

Pool Permit Packages

ALL the enclosed documents must be read carefully.

They must be completed by the property owner, signed & notarized where specified. A Notary is available in the Building Department for your convenience at no cost to you.

Please do not assume that forms do not apply to you, everything must be filled out.

Items to be submitted along with package:

1. Specifications of pools, pumps & filters must be submitted.
2. You will need to submit a survey of your property and on that survey you will need to outline exactly where the pool is being placed. Also on the survey you will need to outline new or existing pool barrier (fence) to comply with the NJ Uniform Construction Code which is enclosed.
3. **Setbacks** for pools, all pool equipment (pumps, filters, etc.), concrete walkways, patios, fences and retaining walls are 10 feet (ordinance 22-17) all the way around EXCEPT for WATERFRONT PROPERTIES. For properties located on the water please check with the Township Zoning Official for setbacks. (609) 698-0080 x 159
4. You will need an electrical diagram showing how the electrical wiring will be installed.
5. If you are installing a pool with main drains (Inground) you will need to include a plumbing permit.
6. If you are installing a pool heater you will need to obtain a plumbing permit as well as a gas schematic showing how the gas line will be installed.
7. All Inground Pool plans (2 sets of plans) must be sealed & signed by a New Jersey Licensed Engineer.



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: _____

2. Name of Owner in Fee: _____

Tel. _____ e-mail _____

Address _____

3. Ownership in Fee: _____ Public _____ Private _____

Address _____

4. Principal Contractor: _____

Address _____

License No. OR, if new home, Builder Reg. No. _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____

5. Architect or Engineer _____

Address _____

6. Responsible Person in Charge once Work has Begun _____

Tel. _____

FAX: _____

Exp. Date _____

Contact _____

e-mail _____

FAX: _____

Address _____

Tel. _____

FAX: _____

Address _____

Tel. _____

FAX: _____

Address _____

Tel. _____

FAX: _____

Address _____

Tel. _____

FAX: _____

Address _____

V. FEE SUMMARY (for office use only)

1. Building \$ _____ Update _____

2. Electrical \$ _____ Update _____

3. Plumbing \$ _____ Update _____

4. Fire Protection \$ _____ Update _____

5. Elevator Devices \$ _____ Update _____

6. Subtotal \$ _____ Update _____

7. Less 20% for State Plan Review \$ _____ Update _____

8. Subtotal \$ _____ Update _____

9. State Permit Surcharge Fee \$ _____ Update _____

10. Subtotal \$ _____ Update _____

11. Cert. of Occupancy \$ _____ Update _____

12. Other \$ _____ Update _____

13. TOTAL \$ _____ Update _____

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ (office use only)

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 _____

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: Select Group _____

3. Change in Use Group, Indicate Present Select Group _____

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: Select Group _____

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/

2. ☐ Dumbwaiters/Moving Walks

3. ☐ High Pressure Boilers

4. ☐ Refrigeration Systems

5. ☐ Cross-Connections/Backflow Preventers

6. ☐ Hazardous Uses/Places of Assembly

7. ☐ Sprinklers/Standpipes

8. ☐ Smoke Control Systems in Open Wells

9. ☐ Underground Storage Tanks

10. ☐ Swimming Pools, Spas and Hot Tubs

11. ☐ LPGas Tanks

12. ☐ Fire Alarm

FOR OFFICE USE ONLY (Optional)

Est. Cost _____

Plans Recd by _____

Date Recd _____

Rejection Date _____

Approval Date _____

Re-viewer _____

Approval _____

Rejection _____

Re-viewer _____

Approval _____

Rejection _____

Re-viewer _____

Approval _____

Rejection _____

Re-viewer _____

Approval _____

Rejection _____

Rejection _____

Re-viewer _____

Approval _____

Rejection _____

Re-viewer _____

Approval _____

Rejection _____

Re-viewer _____

Approval _____

Rejection _____

Re-viewer _____

Approval _____

Rejection _____

Re-viewer _____

Approval _____

Rejection _____

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(f)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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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

Signature _____ Date _____

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

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

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

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. 5:23-2.15(b)4.

IV. ☐ HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.



CONSTRUCTION PERMIT

Date Issued _____

Permit # _____

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location _____ Contractor _____
Address _____Owner in Fee _____
Address _____Tel. (_____) _____
Lic. No. or Bldrs. Reg. No. _____

Is hereby granted permission to perform the following work:

- | | | |
|---|---|--|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> OTHER _____ |
- (Subchapter 8 only)

DESCRIPTION OF WORK: _____

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 \$ _____

Construction Official _____

Date _____

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #
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 _____ Lot _____ Qualification Code _____
Work Site Location _____

Owner in Fee: _____

Tel. (_____) _____ e-mail _____

Address _____ street _____ municipality _____ zip code _____

Contractor: _____ Tel. (_____) _____ e-mail _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (_____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Initial
						Failure	Approval
<input type="checkbox"/> No Plans Required			Footing				
<input type="checkbox"/> All			Footings Bonding				
<input type="checkbox"/> Footings/Foundations			Foundation				
<input type="checkbox"/> Structural/Framework			Slab				
<input type="checkbox"/> Exterior			Frame				
<input type="checkbox"/> Interior			Truss Sys./Bracing				
Joint Plan Review Required:			Barrier-Free				
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Insulation				
SUBCODE APPROVAL for PERMIT			Finishes -Base Layer				
Date:			Finishes -Final				
Approved by:			Energy				
SUBCODE APPROVAL for CERTIFICATE			Mechanical				
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			TCO				
Date:			Other				
Approved by:			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____
No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work: _____

