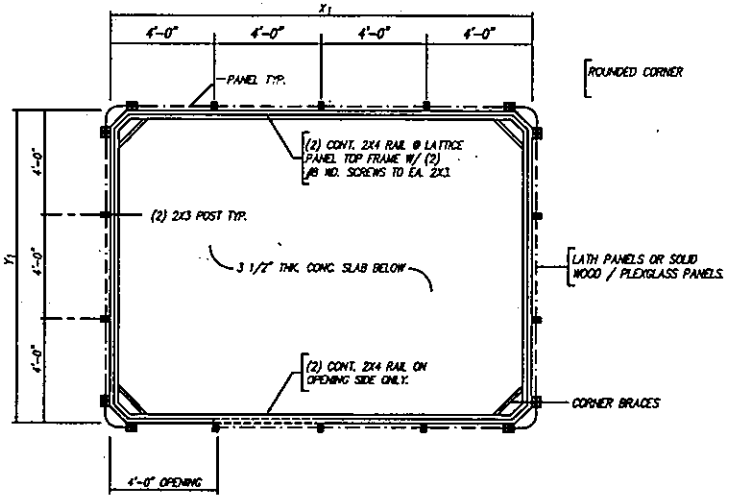
(1)



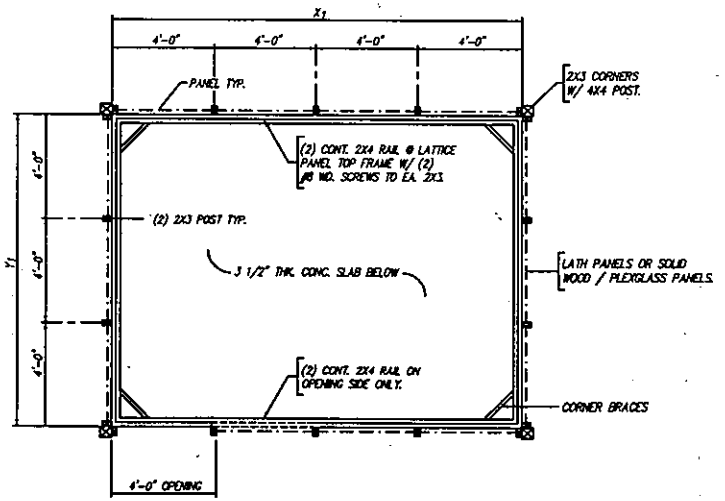
(2) GLASS CORNER



(3) BOX FRAME CORNER CONN.

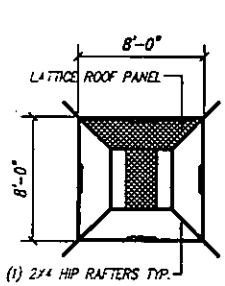


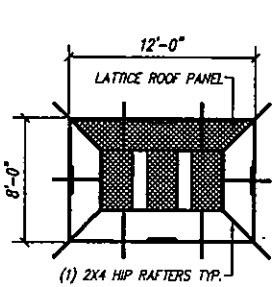
TYPICAL PLAN AT PLATE LINE (ROUND CORNER)

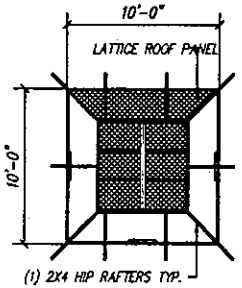


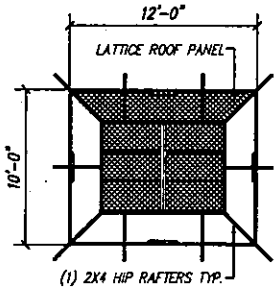
TYPICAL PLAN AT PLATE LINE (SQUARE CORNER)

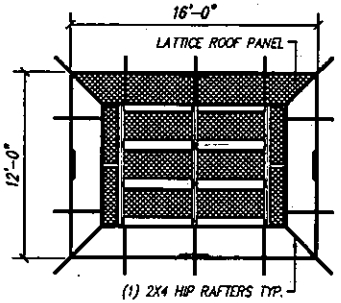
NOTE MAX. RAFTER SPACING NOT TO EXCEED 4'-0" O/C. REFER TO SUPPORTING CALCULATIONS FOR RAFTER SIZES.



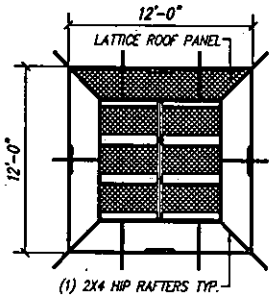






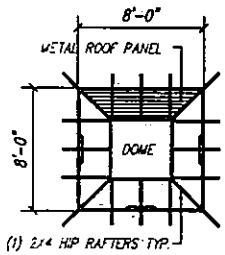


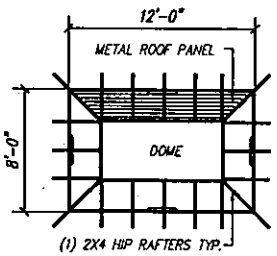
RAFTER SPACING NOT TO EXCEED 4'-0" O/C. REFER TO SUPPORTING CALCULATIONS FOR RAFTER SIZES.

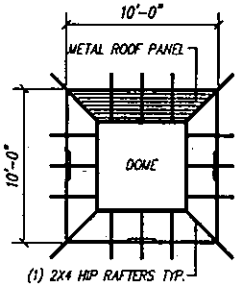


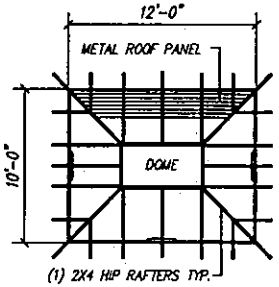
F PLANS "LAT"

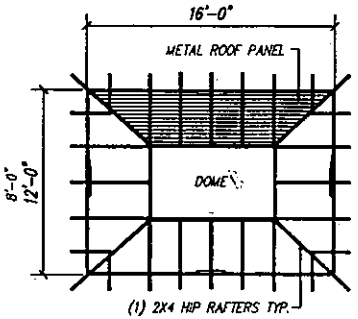
NOTE MAX. RAFTER SPACING NOT TO EXCEED 4'-0" O/C. REFER TO SUPPORTING CALCULATIONS FOR RAFTER SIZES.

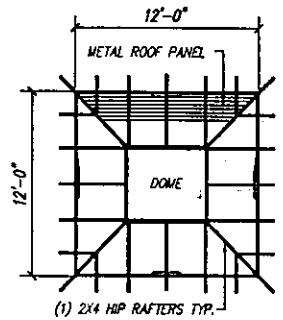






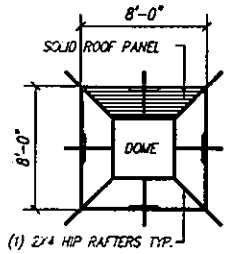


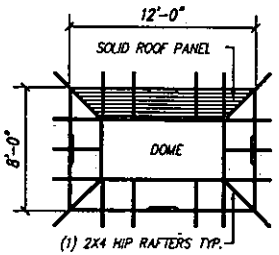


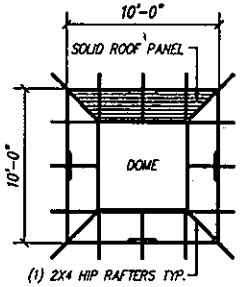


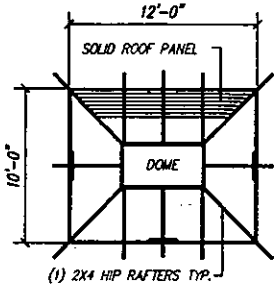
F PLANS "METAL"

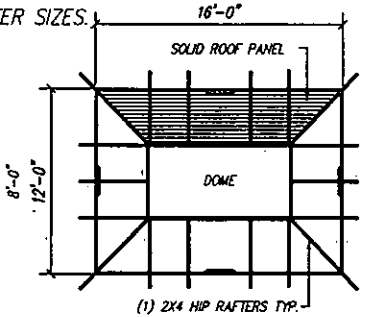
NOTE MAX. RAFTER SPACING NOT TO EXCEED 4'-0" O/C. REFER TO SUPPORTING CALCULATIONS FOR RAFTER SIZES.

