

## Chapter 333. Swimming Pools

### § 333-12. In-ground swimming pool demolition.

[Added 2-6-2020 by Ord. No. 2020-2<sup>11</sup>]

- A. Application for permit. An application for the demolition or filling in of any in-ground swimming pool, both concrete and vinyl, requires a Uniform Construction Code Building permit prior to the demolition or fill in of the pool.
- B. Pool demolition requirements:
- (1) All concrete must be broken into pieces no larger than three to four inches to minimize air voids if it is intended to be mixed in with the clean fill.
  - (2) All steel reinforcement must be removed.
  - (3) All vinyl liner material must be removed.
  - (4) Large pieces of concrete and steel must be removed from the site and are not permitted to be used as back fill materials.
  - (5) Any in-ground piping for the filtration system must be removed.
  - (6) Any in-ground wiring or electrical conduits for lighting and filtration must be removed.
  - (7) Any in-ground gas piping for pool heaters must be removed.
  - (8) Only clean fill can be used and a minimum of six inches of topsoil must cover the surface to be brought back to grade.
  - (9) Compaction of 95% of material is recommended to minimize settling.
  - (10) Must provide receipts for the removal/disposal of concrete.
  - (11) Must provide receipts for the clean fill material.

[1] *Editor's Note: This ordinance also renumbered former §§ 333-12 and 333-13 as §§ 333-13 and 333-14, respectively.*



# 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: \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_

3. Ownership in Fee: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_

4. Principal Contractor: \_\_\_\_\_ Tel: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Address: \_\_\_\_\_

License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

5. Architect or Engineer \_\_\_\_\_ Contact \_\_\_\_\_ e-mail \_\_\_\_\_  
Address \_\_\_\_\_ FAX: \_\_\_\_\_  
Tel: \_\_\_\_\_ FAX: \_\_\_\_\_

6. Responsible Person in Charge once Work has Begun \_\_\_\_\_  
Tel: \_\_\_\_\_ FAX: \_\_\_\_\_

**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 \_\_\_\_\_ ft.

2. Height of Structure \_\_\_\_\_ sq. 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 \_\_\_\_\_

(office use only)

**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?**

FOR OFFICE USE ONLY (Optional)	Resubmission Dates		Re-viewer
	Approval	Rejection	
<input type="checkbox"/> Minor Work			
<input type="checkbox"/> Repair			
<input type="checkbox"/> Asbestos Abat. -Subch. 8			
<input type="checkbox"/> New Building			
<input type="checkbox"/> Alteration			
<input type="checkbox"/> Lead Hazard Abatement			
<input type="checkbox"/> Radon Remediation			
<input type="checkbox"/> Annual Permit			
<input type="checkbox"/> Demolition			
<input type="checkbox"/> Reconstruction			

**IIIb. SUBCODES**  
(Check all that apply)

Building

Electrical

Plumbing

Fire Protection

Elevator

**TOTAL COST** \_\_\_\_\_

**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-Connectors/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



**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.





# BUILDING SUBCODE TECHNICAL SECTION



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

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_

Work Site Location \_\_\_\_\_

Owner in Fee: \_\_\_\_\_

Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_

Contractor: \_\_\_\_\_ Tel. ( \_\_\_\_\_ ) \_\_\_\_\_

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**

No. Plans Required	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Footings				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Footings/Bonding				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foundation				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slab				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frame				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Truss Sys./Bracing				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Barrier-Free				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Joint Plan Review Required:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Finishes - Base Layer				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Finishes - Final				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Energy				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TCO				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Final				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Barrier-Free				

Approved by: \_\_\_\_\_

**SUBCODE APPROVAL for CERTIFICATE**

CO  CCO  CA

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

**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) \$ \_\_\_\_\_

U.C.C. F110 (rev. 11/09)

Date Received \_\_\_\_\_  
Control # \_\_\_\_\_

Date Issued \_\_\_\_\_  
Permit # \_\_\_\_\_

## 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.

Sign here: \_\_\_\_\_

Print name here: \_\_\_\_\_

## D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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	\$ _____
<b>TOTAL FEE</b>	<b>\$ _____</b>

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