New Bldg. Area/All Floors _____ sq. ft. 1. New Bldg. \$ _____

Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ _____

Max. Live Load _____ 3. Total (1+ 2) \$ _____

Max. Occupancy Load _____ U.C.C. F-110 (rev. 12/07)

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

TYPE OF WORK:	FEE (Office Use Only)
<input type="checkbox"/> New Building	\$ _____
<input type="checkbox"/> Addition	\$ _____
<input type="checkbox"/> Rehabilitation	\$ _____
<input type="checkbox"/> Roofing	\$ _____
<input type="checkbox"/> Siding	\$ _____
<input type="checkbox"/> Fence _____ Height (exceeds 6') _____	\$ _____
<input type="checkbox"/> Sign _____ Sq. Ft. _____	\$ _____
<input type="checkbox"/> Pool	\$ _____
<input type="checkbox"/> Retaining Wall _____ Sq. Ft. _____	\$ _____
<input type="checkbox"/> Asbestos Abatement Subchapter 8	\$ _____
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17	\$ _____
<input type="checkbox"/> Radon Remediation	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Demolition	\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

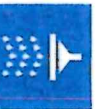
TOTAL FEE \$ _____

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



PLUMBING SUBCODE
TECHNICAL SECTION



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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. () _____ e-mail _____

Address _____ street _____ municipality _____ zip code _____

Contractor: _____ e-mail _____ Tel. () _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: () _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW _____

Joint Plan Review Required: _____

Building _____ Electric _____

Fire _____ Elevator _____

Water _____

Gas Equipment _____

Other _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

Approved by: _____ TCO _____

INSPECTIONS

Failure _____

Failure _____

Approval _____

Initial _____

Dates (Month/Day)

Slab _____

Rough _____

Gas Piping _____

Sewer _____

Water _____

Gas Equipment _____

Other _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Approved by: _____

INSPECTIONS

Failure _____

Failure _____

Approval _____

Initial _____

Dates (Month/Day)

Slab _____

Rough _____

Gas Piping _____

Sewer _____

Water _____

Gas Equipment _____

Other _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Approved by: _____

INSPECTIONS

Failure _____

Failure _____

Approval _____

Initial _____

Dates (Month/Day)

Slab _____

Rough _____

Gas Piping _____

Sewer _____

Water _____

Gas Equipment _____

Other _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Approved by: _____

INSPECTIONS

Failure _____

Failure _____

Approval _____

Initial _____

Dates (Month/Day)

Slab _____

Rough _____

Gas Piping _____

Sewer _____

Water _____

Gas Equipment _____

Other _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Approved by: _____

INSPECTIONS

Failure _____

Failure _____

Approval _____

Initial _____

Dates (Month/Day)

Slab _____

Rough _____

Gas Piping _____

Sewer _____

Water _____

Gas Equipment _____

Other _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Approved by: _____

INSPECTIONS

Failure _____

Failure _____

Approval _____

Initial _____

Dates (Month/Day)

Slab _____

Rough _____

Gas Piping _____

Sewer _____

Water _____

Gas Equipment _____

Other _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Approved by: _____

INSPECTIONS

Failure _____

Failure _____

Approval _____

Initial _____

Dates (Month/Day)

Slab _____

Rough _____

Gas Piping _____

Sewer _____

Water _____

Gas Equipment _____

Other _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Approved by: _____

INSPECTIONS

Failure _____

Failure _____

Approval _____

Initial _____

Dates (Month/Day)

Slab _____

Rough _____

Gas Piping _____

Sewer _____

Water _____

Gas Equipment _____

Other _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Approved by: _____

INSPECTIONS

Failure _____

Failure _____

Approval _____

Initial _____

Dates (Month/Day)

Slab _____

Rough _____

Gas Piping _____

Sewer _____

Water _____

Gas Equipment _____

Other _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Approved by: _____

INSPECTIONS

Failure _____

Failure _____

Approval _____

Initial _____

Dates (Month/Day)

Slab _____

Rough _____

Gas Piping _____

Sewer _____

Water _____

Gas Equipment _____

Other _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Approved by: _____

INSPECTIONS

Failure _____

Failure _____

Approval _____

Initial _____

Dates (Month/Day)

Slab _____

Rough _____

Gas Piping _____

Sewer _____

Water _____

Gas Equipment _____

Other _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Approved by: _____

INSPECTIONS

Failure _____

Failure _____

Approval _____

Initial _____

Dates (Month/Day)

Slab _____

Rough _____

Gas Piping _____

Sewer _____

Water _____

Gas Equipment _____

Other _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Approved by: _____

INSPECTIONS

Failure _____

Failure _____

Approval _____

Initial _____

Dates (Month/Day)