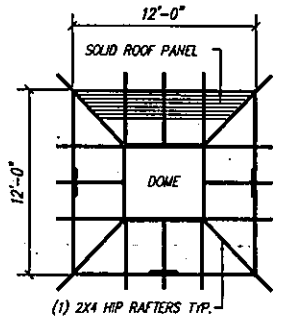




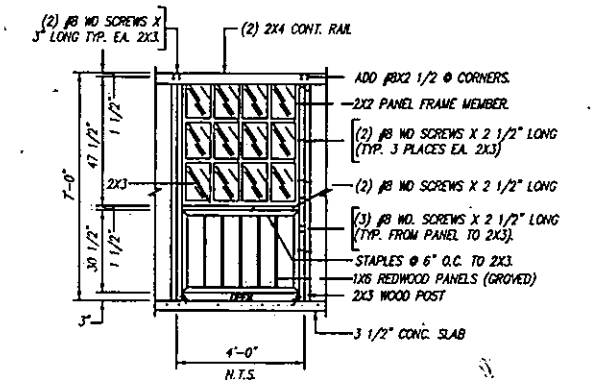




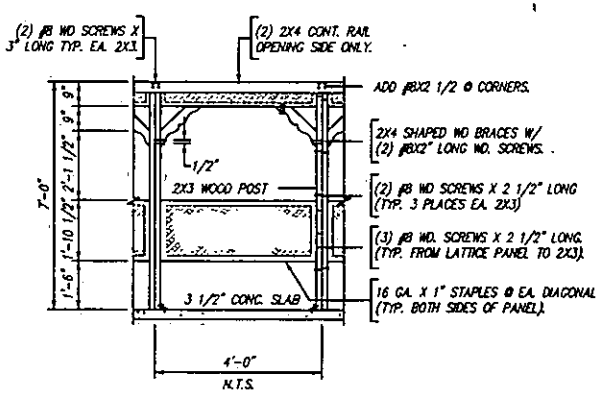




F PLANS "SOLID 1X6 PLANK"



1 "[illegible]ATION "PLE[illegible]"



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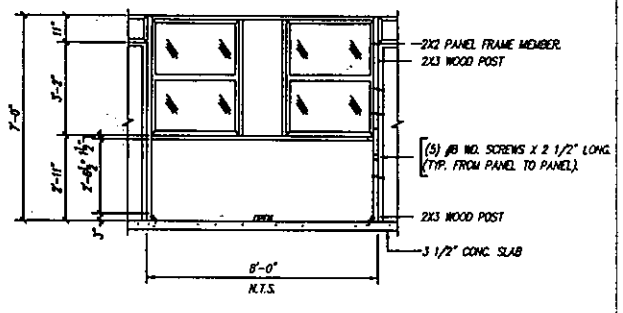
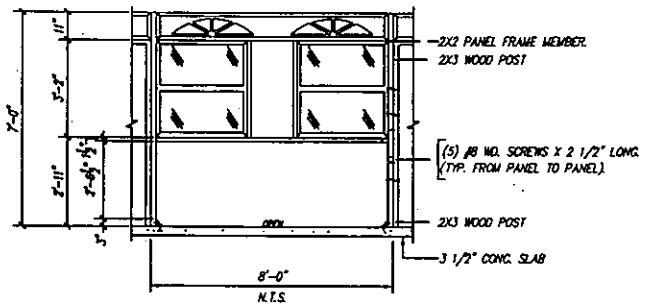
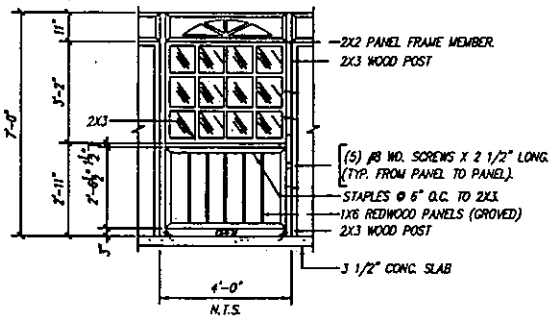


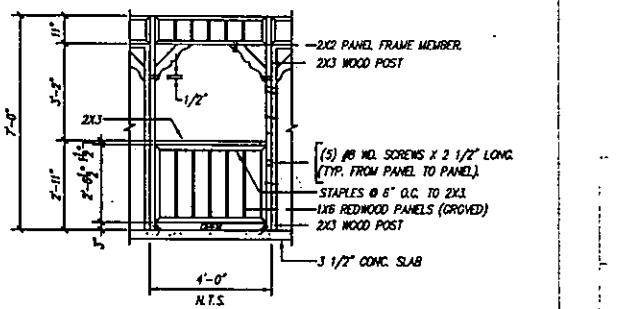
3 PANEL [illegible]ATION "SCL



4 PANEL [illegible]EVATION "PLE[illegible]"



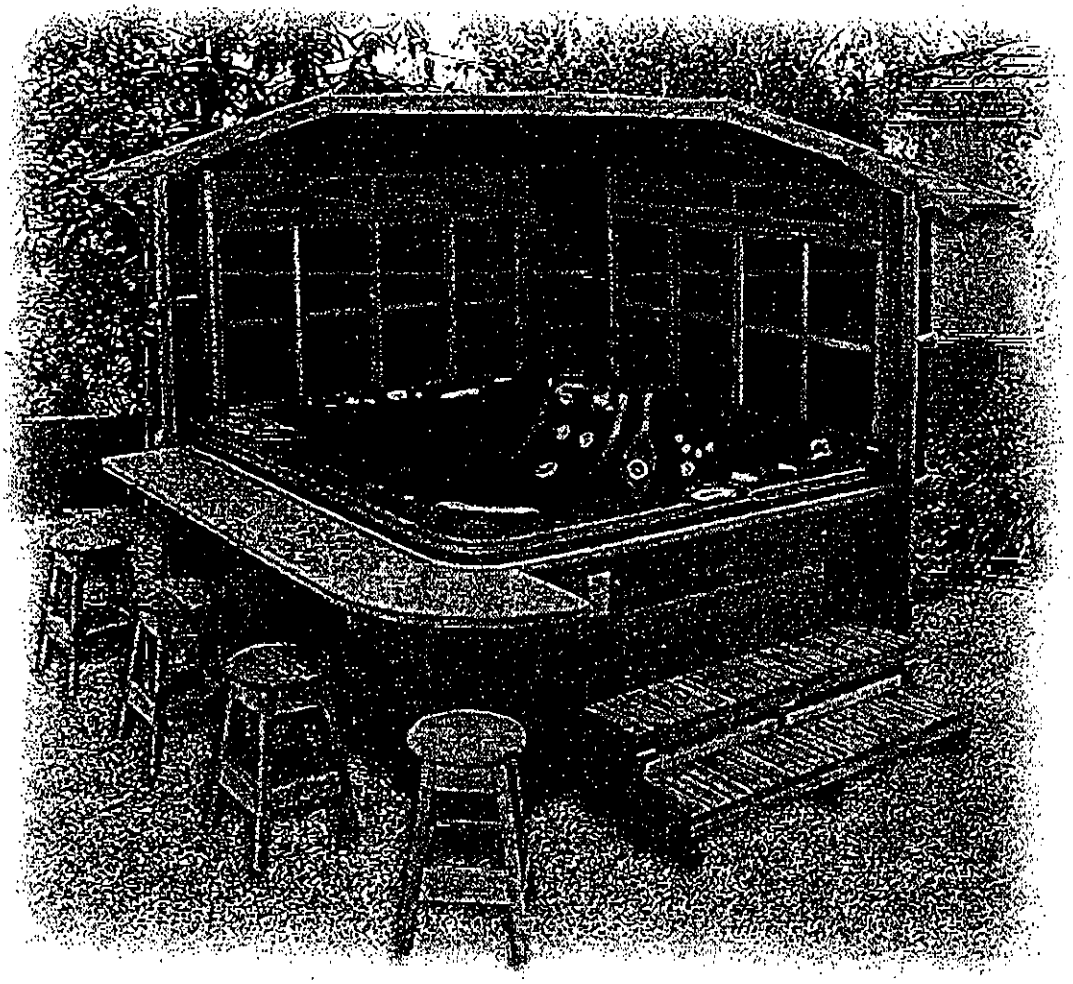
5 PANEL ELEVATION "LATH"



