

WILLINGBORO



TOWNSHIP
NEW JERSEY

Inspections Department
1 Rev. Dr. Martin Luther King, Jr. Drive
Willingboro NJ 08046
Phone # 609-877-2200 Ext. 1214 FAX # 609-877-1278

POOL PERMIT APPLICATION

PROCEDURE:

- 1) Please read this Pool Permit packet.
- 2) Take Survey/Plot Plan over to M.U.A. (Water Company - 433 JFK Way) to have sewer lateral lines marked.
- 3) Draw on Survey approximate location where the proposed pool will be placed.
- 4) Indicate dimensions of pool on Survey and show zoning setbacks from rear of house and from rear and side property lines. (Must be at least 5 ft. from rear of house and at least 6 ft. from smallest side and at least 10 ft. from rear property line.)
- 5) Indicate type of fencing and presence of self-locking/latching gates. Installation of new fencing requires a separate fence permit.
- 6) Fill out all forms (Building, Electrical, Folder/Jacket, Zoning, and Pool Application. Also, Fence Permit if applicable).
- 7) Provide 2 sets of plans showing all Electrical – bonding for all metal/motor parts of pool, twist lock outlet and location from pool, GFI outlet and location from pool, all wiring types to be used, burial depth of PVC, length of cord for motor, type of cover for twist lock.
- 8) Submit complete application (all forms filled out in step 6 along with marked survey, electrical plans and specifications on pool and filter) to the Construction Office located in the Municipal complex.
- 9) If you have any questions or need help through the application process please feel free to contact our office.

Incomplete submissions, including inadequate drawings will cause a delay in processing your application. All applications are subject to review by Zoning, Building Subcode, Electrical Subcode and Construction Official prior to issuance.

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POOL APPLICATION

Property Information:

Street Address: (pool location) _____

Occupant Name: _____ Phone #: _____

Owner Name: (if different): _____ Phone #: _____
Address/City/St/Zip: _____

Survey Details:

Survey Submitted by: _____

Type of Lot: CORNER / INSIDE / REVERSE FRONTAGE

Rear yard planting: YES/NO Utility Authority: YES/NO Side Yard Walkways: YES/NO

Structure Details:

Type of Pool: ABOVE / BELOW ground

Dimensions of Pool: Length _____ Width _____ Shallow Depth _____ Deep Depth _____
Round _____

Location of Overhead Electric Wires are to be indicated by the Homeowner (**MINIMUM** clearance required by the 2005 National Electrical Code is 22.5 feet above the pool water surface).

Power Utility Lines: _____ Service: _____

Location of Sewer Lateral:

Location on Lot: _____ Depth below Grade: _____

Fence Detail:

Height of Fence: _____ Self-locking/latching gates: YES

Existing Fence - I certify that the existing fence location shown on the survey is within the perimeters of the zoning approved ordinance. (Solidify by circling YES). YES

New Fence – I certify that I have applied for a separate fence permit and will install according to zoning ordinance after all approvals and permit has been issued.

Electrical Detail: (refer to NEC 2017 diagram in application packet)

I certify the electrical will be done in accordance with NEC 2017. Plans attached.

I certify that the application being submitted to Building Subcode of the Township of Willingboro, for the approval is in accordance with the detailed statement of specifications and plans for the erection of a swimming pool. All provisions of the Building Subcode, Electric Subcode, and Township Ordinance will be complied with in the erection of the swimming pool.

Applicant/Installer Signature: _____ Date: _____

Print Name: _____



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ZONING APPLICATION

Block _____ Lot _____

Work Location: _____ Zoning Class: _____

Owner Name: _____ Phone#: _____

Owner Address/City/State/Zip: _____

Description of Work: _____

Height of proposed structure: _____

Circle one: Corner Lot or Inside Lot

Setbacks: Front _____ Rear _____ Smallest Side _____

Percentage of Lot Covered by existing Buildings/Concrete/Asphalt/Pool: _____

(Optional) Aggregate: _____

Copy of Survey/Plot Plan must be submitted showing existing buildings, shed, driveway, pools, patios, walkways and proposed work with dimensions shown. Indicate front, rear, and side setbacks on Survey. (Refer to Schedule of Requirements if needed.)

When doing work other than a driveway or service walk - Submit this Zoning Application along with Survey/Plot Plan to MUA. Once they mark out and approve, submit to Inspections Dept with completed Construction Jacket, Building Technical and any other required forms.