Slab _____

Rough _____

Gas Piping _____

Sewer _____

Water _____

Gas Equipment _____

Other _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Approved by: _____

INSPECTIONS

Failure _____

Failure _____

Approval _____

Initial _____

Dates (Month/Day)

Slab _____

Rough _____

Gas Piping _____

Sewer _____

Water _____

Gas Equipment _____

Other _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Approved by: _____

INSPECTIONS

Failure _____

Failure _____

Approval _____

Initial _____

Dates (Month/Day)

Slab _____

Rough _____

Gas Piping _____

Sewer _____

Water _____

Gas Equipment _____

Other _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Approved by: _____

INSPECTIONS

Failure _____

Failure _____

Approval _____

Initial _____

Dates (Month/Day)

Slab _____

Rough _____

Gas Piping _____

Sewer _____

Water _____

Gas Equipment _____

Other _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Approved by: _____

INSPECTIONS

Failure _____

Failure _____

Approval _____

Initial _____

Dates (Month/Day)

Slab _____

Rough _____

Gas Piping _____

Sewer _____

Water _____

Gas Equipment _____

Other _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Approved by: _____

INSPECTIONS

Failure _____

Failure _____

Approval _____

Initial _____

Dates (Month/Day)

Slab _____

Rough _____

Gas Piping _____

Sewer _____

Water _____

Gas Equipment _____

Other _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Approved by: _____

INSPECTIONS

Failure _____

Failure _____

Approval _____

Initial _____

Dates (Month/Day)

Slab _____

Rough _____

Gas Piping _____

Sewer _____

Water _____

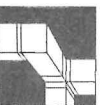
Gas Equipment _____

Other _____

LP Gas Tank _____</



MECHANICAL INSPECTION
TECHNICAL SECTION



POOL HEATERS

Date Received
Control #
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 _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. _____ e-mail _____

Address _____ street _____ municipally _____ zip code _____

Contractor: _____ Tel. _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-5

Heating System work: [] New OR [] Modification to Existing OR [] Conversion OR [] Replacement

Type: [] Hydronic [] Hot Air

Fuel Type: [] Gas [] Oil [] Electric [] Solar [] Other _____

Estimated Cost of Mechanical Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Mechanical Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[] Bldg. [] Elec. [] Plumb. [] Fire.

[] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[] CA [] CCO

Date: _____

Approved by: _____

INSPECTIONS

Type:

Gas Piping

Appliance

Chimney/Vent

Oil Piping

Oil Tank

LPG Tank

Hydronic Piping

Fireplace

Chimney Cert.

Other _____

DATES

Failure

Failure

Approval

Initial

NO.

FIGURE/EQUIPMENT

Water Heater

Fuel Oil Piping Connections

Gas Piping Connections

Steam Boiler

Hot Water Boiler

Hot Air Furnace

Oil Tank

LPG Tank

Fireplace

Generator

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (_____) _____ e-mail _____

Address _____ street _____ municipality _____ Tel. (_____) _____ zip code _____

Contractor: _____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (_____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only) PLAN REVIEW

	INSPECTIONS	Dates (Month/Day)
[] No Plans Required	Type: _____	Failure _____ Failure _____ Approval _____ Initial _____
[] Partial -Underslab Utilities Approved	Rough _____	
Date: _____	Barrier-Free _____	
[] Electric Plans Approved	Trench _____	
Date: _____	Temp. Serv. _____	
Approved by: _____	Constr. Serv. _____	
Joint Plan Review Required:	TCO _____	
[] Bldg. [] Plumb. [] Fire. [] Elev.	Other _____	
SUBCODE APPROVAL for PERMIT	Service _____	
Date: _____	Final _____	
Approved by: _____	Barrier-Free _____	
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-in-Card Date Issued _____	
[] CO [] CCO [] CA	Final Cut-in-Card Date Issued _____	
Date: _____	Annual Pool Inspection _____	
Approved by: _____	Date of Grounding and Bonding _____	

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 Contr' [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY. SIZE

ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

Date Received
Control #
Date Issued
Permit #

Zoning Permit Packages

Please read ALL the enclosed documents!

Please do NOT ASSUME that the forms do not apply to you. Every form MUST be filled out.

Items that you will need to submit along with these forms:

1. A full size copy of your property survey, and on that survey you must highlight where you are placing the shed, fence, deck, patio or generator.
2. If your project requires plans, please submit 2 copies.
3. Where it asks for a description of work, please make sure to include the type, size, style, height, etc.
4. You will need to put setbacks with arrows showing how far away in feet -from the edge of your (shed,deck,patio) to your property lines.
5. If you have a Homeowner's Association – you will need a letter from them stating they have approved your project.
6. The Homeowner must sign and date the Zoning Permit Application.
7. The Homeowner must sign the Regrading/Retaining Wall Certification and have it notarized.
8. If you need assistance with setbacks please check with the Zoning Department (609) 698-0080 x159
9. It is important to check with office staff to ensure you have everything that is needed to submit your application.