6 PANEL ELEVATION "SAVANNAH"

Introducing

NORTH EAST PACKAGE



Transform your backyard into your own personal retreat with the contemporary style of the North East Package.

Your package includes

- Cal-Stone surround bar assembly, made of dura 1/2" thick faux stone, routered edge for that custom look and feel.
- 4 barstools
- 5 ft. entry step
- 3 Luxury round corners
- 2 Luxury solid roof
- One 2"x2" Lattice style Moon roof assembly

Order yours today!

NEP-100 • Order Part# 27400550

Creative Wood Designs

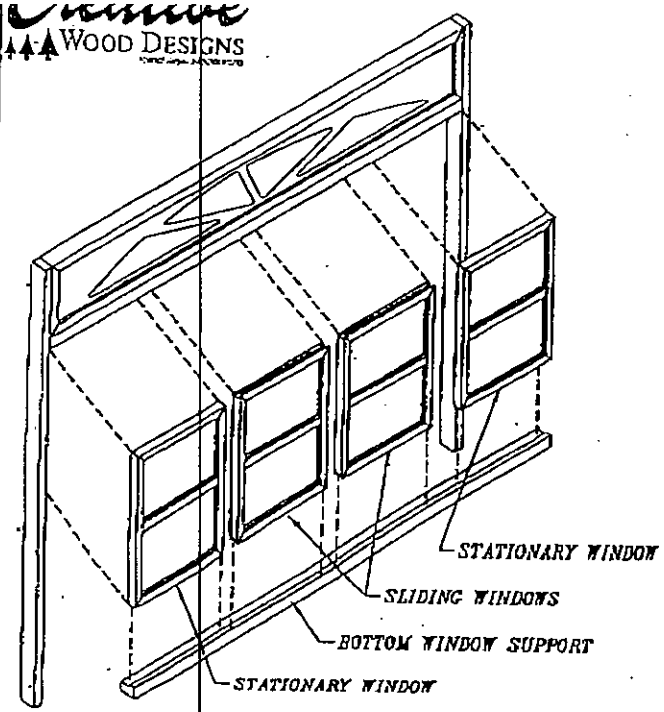
CHOOSE FROM THESE 4 COLORS

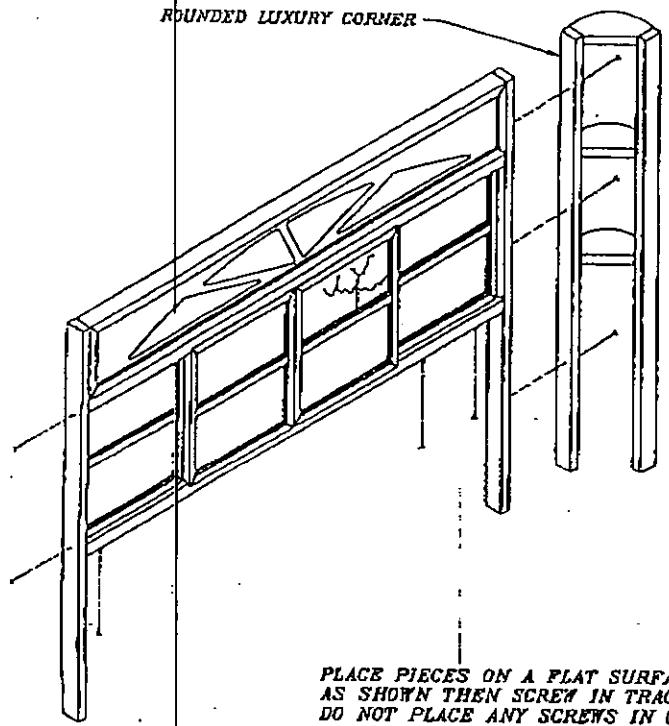
Adirondack Cascades Mohave Acadia

Fax in your order to order entry dept. (909) 629-3890

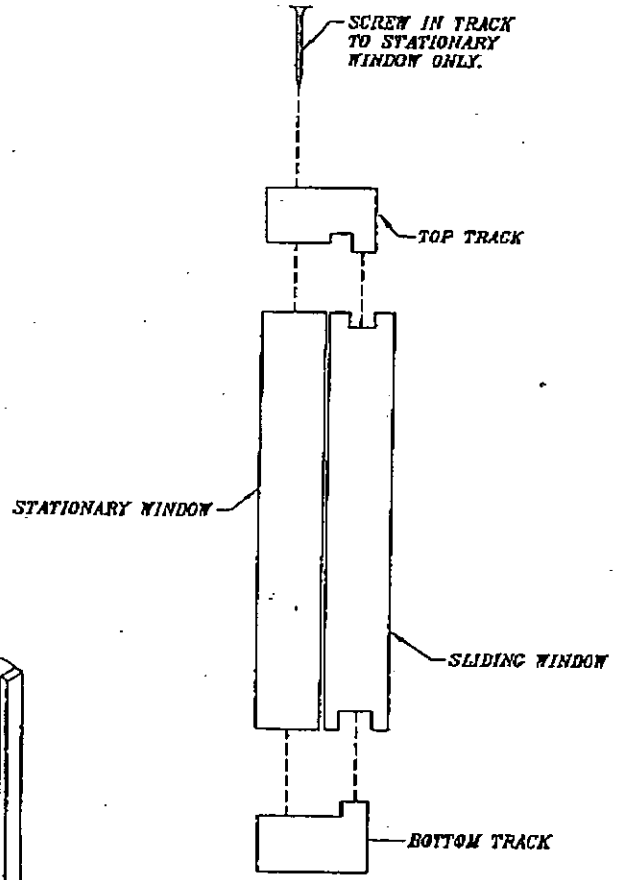
CREATIVE WOOD DESIGNS

GAZEBO WALL PANEL ASSEMBLY



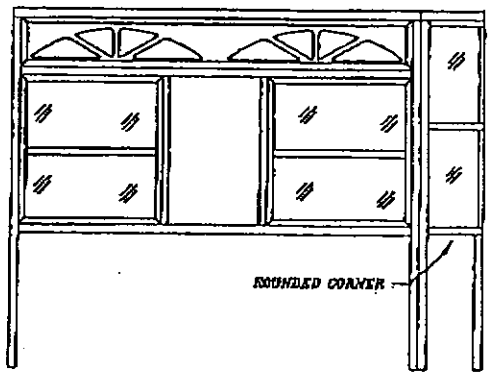


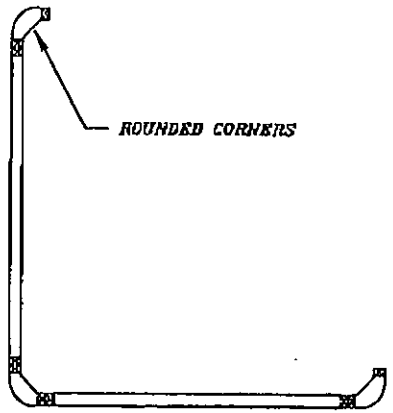
PLACE PIECES ON A FLAT SURFACE AND FIT TOGETHER AS SHOWN THEN SCREW IN TRACKS AND WINDOWS TOGETHER. DO NOT PLACE ANY SCREWS IN CHANNELED WINDOWS.



