BLOCK 210.32 LOT 15 QUALIFICATION CODE ______ ADDRESS (SITE) 39 Hollycrest drive PERMIT NO. 11-1177

POOL / HOT TUB

CONSTRUCTION PERMIT APPLICATION

C-10-002978

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

I. IDENTIFICATION

1. Proposed Work Site at: 39 Hollycrest Drive
2. Name of Owner in Fee: Pamela DiCerbo
   Tel. [redacted] e-mail [redacted]
   Address 39 Hollycrest Drive (street) Brick (municipality) 08723 (zip code)
3. Ownership in Fee: Public ______ Private ✓
4. Principal Contractor: Pyramid Pools Tel. (732) 244-6263
   Address PO Box 674, Lakehurst NJ 08733 e-mail pyramidpools@hotmail.com
   License No. OR, if new home, Builder Reg. No. 13HV04553900 Exp. Date 31-Dec-10
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ______
   Federal Emp. ID No. 26-1769399 FAX: ( ) ______
5. Architect or Engineer ______ Contact ______
   Address ______ e-mail ______
   Tel. ( ) ______ FAX: ( ) ______
6. Responsible Person in Charge once Work has Begun Pamela DiCerbo / Rory Caswell
   Tel. (732) 920-6765 FAX: ( ) ______
   Rory - 732-244-6263

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	75		
2. Electrical		50		
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal				
7. Less 20% for State Plan Review	$			
8. Subtotal	$			
9. State Permit Surcharge Fee				
10. Subtotal	$	2		
11. Cert. of Occupancy		2		
12. Other				
13. TOTAL	$	129		

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. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved ____ HUD ____		
9. Total Land Area Disturbed	sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation	ft.	
12. Wetlands yes ____ no ____		

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

Subcode	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		[illegible]	8/4/10		8-25-10	JH			
☐ Electrical					8-24-10	JY			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng	Exemption		8/23/10	ECC			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: ______
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: Total Units Income-restricted
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: ______
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): ______

D. Construct. Classification: Present ______ Proposed ______

III. PLAN REVIEW (optional)

DO YOU WANT:
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
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

(Margin note:) 8-30-10 Called Contractor - left message on machine

U.C.C. F100-1 (rev. 12/07)

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.ix:

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 Pamela P DiCarlo Date 8/3/10

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 4/27/11
Control #

Date Issued
Permit # 11-1177

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

Block 210.32 Lot 15 Qualification Code

Work Site Location 39 Hollycrest Drive Brick NJ 08723

Owner In Fee: Pamela McCabe

Tel. ([redacted] e-mail

Address Same as Above (street)

Contractor: Pyramid Pools (name/dba) Tel: (732) 244-6263

Address PO Box 676 Lakehurst NJ 08733 (street, municipality, zip code) e-mail pyramidpools@hotmail.com

Contractor License No. or Builder Registration No. 13HV04553900 Exp. Date

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

Federal Emp. ID No. 26-1769399 FAX: ( )

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 Paula M Diaz

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Above Ground Pool
30 x 15 Oval
Existing 6 ft
Fence / Gates out -

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All	8-25-10	JK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 8-25-10
Approved by: KA/JK

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

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	8/24/11			
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ ft.
Area — Largest Floor ____ sq. ft.
New Bldg. Area/All Floors ____ sq. ft.
Volume of New Structure ____ cu. ft.
Max. Live Load ____
Max. Occupancy Load ____

Constr. Class Present ____ Proposed ____
If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Rehabilitation $ ____
3. Total (1+ 2) $ 7,980.00

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall ____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other ____
[ ] Demolition

FEE (Office Use Only)
$ ____

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

U.C.C. F110
(rev. 12/07)

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

6-24-11 FINAL RES

LADDER NOT PROTECTED

Change of Contractor

ELECTRICAL SUBCODE
TECHNICAL SECTION

update

Date Received
Control # 11-1177

Date Issued
Permit #

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

Block 210.32 Lot 15 Qualification Code

Work Site Location 39 Holly Crest Dr Brick NJ

Owner in Fee Pam Dicarlo

Address Same

Tel [redacted]

Contractor Beth Town Electric

Address 1103 B Industrial (Parkway) Brick NJ

Tel (732) 262 9700 FAX (732) 262 9702

Contractor License No. 12214

Federal Emp. No. 26 0471406

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Dwelling Utility Co.