New Single Family - \$50.00 Zoning Fee upon Submittal



Barnegat Township
900 West Bay Avenue
Barnegat, New Jersey 08005
Tel 609.698.0080 Fax 609.698.7446

ZONING PERMIT APPLICATION

BLOCK: _____ LOT: _____

Property Location/Work Site _____

Owner of Record _____

EMAIL _____

Mailing Address (if different) _____

Phone: () _____ () _____
Home work

PERMIT # _____

FEE \$ 100.00

CASH _____ CHECK _____

DATE _____

ZONE _____

Name of Applicant, Contractor or Person Responsible for work – If other than the homeowner _____

Address of Applicant – If other than the Homeowner _____

() _____
DAYTIME PHONE

EMAIL _____

AUTHORIZATION: (If anyone other than above owner is making this application, the following authorization must be executed)

TO THE APPROVING LAND USE/ZONING OFFICIAL OF THE TOWNSHIP OF BARNEGAT:

_____ IS HEREBY AUTHORIZED TO MAKE THE WITHIN APPLICATION.
NAME OF DESIGNEE

DATE: _____ SIGNATURE OF OWNER: _____

DESCRIPTION OF WORK AND/OR USE:

APPLICANT'S SIGNATURE (REQUIRED) _____ DATE _____

PERMIT APPROVED _____

DATE

SIGNATURE

*PERMIT DENIED

DATE

SIGNATURE

TYPE OF APPLICATION

RESIDENTIAL: ALTERATION: _____
ADDITION _____ NEW _____
SHED _____ DECK _____ POOL _____
FENCE _____ OTHER _____
COMMERCIAL, ETC. NEW _____
ALTERATION _____ ADDITION _____
CONSTRUCTION TRAILER NEW _____
OTHER _____
TEMPORARY EVENT: _____

**** LOCATION SURVEY REQUIRED
MUST MEET THE REQUIRED
MINIMUM SETBACKS AS SUBMITTED**

REASONS/CONDITIONS/REMARKS: _____

DENIED _____

REGRAIDING and/or RETAINING WALL CERTIFICATION

The following **NOTARIZED** certification by the **OWNER** of the property listed below must be submitted prior to any C.O. or C.A. being issued for any retaining wall installation or other changes to a previously approved lot grading.

STATE OF NEW JERSEY
COUNTY OF OCEAN

I, _____, of full age, hereby attest and certify:

PROPERTY OWNER

1. That I am the owner of the property known as Block _____ Lot _____ located at _____ Barnegat, New Jersey.
2. I understand that for Retaining Walls, the MINIMUM submission requirements are: a survey or plot plan showing the exact location of the proposed wall; and a straight-line "ruled" drawing (top view and side view) with footing and wall construction details, required anchoring and stabilization of the wall. I further understand that if the wall exceeds a height of thirty (30") inches, the design plans must be certified by a licensed NJ Engineer.
3. That the existing grading, swales or other site conditions affecting drainage have not been altered and will not create any adverse water and drainage conditions; or,
4. That since the existing grading, swales or other site conditions affecting drainage are being altered, I shall submit a "Certified, As-Built" Survey or Plot Plan prepared by a licensed New Jersey Land Surveyor or Engineer showing the actual re-grading of the property and any structures constructed, with a certification that the grading and drainage comply with the Barnegat Township Ordinances, prior to the issuance of the Certificate of Occupancy or Certificate of Approval.

SIGNATURE

Sworn to and subscribed before me
This _____ day of

_____, _____



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TRASH/DEBRIS - ORDINANCE # 1986-28

BARNEGAT TOWNSHIP CODES REQUIRE CONTROL AND PROPER DISPOSITION OF DEBRIS. BARNEGAT TOWNSHIP ORDINANCE # 1986-28 ADDRESSES **THE REQUIREMENT FOR A DUMPSTER ON SITE OR IMMEDIATE REMOVAL OF DEBRIS FROM ANY ACTIVITY INVOLVING A BUILDING PERMIT.**

THE TOWNSHIP WILL NOT PICK UP DEBRIS RESULTING FROM ACTIVITY RELATED TO A BUILDING PERMIT.

THE OWNER OF A PROPERTY IS RESPONSIBLE FOR CONTROL AND ULTIMATE PROPER/LEGAL DISPOSITION AND REMOVAL OF DEBRIS, EQUIPMENT, APPLIANCES AND ANY TYPE OF CONSTRUCTION MATERIAL.

ALL MATERIALS BEING REMOVED OR TORN DOWN SHALL BE STORED IN A DUMPSTER OR IMMEDIATELY REMOVED FROM THE SITE.

ANY CONFIRMED CODE VIOLATION, AT ANY TIME FOLLOWING RECEIPT/ACKNOWLEDGEMENT OF THIS NOTICE IS SUBJECT TO SUMMONS.

RECEIPT ACKNOWLEDGEMENT

PROPERTY - BLOCK _____ LOT _____ DATE _____

PROPERTY ADDRESS _____

I DO HEREBY CERTIFY, I have read the above and that all Debris will be removed
And that the information on this form is correct.

Please check one: I am the Property Owner _____ I am the Agent _____

OWNER/AGENT NAME (PRINT) _____

OWNER/AGENT SIGNATURE _____

THIS DOCUMENT MUST BE COMPLETED WITH EVERY ZONING and/or PERMIT!