SIDE VIEW OF WINDOW ASSEMBLY

LUXURY WALL PANEL





TOP VIEW OF WALL PANELS

NOTES:

STAND PANELS UP AND USE SCREWS ON EITHER SIDE WHEN NECESSARY.

THE SMOOTH SIDE OF PANEL SHOULD BE PLACED ON INSIDE OF CAZEBO.

THE FLUSH SIDE OF LATTICE PANEL SHOULD FACE INWARD.

CREATIVE WOOD DESIGNS	
GAZEBO WALL PANEL ASSEMBLY	
DWG#XLRF-ASS	COPYRIGHT 1-1-99
DATE 12-10-99	99-P[illegible]/DESIGN

Creative WOOD DESIGNS

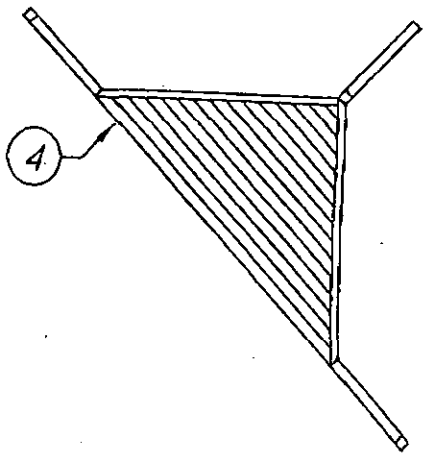
ROOF ASSEMBLY
SOLID

TOP CENTER FRAME
4'X 4'OUTSIDE DIAMETER

3

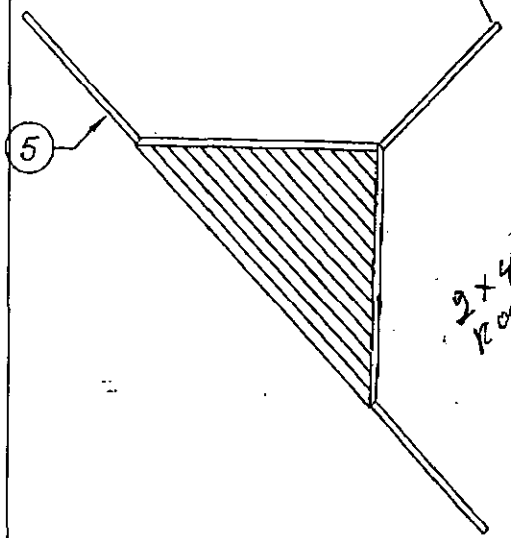
2"X 4"X 46-1/2"
(4 EA.)