Est. Cost of Elec. Work $ 1225

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.

Daniel Lange

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
2		Receptacles	
		Switches	
		Detectors	
		Light Poles	
1	1 HP.	Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Above ground pool	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench			6-24	JMP
Temp. Serv.				
Constr. Serv.				
TCO			6-24	JMP
Other				
Service				
Final	6-24			
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F129 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

6-21 water land

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/27/11
Control #

Date Issued
Permit # 11-1177

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

Block 210.32 Lot 15 Qualification Code

Work Site Location 39 Hollycrest Drive
Brick NJ 08723

Owner in Fee Pamela DiGesso

Address Same as above

Tel [redacted]

Contractor None

Address

Tel ( ) FAX ( )

Contractor License No.

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 150

Existing Waterproof Box

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.

Pamela DiGesso

Applicant's Signature/Contractor's Seal and Signature

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required — Date 3/24/10 Initial DS

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 5/16/06
Permit # 060147 1

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

Block 210.32 Lot 5 Qualification Code
Work Site Location 39 Holly Crest Dr.
Brick, NJ 08723
Owner in Fee Pamela D. Cerbo
Address same as above
Tel [redacted]
Contractor
Address
Tel ( ) FAX
Contractor License No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 80

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 Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] 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	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
1		KW Elec. Sign/Outline Light rain sensor	

(existing sprinkler system)

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5/10/06
Approved by:

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

1-10-08 LOCKED

2-11-08 NOT RECEIVED

Change of Contractor - July update

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

11-1177

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

Block 2002 Lot 15 Qualification Code

Work Site Location 39 Hollycoast Dr. Brick NJ

Owner in Fee Pam Nicolo

Address SAME

Tel [redacted]

Contractor Reich Town Electric

Address 1103 B Jakes Branch Parkway Brick NJ

Tel (732) 262 9700 FAX (732) 262 9702

Contractor License No. 12214

Federal Emp. No. 21-0471406

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____

Building Occupied as Dwelling Utility Co. _____

Est. Cost of Elec. Work $ 1225

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 Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
2		Receptacles	
		Switches	
		Detectors	
		Light Poles	
1	1 HP.	Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
1		Pool Permit/with UW Lights	
1		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline/Light	
1		Above ground pool	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding Certification _____

Community Development and Land Use

401 Chambers Bridge Rd.

Brick NJ 08723

(732) 262-1027

Receipt

Payment Date 04/27/2011

Transaction # PMT-11-02471

Receipt #

Issued To 39 Hollycrest

Description above ground pool

Date Printed 04/27/2011

Check Number 438

Cash	$0.00
Check	$30.00
Charge	$0.00
Total Paid	$30.00

04/27/11 3:00PM 001558#5545
XX07 SERV.007

#1177
ZPA $30.00
CHECK $30.00

CONSTRUCTION PERMIT

Date Issued 4/27/11
Control # C-10-002978
Permit # 11-1177

IDENTIFICATION Block: 210.32 Lot: 15 Qualifier
Work Site Location: 39 HOLLYCREST DR Brick Township, NJ

Owner in Fee: DI CERBO, PAMELA
39 HOLLYCREST DR BRICK NJ 08723

Telephone:

Contractor: PYRAMID INSTALLATIONS
Address: PO BOX 676 LAKEHURST NJ 08733

Telephone: (732) 244-6263
Lic. No. or Bldrs. Reg. No. 13VH02058300
Federal Employee No. 22-2804763

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ABOVE GROUND SWIMMING POOL

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

Estimated Cost of Work $1,030

Construction Official

4-27-11
Date

PAYMENTS (Office Use Only)	
Building	$75
Electrical	$50
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$0
Total	$127
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