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ENGINEERING PLOT PLAN

PERMIT APPLICATION FOR NSFD and SWIMMING POOL

DATE: _____

ADDRESS: _____

BLOCK: _____ LOT: _____

HOMEOWNERS NAME: _____

HOMEOWNERS TEL# _____

HOMEOWNERS EMAIL: _____

HOMEOWNERS SIGNATURE: _____

TOWNSHIP ENGINEERING FEE

PERMIT # _____

FEE \$ 600.00

RE-REVIEW FEE \$50.00

CASH _____ CHECK _____

DATE _____

CONTRACTORS NAME: _____

CONTRACTORS ADDRESS: _____

CONTRACTORS TEL#: _____

CONTRACTORS EMAIL: _____

CONTRACTORS SIGNATURE: _____

DESCRIPTION OF WORK:

NOTE: PLEASE CONTACT TOWNSHIP ENGINEER. KURT OTTO (609)698-0080
X148

KOTTO@BARNEGAT.NET PRIOR TO BEGINNING WORK.



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Engineering Plot Plan Permit Application

For: NSFD and ALL Swimming Pools (circle one)

The following items must be submitted to obtain a permit:

1. Plot Plan prepared by New Jersey Licensed Engineer, based upon accurate survey (2 originals with NJPE seal)
2. Completed Engineering Plot Plan Checklist (1 original and 1 copy)
3. D.E.P / Pinelands Approval if Applicable
4. Completed Plot Plan permit Application (1 original, 1 copy).
5. Permit fee of \$600.00 payable to Barnegat Township (Only for Plot Plan/Foundation Location/As-Built Plan Review.

****NOTE****

Please contact Kurt Otto, Township Engineer by phone (609) 698-0080

x 148 or by email kotto@barnegat.net before work is started.

ENGINEERING PLOT PLAN AND GRADING PLAN

Block _____ Lot _____ Date Received _____

Property Address _____

Applicant _____ Phone # _____

Applicant Address _____

Contractor _____ Phone # _____

Contractor Address _____

Type of Work _____ Zoning Approval _____

Flood Zone _____ Flood Elevation _____

Panel # _____ Map# _____ Date _____

Planning Board/Board of Adjustment Approval YES _____ NO _____

	The following is for Office Use ONLY!	YES	NO	N/A
1	Plans/details signed and sealed			
2	Scale not less than 1" = 50"			
3	Existing Elevations (NGVD IN FLOOD ZONE)			
4	Property Lines, Corners, Bearings and Distances			
5	Street, Gutter, Curb and Center Line Elevations			
6	Contours 1" Increments			
7	Adjacent Dwelling Corners and Corner Elevations			
8	Proposed Grading and Elevations			
9	Garage Floor/Crawl Space/Basement Elevation			
10	Proposed Dwelling Dimensions and Corner Elevations			
11	Method of Drainage			
12	North Arrow			
13	Driveway Width and Type			
14	Dimensions/Acreage of Parcel/Setback Lines			
15	Property Address/Block and Lot Number			
16	Sidewalk/Curb and Aprons			
17	Parking Areas			
18	Utility and Connections: Water, Sewer, Gas, Electric			
19	Plantings, Seedlings, Screenings, Fences and Signs			
20	Street Width, Street Name, Right of Way Width			
21	Limit of Clearing			
22	Basement/Dedications/Environmental Constraints			
23	Prior Approvals: Army Corp/NJ DEP/Soil Erosion Etc.			
24	Existing Structures			
25	Retaining Wall/Service Walks, other Misc. Items			

PLOT PLAN REVIEW: Approved _____ Rejected _____ Signed _____ Date _____

REVISION: Approved _____ Rejected _____ Signed _____ Date _____

COMMENTS:

As-Built Survey REQUIRED AT FINAL!

One for the TOWNSHIP
ENGINEER and one for
the Building Dept.

Date_____

Signature of Homeowner



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Engineering Plot Plan Permit Application

For: NSFD _____ and ALL Swimming Pools _____ (Check One)

In accordance with Ordinances 2019-14 and 2020-13; Application Fee - \$600.00

Date: _____ Owner's Name: _____

Address: _____

Telephone# _____ Block _____ Lot _____

Design Engineer _____ Tel. # _____

Contractor _____ Address _____

Contractor's License # _____

Description of Work _____

Reviewed By: _____

Date: _____

Approved Design Attached _____

POOL WATER SERVICE CERTIFICATION

I, _____, am the owner of the
property known

Property owner
as Block _____, lot _____ located
at _____

Barneгат, NJ.

I hereby certify that the swimming pool installed at this site is
provided with a permanent water supply and any house bib outlet used to fill
this pool is

provided with protection against backflow pursuant to the National Standard
Plumbing

Code 2009 .

Owners signature

Sworn to and subscribed before
Me this _____ day of

_____,

POOL GRADING CERTIFICATION

The following Notarized Certification by the owner of the property MUST be submitted prior to any Certificate being issued for any in-ground or above-ground swimming pool installation.