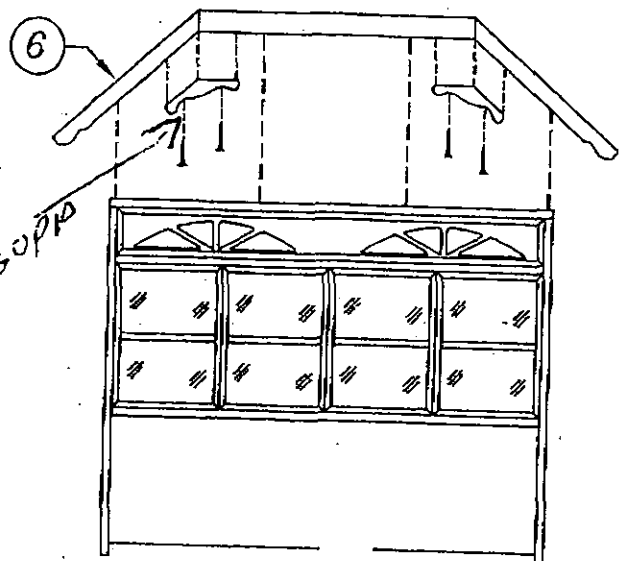
TOP CENTER FRAME
4'X 4'OUTSIDE DIAMETER

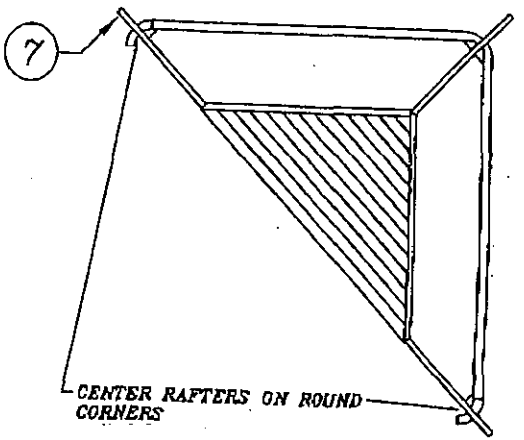


ATTACH 3 EA. HIP RAFTERS FLUSH W/TOP
WITH 3"SCREWS

HIP RAFTER



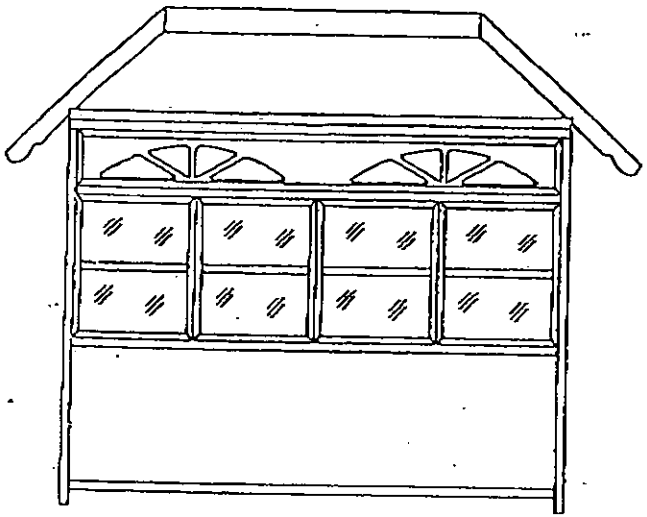


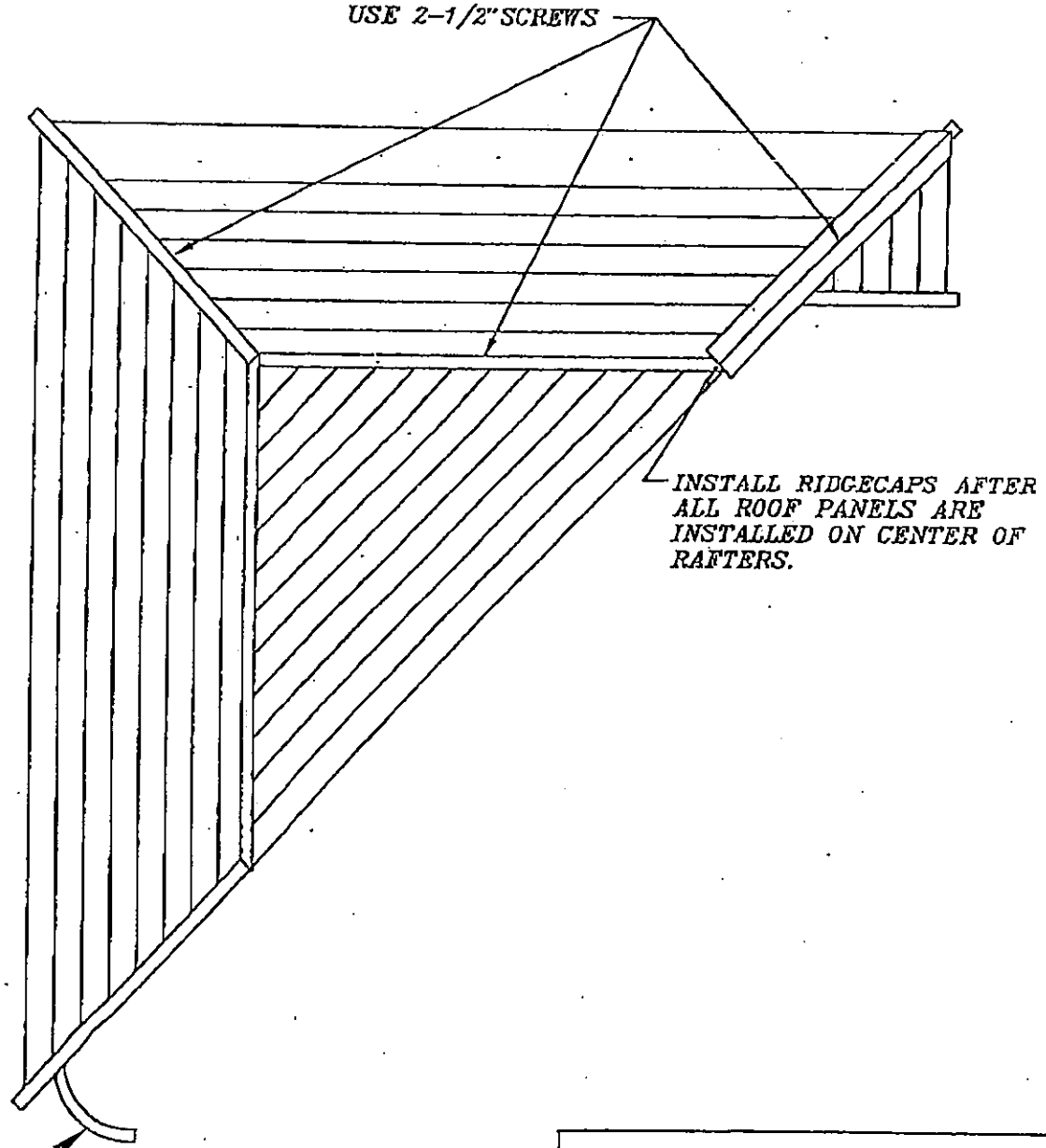


CREATIVE WOOD DESIGNS	
ROOF ASSEMBLY	
DWG#XLRF-ASS	COPYRIGHT -1-99
DATE 2-02-99	99-PLAN, SIGN

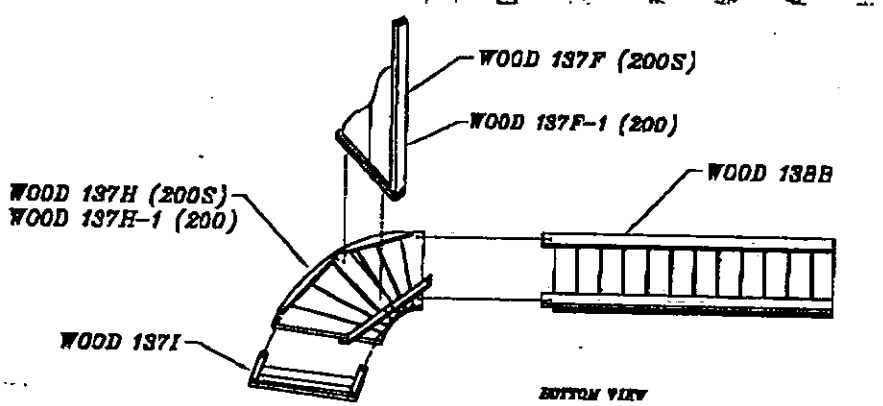
Creative Wood Designs

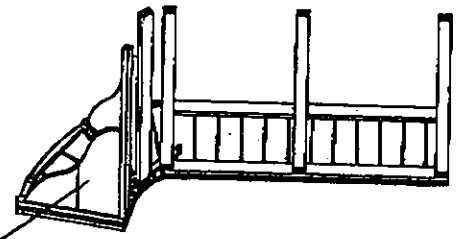
ROOF ASSEMBLY
SOLID

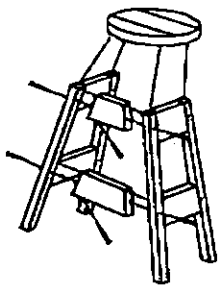


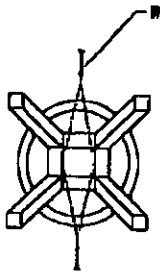


CREATIVE WOOD DESIGNS	
ROOF ASSEMBLY	
DWG#XLRF-ASS	COPYRIGHT 1-1-99
DATE 8-9-99	99-PLA DESIGN









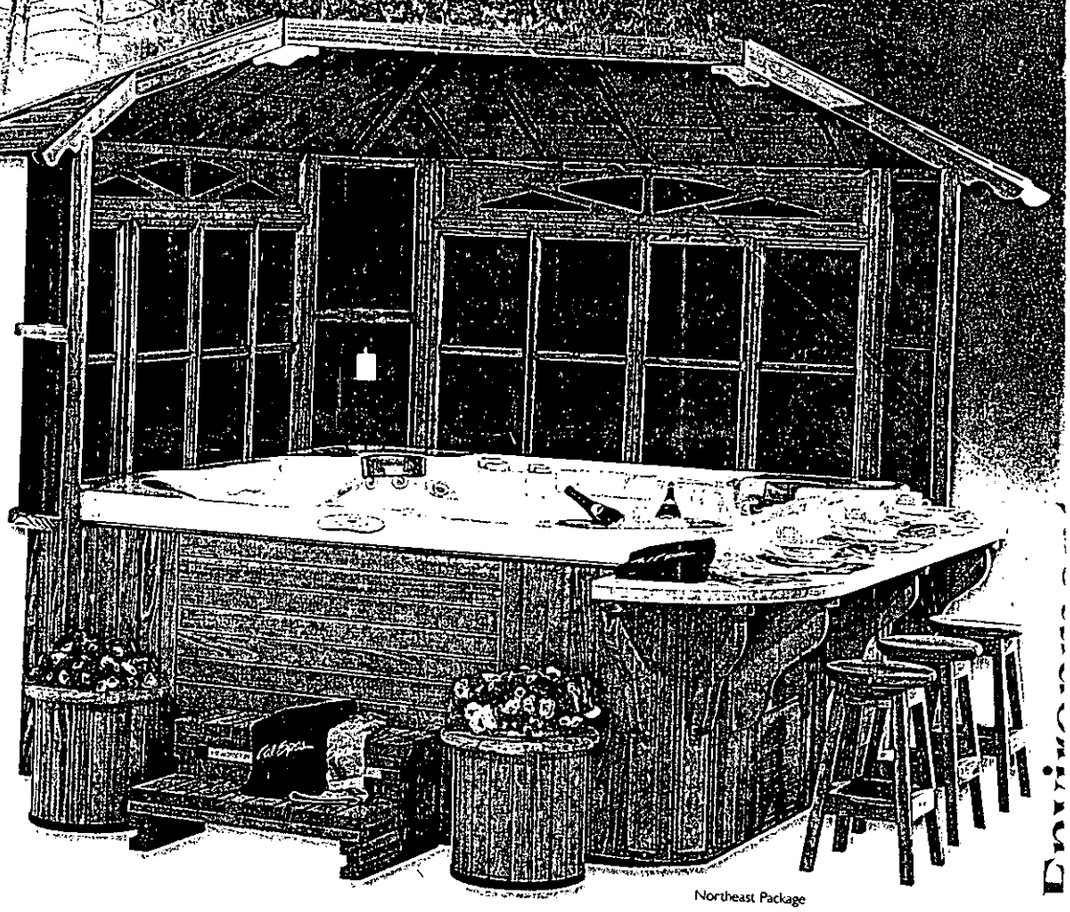
NOTE: DUE TO OUR CONTINUOUS IMPROVEMENT PROGRAM, ALL MODELS AND SPECIFICATIONS ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE

CAL SPAS	CALIF. ACRYLIC INDUSTRIES
SOUTHWEST SURROUND 200 & 200S	
DWG#SOUTHWEST.DWG	COPYRIGHT 1-1-98
DATE:7-7-98	98 PLAN/DESIGN
REVISED 4-16-01	DWN BY- SST

Frankie- If I had known this was going to be this involved I never would have bought this thing. The pool company never said anything about this to me. I'm very upset. They will probably not give me a refund.

Northeast surrounds

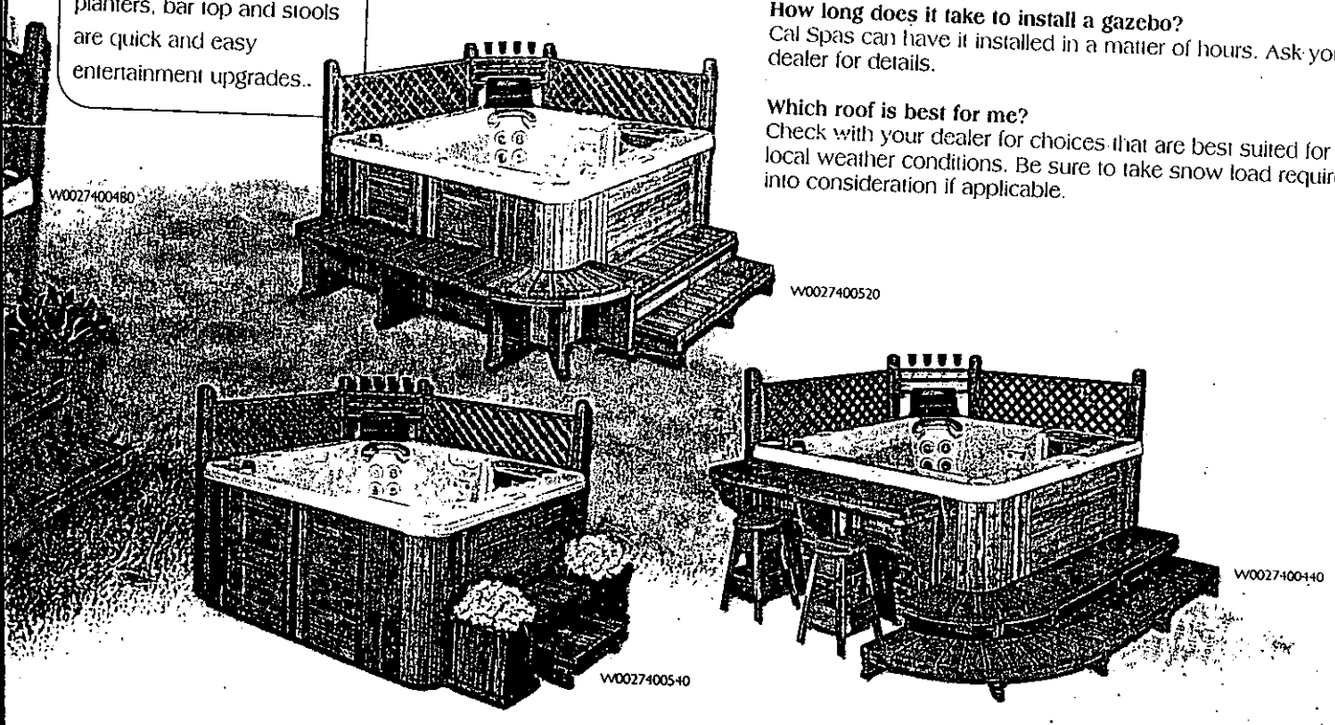
Beautify your backyard and enhance your spa at the same time with this charming yet practical combination of bar top, stools, and steps. The semi-pavilion architecture adds elegant privacy to your backyard entertaining. For something extra special, select from our Cal-Stone Bar Top Option crafted from 1/2-inch thick faux stone with rounded edges.



Northeast Package

Southwest surrounds

Often just the right details can create real magic. Outfitting your spa with these beautiful and practical solutions will add a whole new vista to your backyard oasis. Lattice-wood shielding complemented by steps, planters, bar top and stools are quick and easy entertainment upgrades..