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

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

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

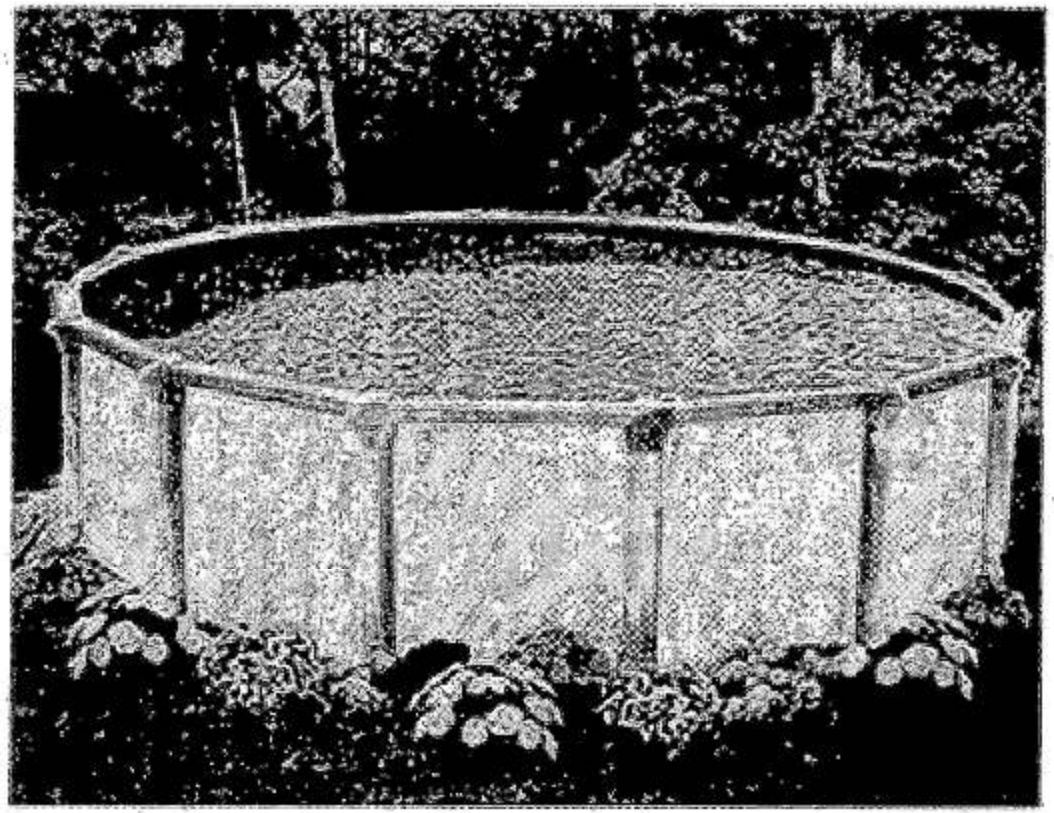
- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment;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

- [ ] A complete copy of released plans must be kept on the job site.

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

Mystic Palm Round Pool

The Classic Round Shape is great for those smaller Yards and for years of swimming enjoyment. With the 52" depth, you are sure to cool off on those hot summer days



Features:

Wall Height - 52"
Walls - Designer Mystic Palm
Top Seats - 9" Deluxe Ribbed Steel
Verticals - 7.5" Deluxe Contoured Steel
Tracks - 1" Steel Universal Top & Bottom Rails
Seat Cover - 2 piece Resin Seat Cover
Plates - Steel Universal Top & Bottom Plates

Over the Wall Boulder
Print Liner included

Pools Ship to the following States Only
CT, DE, MA, MD, ME, NH, NJ, NY, PA, RI
Installs available in CT and NJ

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 ¾ 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: 20.32 LOT: 15 ADDRESS: 39 Hollycrest Drive Brick NJ 08723

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.