State of New Jersey

SS:

County of Ocean

I, _____ of full age, hereby attest and certify:

(Property Owner)

1. That I am the owner of the property known as Block _____ Lot _____
Located at: _____ Barnegat, New Jersey.
2. That the existing grading, swales or other site conditions affecting drainage have not been altered and will not create any adverse water and drainage conditions; or
3. That if the existing grading, swales or other site conditions affecting drainage have been altered, I shall submit a "Certified As-Built" Survey or Plot Plan prepared by a licensed New Jersey Land Survey or Engineer showing the actual re-grading of the property prior to the issuance of any Certificate.

Owner's Signature

Sworn to and subscribed before
me this _____
day of _____



Barnegat Township

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POOL BARRIER REQUIREMENTS

Date: _____

To: Construction Official

From: _____ (name)
_____ (address)

Re: Pool/Spa Permit Application

Block _____ Lot _____

I have reviewed and understand the 2021 ISPC – “BARRIER REQUIREMENTS”
I intend to enclose my pool/spa in the following manner:

Homeowner's Signature

Notes: Neighboring fences may be used as a barrier. A variation must be filed. The variation must include a statement from the pool owner acknowledging responsibility to install a compliant barrier should the neighbor remove his fence for any reason. The barrier cannot be **climbable**, as per code, from the side away from the pool.

Conforming barriers cannot be placed back to back to non-conforming (climbable) barriers. They must be separated by sufficient distance to ensure barrier's effectiveness. **3 FEET per 2021 BARRIER CODE**. Questions for barrier requirements can be answered by the Building Dept. prior to work being done to assure code compliance.

I understand that misrepresentations of the facts, proofs or statements will result in this application being invalid and any permit issued being null and void. If any permit is required to be voided The Township will proceed as if the permit had not been obtained.

A site inspection will be conducted prior to issuing a permit

3.05.2.1 Barrier height and clearances.

Barrier heights and clearances shall be in accordance with the following:

1. The top of the barrier shall be not less than 48 inches (1219 mm) above grade where measured on the side of the barrier that faces away from the pool or spa. Such height shall exist around the entire perimeter of the barrier and for a distance of 3 feet (914 mm) measured horizontally from the outside of the required barrier

Fences for Above Ground Pools:

- The local township Ordinance require that EVERY pool have a fence.
- This fence may or may not meet the pool barrier requirements in the Building Dept. Which is governed by the New Jersey U.C.C.
- If the fence is Barrier Compliant according to the U.C.C. then you do not need 48 inch pool walls and ladder protection.
- Please see the attached Barrier Compliant Code.

Residential Pools

AG105.1 Application. The provisions of this chapter shall control the design of barriers for residential swimming pools, spas and hot tubs. These design controls are intended to provide protection against potential drownings and near-drownings by restricting access to swimming pools, spas and hot tubs.

AG105.2 Outdoor swimming pool. An outdoor swimming pool, including an in-ground, aboveground or on-ground pool, hot tub or spa shall be provided with a barrier which shall comply with the following:

1. The top of the barrier shall be at least 48 inches (1219 mm) above grade measured on the side of the barrier which faces away from the swimming pool. The maximum vertical clearance between grade and the bottom of the barrier shall be two inches (51 mm) measured on the side of the barrier which faces away from the swimming pool. Where the top of the pool structure is above grade, such as an aboveground pool, the barrier may be at ground level, such as the pool structure. Where the barrier mounted on top of the pool structure, the maximum vertical clearance between the top of the pool structure and the bottom of the barrier shall be 4 inches (102 mm).
2. Openings in the barrier shall not allow passage of a 4-inch-diameter (102 mm) sphere.
3. Solid barriers which do not have openings, such as a masonry or stone wall, 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 (1143 mm), the horizontal members shall be located on the swimming pool side of the fence. Spacing between vertical members shall not exceed 1.75 inches (44 mm) in width. Where there are decorative cutouts within vertical members, spacing within the cutouts shall not exceed 1.75 inches (44 mm) 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 (1143 mm) or more, spacing between vertical members shall not exceed 4 inches (102 mm). Where there are decorative cutouts within vertical members, spacing within the cutouts shall not exceed 1.75 inches (44 mm) in width.
6. Maximum mesh size for chain link fences shall be a 1.25 inch (32 mm) square unless the fence is provided with slats fastened at the top or bottom which reduce the openings to not more than 1.75 inches (44 mm).

7. Where the barrier is composed of diagonal members, such as a lattice fence, the maximum opening formed by the diagonal members shall not be more than 1.75 inches (44 mm).
8. Access gates shall comply with the requirements of Section AG105.2, Items 1 through 7, and shall be equipped to accommodate a locking device. Pedestrian access gates shall open outward 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 (1372) mm from the bottom of the gate, the release mechanism and openings shall comply with the following:
 - 8.1 The release mechanism shall be located on the pool side of the gate at 3 inches (76 mm) below the top of the gate, and
 - 8.2 The gate and barrier shall no opening greater than 0.5 inch (12.7 mm) within 18 inches (457 mm) of the release mechanism.
9. Deleted.
10. Where an aboveground pool structure is used as a barrier or where the barrier is mounted on top of the pool structure, and the means of access is a ladder or steps, then:
 - 10.1 Deleted
 - 10.2 The ladder or steps shall be surrounded by a barrier which meets the requirements of AG105.2, Items 1 through 9. When the ladder or steps are secured, locked or removed, any opening created shall not allow the passage of a 4-inch-diameter (102 mm) sphere.