W0027400480

W0027400520

W0027400540

W0027400440

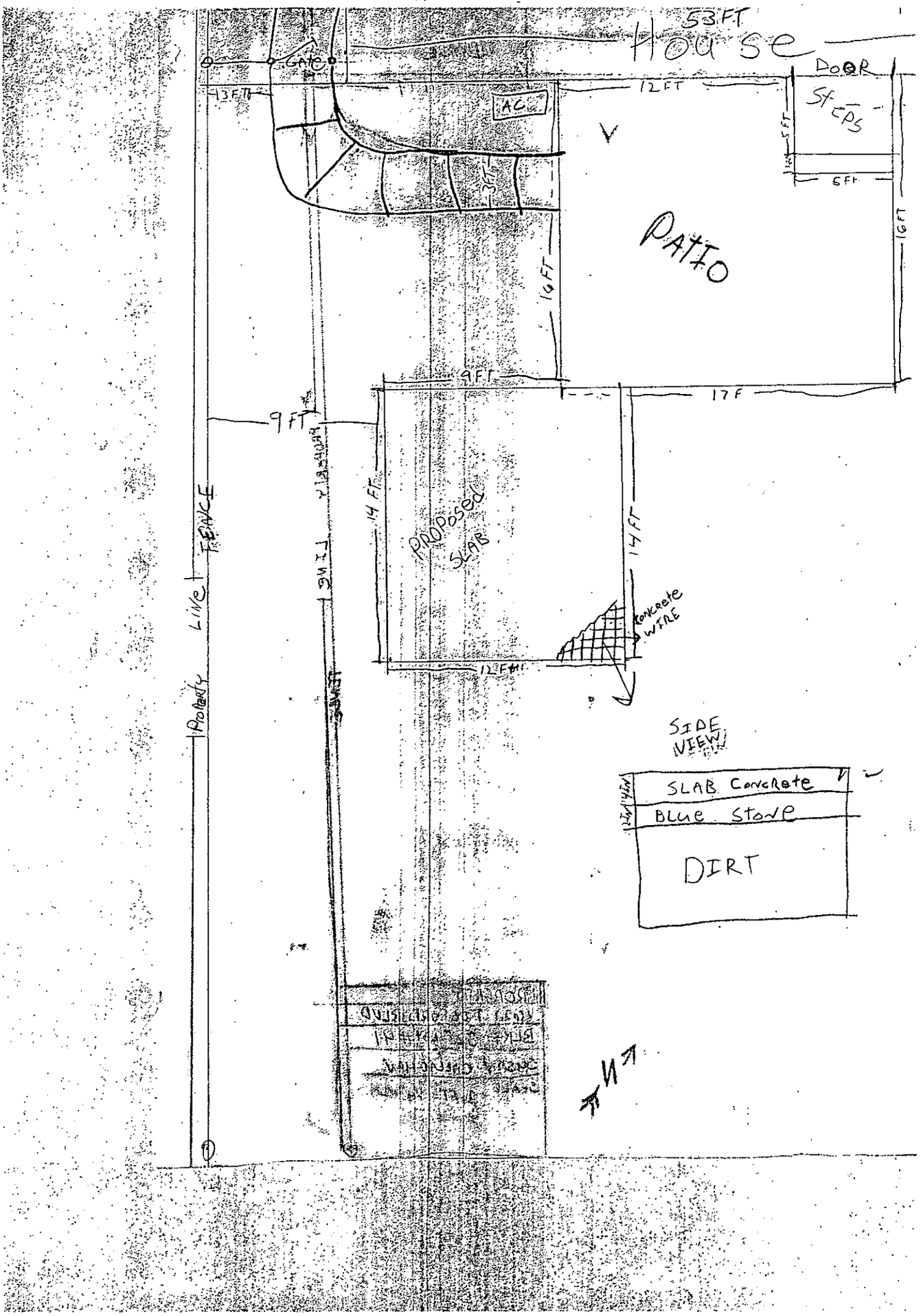
Gazebo FAQs

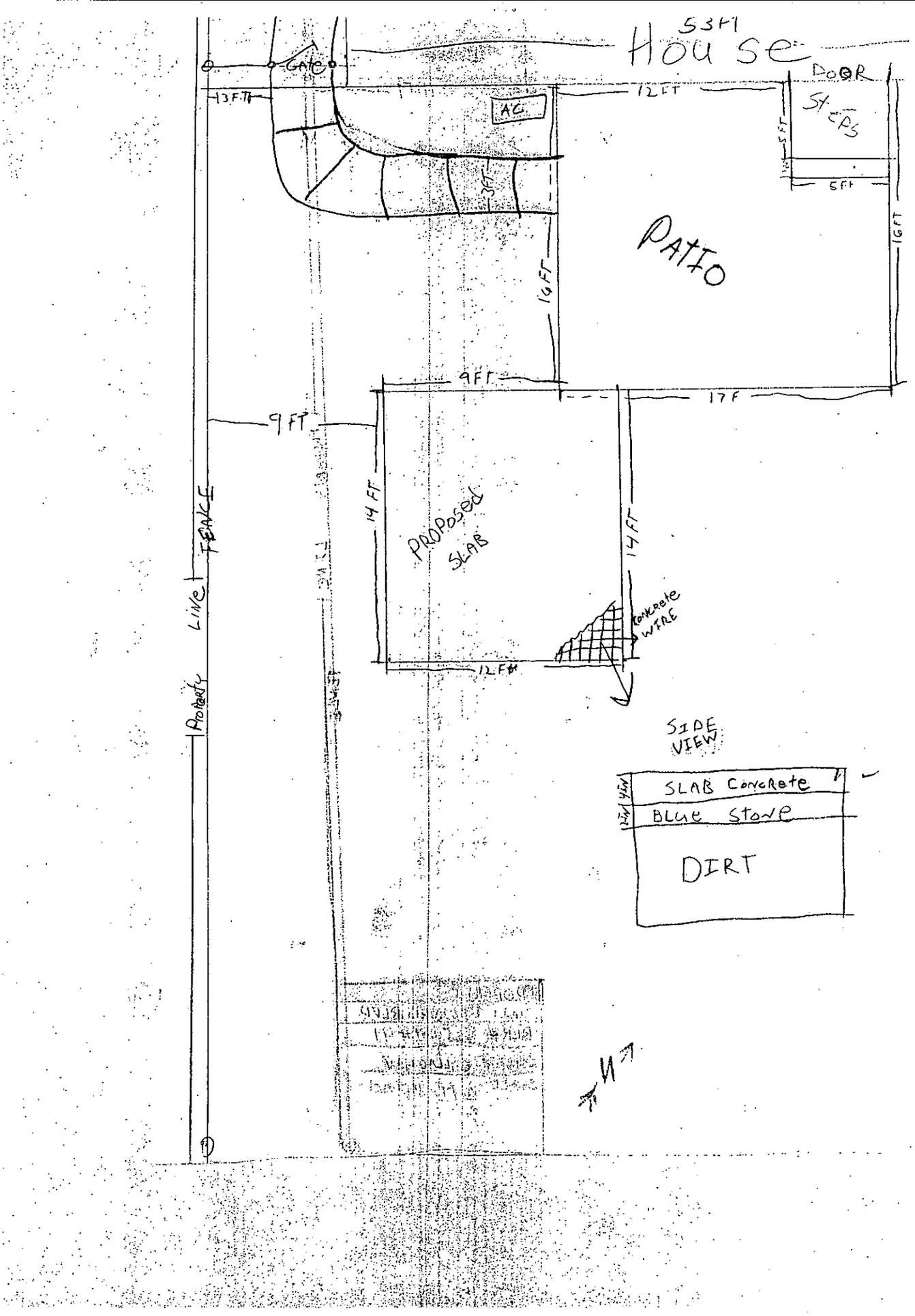
Where can I place my gazebo?
Just about anywhere as long as you have a flat surface, for example, an existing patio or deck. We recommend that your gazebo be placed on a level cement slab or equivalent.

How much space do I need?
This differs depending on which gazebo you choose. Keep in mind that the listed gazebo measurements pertain to the interior dimensions; eaves and outside dimensions extend a bit further.

How long does it take to install a gazebo?
Cal Spas can have it installed in a matter of hours. Ask your dealer for details.

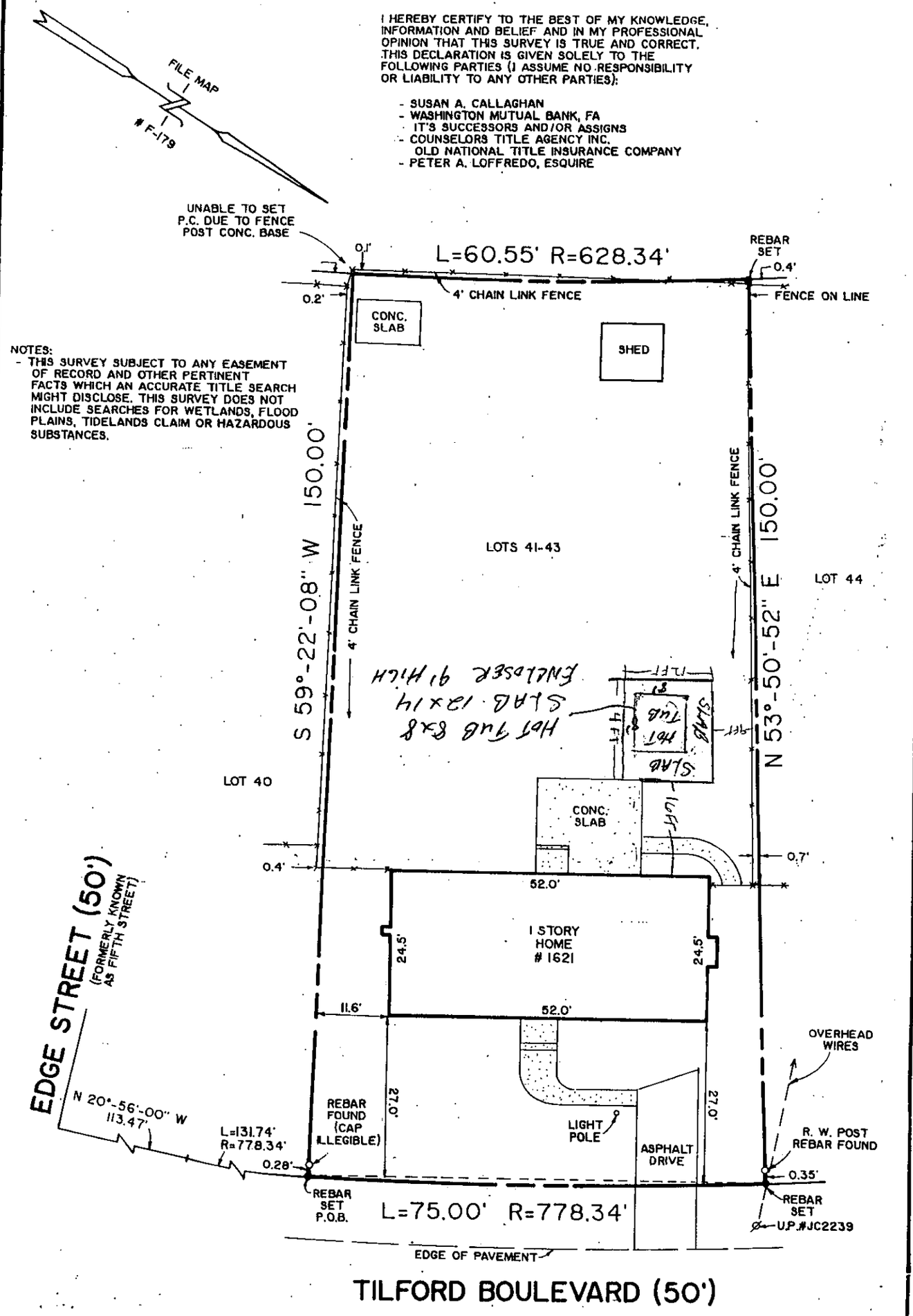
Which roof is best for me?
Check with your dealer for choices that are best suited for your local weather conditions. Be sure to take snow load requirements into consideration if applicable.