Applicant: _____ Phone#: _____

Signature: _____ Date: _____

***Note: Rejected applications can be revised to comply with the Ordinance, or you may apply to the Zoning Board for relief of the Zoning Official's Decision. (When a variance is obtained, a copy of the resolution must be attached to the application.)*

TOWNSHIP OFFICE USE ONLY

MUA Approved Denied Signature: _____ Date: _____

Inspections Dept Approved Denied

Denied based on the non-compliance with the following sections of the Ordinance –
Chapter _____ Section _____

Zoning Official Signature: _____ Date: _____

2017 NEC Above Ground Sample Pool Handout

Article 680 – Swimming Pool

BONDING: Equipotential Bond conductor must follow the entire contour of the pool, only listed splices shall be permitted. The conductor shall be 18" – 24" from the walls of the pool. Bonding Conductor shall be 4"– 6" below grade, Bond shall be connected to the pool frame at 4 equal points. Bonding shall also include the pool motor – Bonding shall be #8 solid or larger copper wire

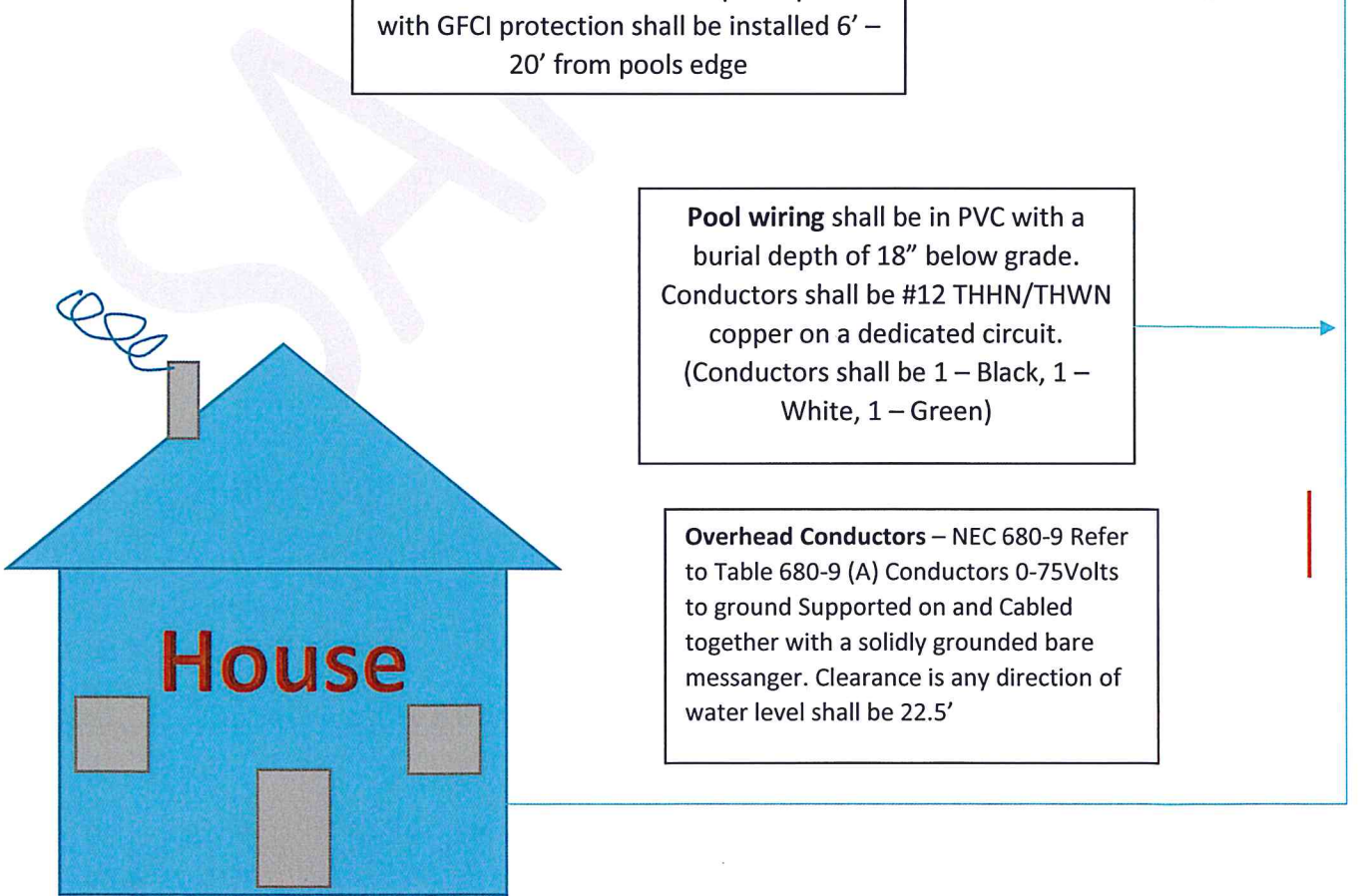
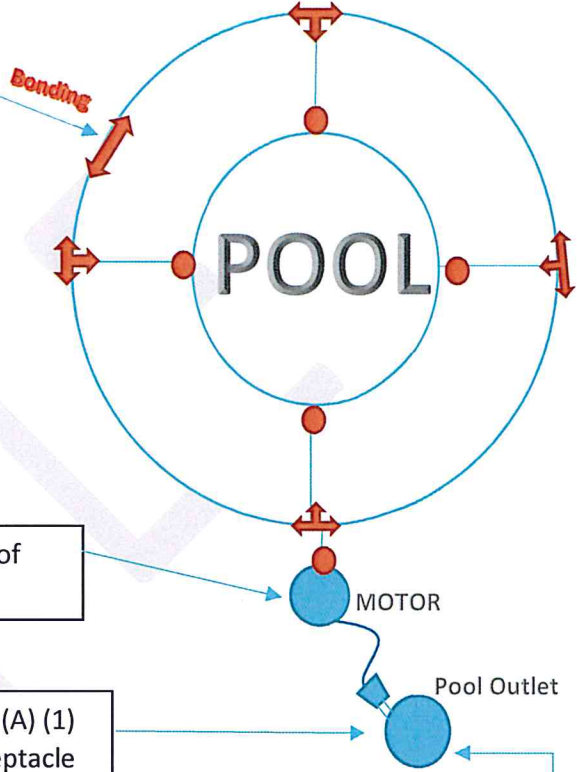
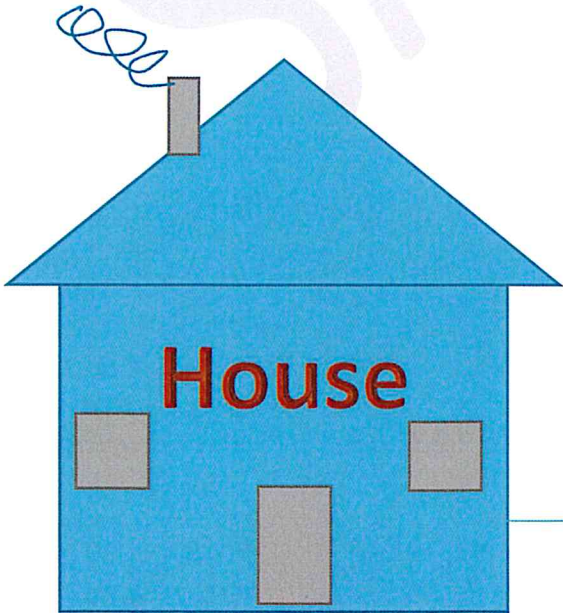
UL Listed water Bond Fitting plumbed into the filtration system. NEC 680-28 (C)