Pamela DiCarlo

Owner's Signature

Pamela DiCarlo

Print Name

Sworn and subscribed to before me on this 6th **day of** August **20** 10

Anne Marie Dries

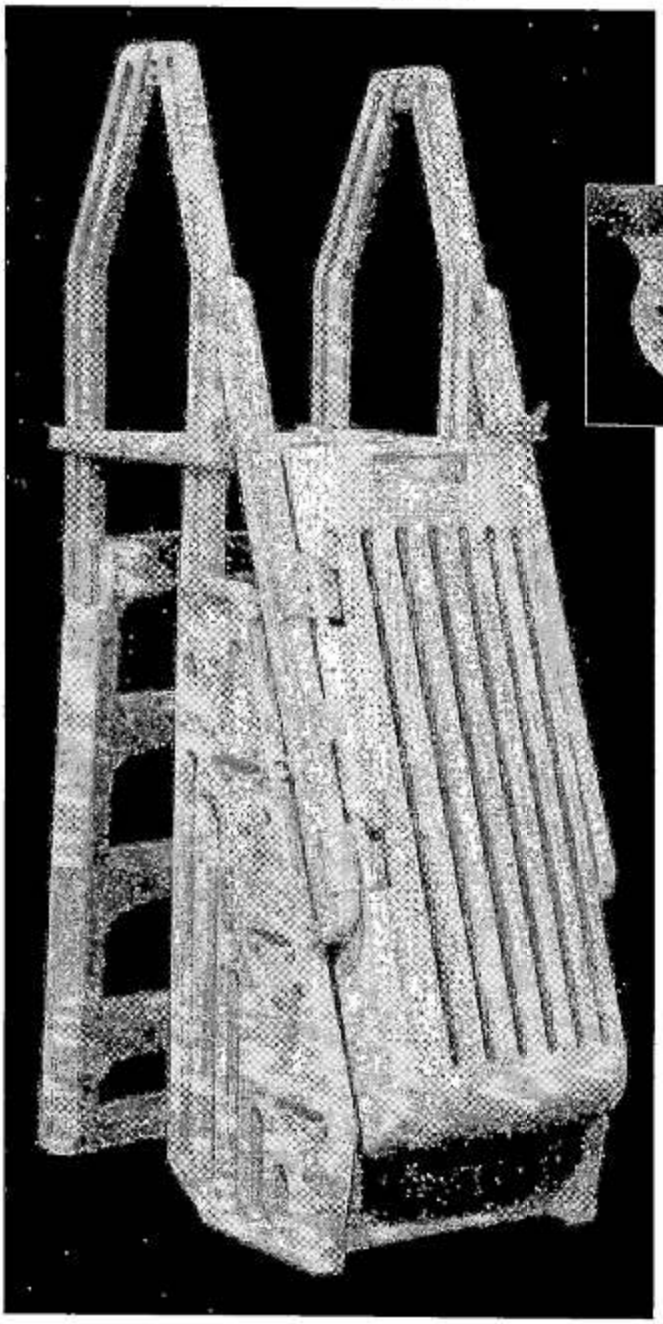
Notary Signature

ANNE MARIE DRIES
Notary Public of New Jersey
I.D. NO.: 2304140
My Commission Expires 08/14/2013

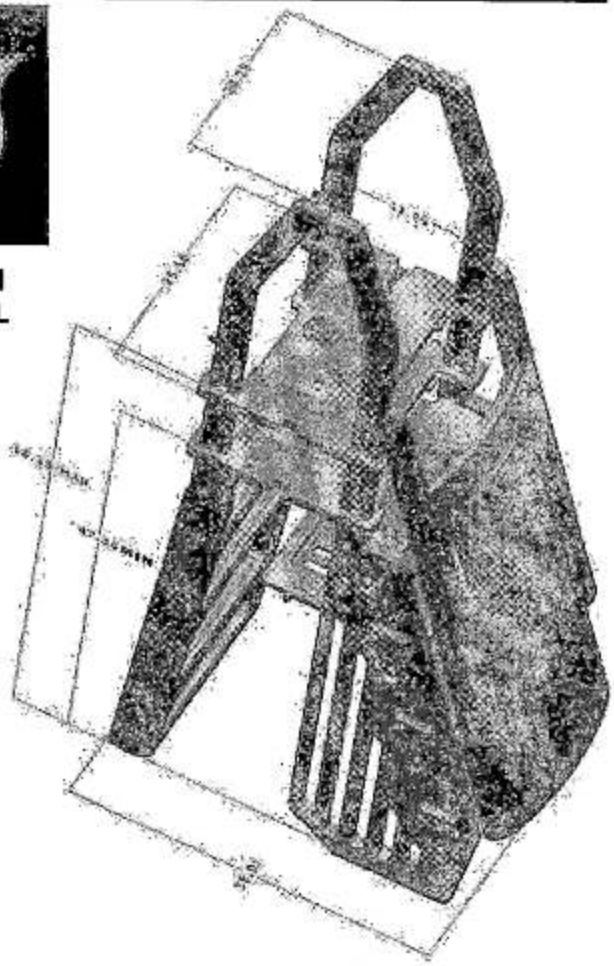
Barrier Exceptions: Spas or hot tubs with a safety cover which complies with ASTM F 1346, as listed in Section AG107, shall be exempt from the provisions of this appendix.