Barnegat Township

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TESTING AND INSPECTIONS OF ALL PIPING

EFFECTIVE IMMEDIATELY

TO: ALL CONTRACTORS AND HOMEOWNERS

EFFECTIVE IMMEDIATELY AS PER THE STATE OF NEW JERSEY

With the adoption of 2015 International Codes, the 2015 International Swimming Pool and Spa Code (ISPC) is adopted by reference as part of the Uniform Construction Code.

All underground piping for pools and spas are to be left uncovered for plumbing inspections and must be hydrostatically tested to 25 PSI and all pipes must be properly bedded in. All piping shall be run to the pump location and the test gauge installed in that area for inspection. At the same inspection, the dual main drain shall also be installed and ready for inspection as part of the test.

This procedure will help in avoiding delays and additional inspections during the pool construction process.

Many pool contractors already have this procedure in place, but moving forward it is a requirement for EVERY new pool installation. We all need to work together to protect the homeowner and complete the inspection process in the most efficient way possible.

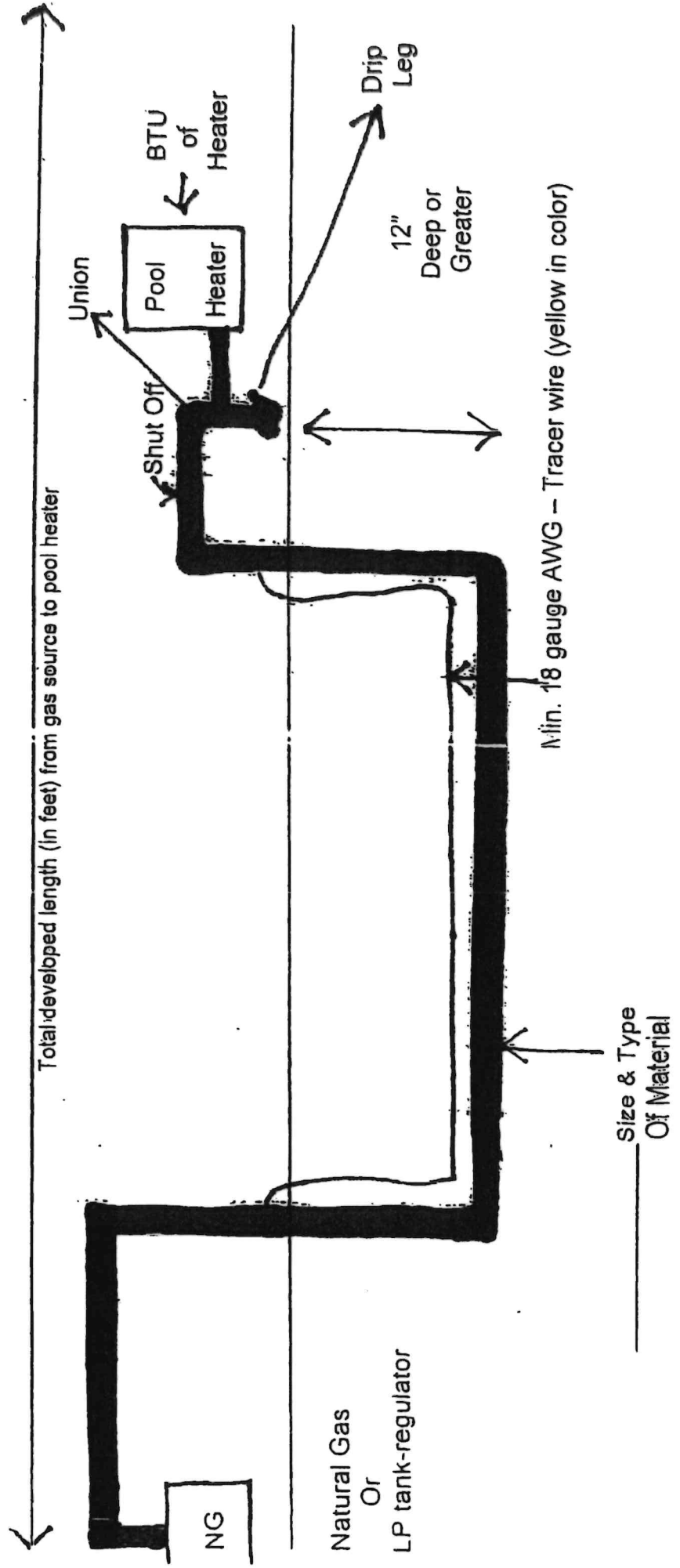
If you have any questions, please do not hesitate to contact me at
(609)698-0080 x 115

Thank you, Martin Tellekamp

Gaslines for Pool Heaters

The following must be shown:

- * The type of material used
- * Total developed length of
- * Size of the gas pipe
- * The BTU's of pool heater
- * Plumbing Permit completed and signed by owner or contractor performing work
- * All new gas piping MUST be tested by an air pressure test
- * Test MUST be 20lb test and MUST hold pressure at least 30 minutes before inspection
- * Pipe and trench MUST be full exposed for inspection.
- * All work MUST comply with the International Fuel Gas Code 2009 & IRC 2009





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ABOVE GROUND POOL - ELECTRICAL REQUIREMENTS

(SOME REQUIREMENTS MENTIONED BELOW DO NOT APPLY TO ABOVEGROUND POOLS WITH MAXIMUM DEPTH OF 42" OR POOLS MADE FROM MOLDED POLYMERIC, NON-METALLIC OR INFLATABLE WALLS, REGARDLESS OF DIMENSIONS.