Pump with not more than 3' of flexible cord

Required receptacle: NEC 680-22 (A) (1) no fewer than 1 15 or 20amp receptacle with GFCI protection shall be installed 6' – 20' from pools edge

Pool wiring shall be in PVC with a burial depth of 18" below grade. Conductors shall be #12 THHN/THWN copper on a dedicated circuit. (Conductors shall be 1 – Black, 1 – White, 1 – Green)

Overhead Conductors – NEC 680-9 Refer to Table 680-9 (A) Conductors 0-75Volts to ground Supported on and Cabled together with a solidly grounded bare messenger. Clearance in any direction of water level shall be 22.5'



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	Date	Initial	Dates (Month/Day)
<input type="checkbox"/> No Plans Required			Failure Approval Initial
<input type="checkbox"/> All			
<input type="checkbox"/> Footings/Foundations			
<input type="checkbox"/> Structural Framework			
<input type="checkbox"/> Exterior			
<input type="checkbox"/> Interior			
<input type="checkbox"/> Joint Plan Review Required:			
Telec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			
<input type="checkbox"/> Insulation			
<input type="checkbox"/> Finishes - Base Layer			
<input type="checkbox"/> Finishes - Final			
<input type="checkbox"/> Energy			
<input type="checkbox"/> Mechanical			
<input type="checkbox"/> T&G			
<input type="checkbox"/> Other			
<input type="checkbox"/> Final			
<input type="checkbox"/> 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) \$ _____

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 \$ _____
TOTAL FEE \$ _____