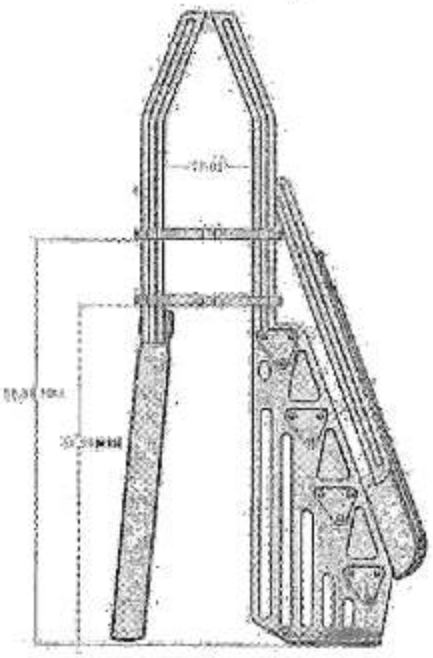
VinylWorks CANADA

NEW for 2008
COMBINATION LADDER-ENTRY-GATE
(MODEL # 2008CE)



ADD AN IN-POOL LIGHT





Vinyl Works Canada introduces a new combo entry system for the 2008 season. It incorporates our step entry with gate for the exterior & our new in-pool ladder for the interior of the pool. The exterior is code applicable for a protected entrance with the self closing, self latching & lockable gate. Adjustable from 48" to 56" it will easily fit today's taller pools. Add an optional 12 volt light to the in-pool portion for enhanced swimming environment. Double handrails for easy climbing & very easy to assemble. An economical entry for any pool.

877-846-9595 www.vinylworkscanada.com

New Jersey Office of the Attorney General
Division of Consumer Affairs
124 Halsey Street, Newark, NJ 07102

Office of the Director

Mailing Address:
P.O. Box 45024
Newark, NJ 07102
(973) 504-6200

LICENSEE VERIFICATION LETTER

DATE: Wed Aug 11 08:17:31 EDT 2010

TO WHOM IT MAY CONCERN

This is to verify that the licensee was issued a New Jersey license. The current information for this license is reported below.

The BOARD's records indicate that no public disciplinary action has been taken against this license.

BOARD NAME: Home Improvement Contractors
OCCUPATION: Home Improvement Contractor

LICENSE NUMBER: 13VH04553900 STATUS: Active
NAME: Rory Caswell Inc. t/a Pyramid Pools
ADDRESS: 1288 Whitesville Rd

Toms River NJ 08755

LICENSE ISSUED: 06/12/2008
EXPIRATION DATE: 12/31/2010
CHANGE OF STATUS DATE: 06/12/2008

VERY TRULY YOURS,
Thomas Calcagni
Acting Director

RECEIVING CLERK
DATE REC'D 8-19-10

ZONING PERMIT APPLICATION

PERMIT # ZP-11-00275
DATE ISSUED 4/27/11

BLOCK: 210.32 LOT: 15 QUALIFIER: — SITE ADDRESS: 39 Holly Crest drive

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Pamela DiCerbo
   COMPLETE ADDRESS: 39 Holly Crest Drive
   Brick, NJ 08723
   PHONE # [redacted] EMAIL: [redacted]
2. NAME OF APPLICANT: PAMELA Di CERBO
   APPLICANT ADDRESS: 39 Holly Crest drive
   Brick, NJ 08723
   PHONE # _____ EMAIL: _____
3. RESPONSIBLE PERSON FOR WORK: _____
   PHONE# _____ FAX# _____
4. SIGNATURE OF APPLICANT: Pamela P DiCerbo

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 30.00
OTHER: $ _____
TOTAL: $ _____

REQUIRED BY APPLICANT

RESIDENTIAL: ✓
COMMERCIAL: _____
EXISTING USE: SINGLE FAMILY
PROPOSED USE: SINGLE FAMILY

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

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

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

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

HEIGHT: 54" tall (*IF APPLICABLE)