UNDERGROUND WIRING

1. Pool wiring shall be installed in any one of the following methods at the following depths below finished grade:

A. Schedule 40 or 80 PVC conduit	18 inches
B. Rigid metal conduit (galvanized Steel)	6 inches
C. Intermediate metal conduit	6 inches
- Type UF Cabling and EMT is NOT allowed
- Refer to NEC table 300-5 for further information

POOL FILTERPUMP MOTOR

1. 125 Volt 20 amp locking type receptacle (twist lock) with "in-use" (bubble) weatherproof cover. Rubber cord (no longer than 3 feet in length) must be 12/3 type SJ or equivalent and cord must be a listed assembly with sealed end.
2. Locking type receptacle shall be GFI protected.
3. Pump motor receptacle shall be located greater than 6 feet and less than 10 feet from inside wall of pool.
4. Receptacle to be mounted on 4 x 4 pressure treated lumber post, set in concrete or other approved method.
5. Outlet to have in/use bubble type cover for weather protection.
6. Time clock required for pump motor.
7. Conductors to motor outlet to be listed THHN/THWN type insulated, #12 copper.

POOL BONDING

1. #8 bare solid copper wire from lug on pool filter pump to metal pool upright. Wire must be buried underground and must contact pool upright at 4 points with listed lugs and contact pool water through listed type bonding fitting.
2. Metal pool ladder or any metal (shed, fence, etc.) within 5 feet on inside wall of pool to be connected to grounding lug on pool filter pump motor with #8 solid copper wire.
3. Bonding wire to extend around entire pool perimeter, 18-24" of the pool wall, and be 4-6" deep. Splices to be made by listed type assembly only.

MISCELLANEOUS

1. GFI protected convenience receptacle shall be located not less than 6 feet but not more than 20 feet from pool. Maximum height of receptacle to be 6ft 6inches above grade.
2. Auxiliary receptacle to be on separate 15/20 amp line, cannot share same circuit as pump/motor circuit.

INSPECTIONS

1. Bond and Trench (to check underground wiring and bonding)
2. Final (when water is in the pool and the filter is up and running)-will need access to panel box



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Required #8 solid copper equipotential bond conductor must follow the entire contour of the pool. Only listed splices shall be permitted. The conductor shall be 18"-20" from the walls of the pool. The conductor shall be 4"-6" below grade. The bond shall be connected to the pool frame in four areas. When the frame of the pool is of non conductive material the walls of the pool must be bonded where the two seam of the walls are bolted together. The pump motor shall also bond to the pool frame with a #8 wire. Art 680.26.

NOTE

All conductors shall be copper. All outdoor receptacles covers shall be in-use (bubble cover) weatherproof type. #12 NM cable(romex) is a permitted wiring method inside of the dwelling only. All underground terminations (bugs and lugs) must be rated for direct burial. All hardware such as bolts, screws, nuts and washers must be stainless steel.

Above Ground Pool

A UL listed water bond fitting must be installed in the skimmer box or in the water pipe to the pump motor. 680.26B7c

Pump with not more than 3' of #12 cord

Single twist-lock pump receptacle located between 6' and 10' from pool. Art 680.22(2). A timer must be installed according to the '09' IECC 403.9.2.

General purpose GFI protected receptacle located between 6' and 20' from pool. Art.680.22(1) The receptacle must be a WR type, The words WR will be stamped on the face of the receptacle.

3/4" electrical PVC conduit and fittings. The burial depth is a minimum of 18". Conductors must be black, white and green, minimum #12 Type THWN copper on a dedicated 20amp circuit.

House

Panel

CR
6-4-20

Pool Inspections

The owner and agent/contractor bear joint responsibility for bringing compliance to the regulations pursuant to N.J.A.C. 5:23-2.18(c).

The owner or other responsible person in charge of work shall notify the enforcing agency when the work is ready for any required inspection specified herein or required by the Construction Official or appropriate Sub Code Official. This notice shall be given at least 24 hours prior to the time the inspection is desired. Inspections shall be performed within three business days of the time for which it was requested. The work shall not proceed in a manner which will preclude the inspection until it has been made.

In-ground Pools:

Collar Inspection – Both Pre Collar and Collar inspections are required.

Rough Electric & Rough Plumbing (Refer to attached diagrams) – After wire and conduit are installed, an open trench and bonding inspection shall be done prior to backfill

Final Building - All barriers are erect, diving boards and rails are installed.

Final Electric - For this inspection, house access to panel box is required.

Above-ground Pools:

Bond & Trench (Rough) Electric - After wire is installed an open trench inspection shall be done.

Final Building - Pool is completely installed and all barriers are in place.

Final Electric - For this inspection, house access to panel box is required.