53 FT
House
Gate
DOOR
13 FT
AC
12 FT
5 FT
STEPS
5 FT
6 FT
PATIO
16 FT
16 FT
9 FT
17 FT
9 FT
14 FT
PROPOSED SLAB
14 FT
Concrete WIRE
12 FT
FENCE LINE
Property
SIDE VIEW
SLAB Concrete
Blue Stone
DIRT
N


House
GATE
13FT
AC.
12FT
DOOR
STEPS
5FT
5FT
5FT
16FT
PATIO
16FT
9FT
17F
9FT
14 FT
PROPOSED SLAB
14 FT
Concrete WIRE
12FT
FENCE LINE
Property
SIDE VIEW
SLAB Concrete
BLUE Stone
DIRT
N

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF AND IN MY PROFESSIONAL OPINION THAT THIS SURVEY IS TRUE AND CORRECT. THIS DECLARATION IS GIVEN SOLELY TO THE FOLLOWING PARTIES (I ASSUME NO RESPONSIBILITY OR LIABILITY TO ANY OTHER PARTIES):

- SUSAN A. CALLAGHAN
- WASHINGTON MUTUAL BANK, FA
  IT'S SUCCESSORS AND/OR ASSIGNS
- COUNSELORS TITLE AGENCY INC.
  OLD NATIONAL TITLE INSURANCE COMPANY
- PETER A. LOFFREDO, ESQUIRE



SURVEY

LOTS 41-43, BLOCK 825
BRICK TOWNSHIP
OCEAN COUNTY, NEW JERSEY

JOB No.	2133	DR. BY	U.R.
SCALE	1"=20'	DATE	2-11-02

RICHARD S. BUTRYN
PROFESSIONAL ENGINEER & LAND SURVEYOR
749 SCHOOLHOUSE ROAD, BRICK, NEW JERSEY, 08724
(732) 836-9200, N.J., LICENSE # 27445

2-11-02

HOMEOWNER'S POOL CERTIFICATION

FENCE REQUIRMENTS:

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 ¾ inches in width. Decorative cutouts shall not exceed 1 ¾ 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 ¾ inches in width.

6. Maximum mesh size for chain link fences shall be a 1 ¼ 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 ¾ 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 ¾ 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 ½ inch within 18 inches of the release mechanism.

BLOCK: 825 **LOT:** 41 **ADDRESS:** 1621 Tilford Boulevard, Brick, NJ 08724

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.

Owner's Signature

Susan Callaghan

Print Name

Sworn and subscribed to before me on this 28th day of May 2003

M. J. Rinaldi

Notary Signature

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

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1621 Tilford Boulevard, Brick, NJ 08724
Block: 825 Lot: 41
Owner's Name: SUSAN A. CALLAGHAN
Owner's Mailing Address: 1621 Tilford Boulevard, Brick, NJ 08724
Phone [redacted]

BUILDING

Contractor: Homeowner
Address: 1621 Tilford Boulevard Brick, NJ 08724
Phone#: 732-785-5676 or 732-642-5395
Lis # n/A
Federal Emp # or SSN [redacted]

Technical Data

Description of Work:

SLAB - concrete
SIZE 12 x 14
THICKNESS 6"

HOT TUB 8' x 8'
w/ 2-9' side walls
attached to tub

Type of Work

___ New Building	___ Siding
___ Addition	___ Fence
___ Alteration	✓ ~~Pool~~ HOT TUB
___ Roofing	___ Demolition
___ Asbestos Abatement	___ Sign _____ sq ft
___ Fireplace wd/gas	

Building Characteristics

Use Group Present: _____ Proposed: ✓
No of Stories: N/A
Height of Structure: 3' 2-9' sidewalls
Area of the largest floor: 12 x 14 concrete
Area of New Structure: 8' x 8' SPA
Volume of New Structure: n/A
Total Land Disturbed: 12'x14'

Cost of Alteration: $ n/A
Cost of New Building: $ n/A
Cost of Site Work $ 300.00
Total Cost of New Building Work: $ 300.00

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

Signature: [signature]
Please Print Name SUSAN A. CALLAGHAN

ELECTRICAL

Contractor: Homeowner
Address: 1621 Tilford Boulevard Brick, NJ 08724
Phone#: 732-785-5676 OR 732-642-5395
Lis #: n/A
Federal Emp # or S [redacted]

Technical Data

Item	Quantity
Lighting Fixtures	n/A
Receptacles	1
Switches	n/A
Detectors	n/A
Light Poles	n/A
Motors w/ Fract. HP	n/A
Emergency & Exit Lights	n/A
Communication Points	n/A
Alarm Devices/FAC Panel	n/A
Total	1
Pool (Receptacles, Switches, Lights, Motor HP.)	n/A
Spa/Hot Tub/Storable Pool	8' x 8' ✓
Electric Range	n/A KW
Oven/Surface Unit	n/A KW
Electric Water Heater	n/A KW
Electric Dryer	n/A KW
Dishwasher	n/A KW
Garbage Disposal	n/A HP
A/C Unit -Central Air	n/A KW
Space Heater/Air Handler	n/A KW
Baseboard Heating	n/A KW
Motors 1+ HP	n/A
Transformer/Generator	n/A KW
Light Stander	n/A AMP
Service	n/A AMP
Subpanel	n/A AMP
Motor Control Center	n/A AMP
Sign/Outline Light	n/A KW
Furnace	n/A
Steam Boiler	n/A

Other: 50 AMP. Disconnect FOR HOT TUB (GFI)

Estimated Cost of Electrical Work: $100.00

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

Signature: [signature]
Please Print Name SUSAN A. CALLAGHAN

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

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

Technical Data

Fixtures Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
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_____
Air Conditioner (Condensate Drain)_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work_____

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

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:
Gas Stove_____
Gas Dryer_____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances_____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

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

Signature:_____

Print Name:_____