OTHER _____

DESCRIPTION: 30 x 15 Oval Above Ground Pool

ZONING REVIEW:
DATE REVIEWED: 8-19-10 DATE DENIED: — DATE APPROVED: 8-19-10 INTLS: SKZ

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
AUG 19 2010
SK/20

ZONING REVIEW:

DATE REVIEWED: 8-19-10 DATE DENIED: — DATE APPROVED: 8-19-10 INTLS: SK/20

DATE:	COMMENTS:	INITIALS:

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS
Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

	Minimum Lot Size						Minimum Required Yard Depth												
	Interior Lots			Corner Lots			Principal Building				Accessory Building		Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
Zone	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard[3] (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)		
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	–	25			–	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	–	40	10	10	25%	–	25	35	38.5	–	
R-15	15,000	100	115	17,250	100	115	35	12	–	35	10	10	25%	–	25	35	38.5	–	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	–	25	35	38.5	–	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	–	25	35	38.5	–	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	–	25	35	38.5	–	
O-P	15,000	100	150	15,000	100	150	50	10	–	50	20	50	35%[2]	2	–	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	–	20	10	20	30%[2]	2	–	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	–	50	10	50	30%[2]	2	–	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	–	50	20	50	25%[2]	–	–	35	38.5	2,000	65%
B-4	5 acres	300	300	–	–	–	100	50(150[1])	–	100(150[1])	20	50	25%	3	–	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	–	150	75	150	30%[2]	–	–	35	38.5	5,000	65%
R-M	25 acres	350	200	–	–	–	50	50	–	30	30	30	20%	–	25	35	38.5	–	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	–	50	20	50	25%[2]	2	–	35	38.5	2,000	50%
H-S	See § 245-261.													–	–	–	–		70%

NOTES:

1. If adjacent to residential zone or use.
2. The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
3. For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: 4/27/11
Application Number: ZA-10-00851
Application Date: 08/19/2010
Project Number:
Permit Number: ZP-11-00225
Fee: $30

Zoning Permit

Worksite Location: **39 HOLLYCREST DR**
Baywood
BRICK, NJ 08723

Block: **210.32**
Lot: **15**
Qualifier:
Zone: **R-7.5**

Owner: **DI CERBO, PAMELA**
Address: **39 HOLLYCREST DR**
BRICK, NJ 08723

Applicant: **DI CERBO, PAMELA**
Address: **39 HOLLYCREST DR**
BRICK, NJ 08723

Application Approved Date: 08/19/2010

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

Use is: Single-Family Residential
Nonconforming Use is:

Work Description:
Above Ground Pool - Oval, 15' x 30'.

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

Upon review it was determined that:

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

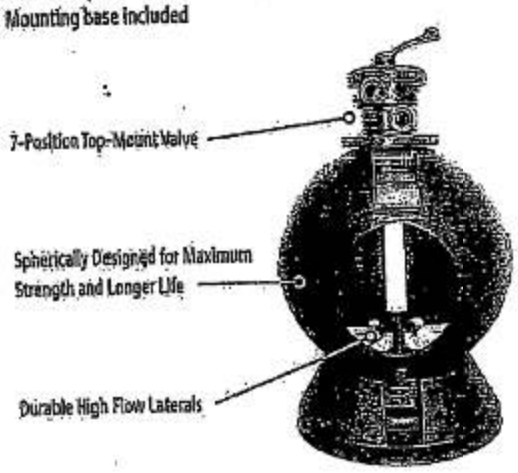
Sean Kinnevy, Zoning Officer — 08/19/2010 Date

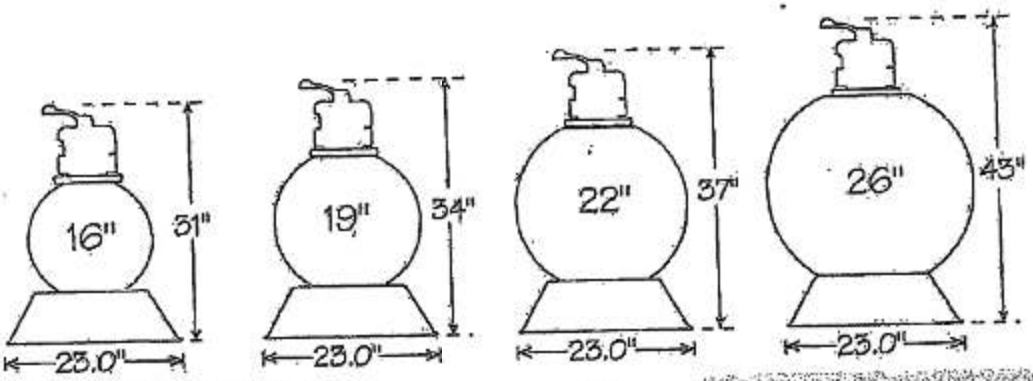
Michael P. Fowler, Township Planner — 9/15/10 **Date**

FILTERS/CLEARWATER SAND

FEATURES:

- Durable roto-molded tank body is spherical to evenly distribute the pressure resulting in greater strength and longer life of the filter
- Corrosion-proof body
- High Flow Internal diffuser for even water distribution
- 7-function Top-Mount 1 ½" FPT Multi-Port Valve with Split-Nut Lock Union
- 1 ½" drain port
- Mounting base included





SAND REQUIRED

16" - 50 lbs. | 19" - 100 lbs. | 22" - 150 lbs. | 26" - 200 lbs.

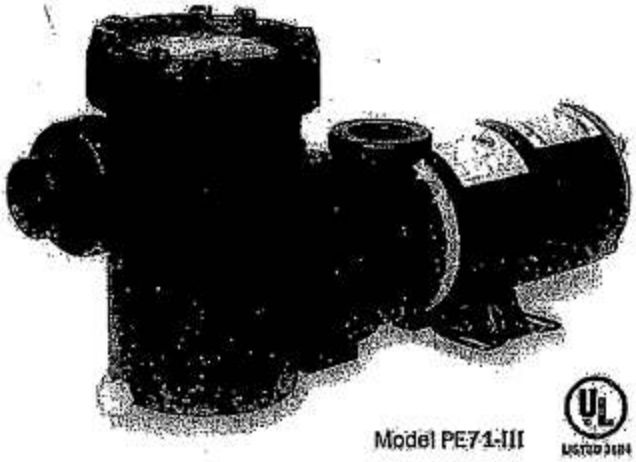
CLEARWATER SAND FILTER

Part No.	Description	Filtration Area	Flow Rate	Pool Turnover (6 hrs.)	Pool Turnover (8 hrs.)	Weight (lbs.)
FS016	16" diameter Filter	1.4 sq. ft.	35 GPM	12,600	16,800	25
FS019	19" diameter Filter	2.0 sq. ft.	45 GPM	16,200	21,600	28
FS022	22" diameter Filter	2.6 sq. ft.	55 GPM	19,800	26,400	34

MODEL PE71
Above-ground Pool Pump

PROLINE

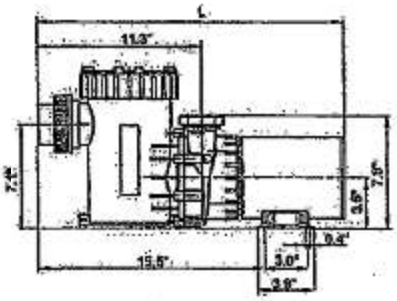
The Proline Model PE71 medium head pump has been engineered for durability and quiet performance with economy in mind. The all-around, pool pump with extra large basket is ideally suited for all above-ground and on-ground pools. The Model PE71 is designed using 100% recyclable "environment friendly" plastic.

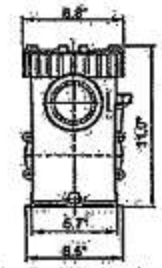


Model PE71-III

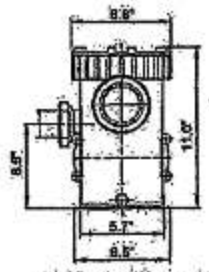
Features

- This high performance, medium head pump comes complete with a ValCarb™ mechanical seal, made by Advantage Seal,™ for convenient replacement.
- Pump parts are made of 100% recyclable plastic. Non-corrosive, chemical/UV resistant, and can withstand temperatures of up to 150° F.
- The Model PE71 comes with full 12 month warranty.
- The Model PE71 is available with vertical or horizontal discharge to connect to existing pool filters.
- Pump is equipped with durable, economical 48 frame thru-bolt mount motor.
- For pool users' safety, the impeller has a dielectric shaft sleeve that provides absolute separation between pool water and electric parts.
- Specially constructed clear lid with lock ring design is easy to open. The extra large strainer basket is always locked in place.
- Pump has standard 3 ft. 3/12 AWG cord set premounted. A variety of cord sets are available.
- Connection:
  Suction: Quick disconnect union with 1½" NPT. Also available with 1½" slip or 2" slip connection.
  Discharge: Standard with 1½" NPT internal thread and 2" external thread for HydroAir union ends.
- Reusable o-rings throughout.
- Every pump is performance tested before leaving the Proline factory.



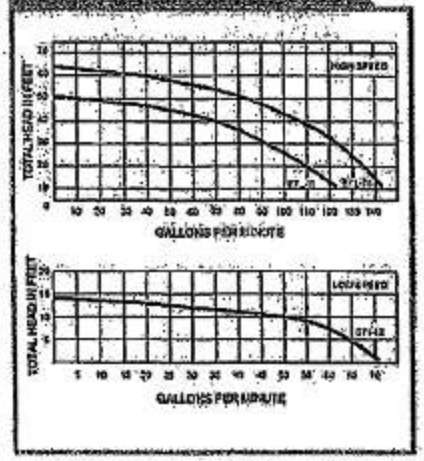


Vertical Discharge



Horizontal Discharge

MODEL PE71 PERFORMANCE CURVE



MODEL PE71 TECHNICAL DATA

MODEL	HP	VOLTS	PIPE SIZE SUCTION	PIPE SIZE DISCHARGE	DIMENSION "L"	SHIPPING WEIGHT
PE71-II	1½ SPL	115	1½"/2"	1½"/2"	21.25"	25 lbs.
PE71-III-2	2 SPL	115	1½"/2"	1½"/2"	24.00"	37 lbs.

RECEIVING CLERK: _____

PERMIT #: _____

ENGINEERING PERMIT APPLICATION

BLOCK: 210 -32 LOT: 15 ADDRESS: 39 Hollycrest Drive, Brick NJ 08723

IDENTIFICATION:

1. WORK SITE ADDRESS: 39 Hollycrest Drive, Brick NJ 08723
2. NAME OF OWNER IN FEE: Pamela DiCesbo
   ADDRESS: 39 Hollycrest Drive PHONE #: [redacted]
   Brick NJ 08723 FAX #: ( ) _____
3. PRINCIPAL CONTRACTOR: Pyramid Pools
   ADDRESS: PO Box 676 PHONE #: (732) 244-6263
   Lakehurst NJ 08733 FAX #: ( ) _____
4. ARCHITECT OR ENGINEER: _____
   ADDRESS: _____ PHONE #: ( ) _____
5. RESPONSIBLE PERSON FOR WORK: Rory Caswell
   ADDRESS: PO Box 676; Lakehurst NJ 08733

PHONE#: (732) 244-6263 FAX#: ( ) _____ E-MAIL: _____

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☑ POOL

☐ BULKHEAD/DOCK ☐ DWELLING

☐ OTHER _____

LENGTH: 30 WIDTH: 15 HEIGHT: 54

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINNERING REVIEW:

DATE RECEIVED: _____ DATE: REJECTED _____ DATE APPROVED _____ INTLS: _____

TOWNSHIP OF BRICK

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

Department of Community Development & Land Use

James A. Priolo, Director
Michael P. Fowler, Deputy Director

732-262-1027

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

Date: _____

ENGINEERING
PLOT PLAN EXEMPT FORM

Block: 210, 32 Lot: 15

Property Address: 39 Hollycrest Drive, Brick NJ 08723

I, Pamela DiCarbo (name) of 39 Hollycrest Drive, Brick 08723 (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Pamela P DiCarbo
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: _____ Signed: _____

Rejected on: _____ Signed: _____

Comments:

311 ACCESS BRICK TOWNSHIP