



Borough of Florham Park
111 Ridgedale Ave.
Florham Park, NJ 07932
Ph- 973-410-5346 Fax 973-410-5490

TEMPORARY SOFT SIDED & INFLATABLE POOL PERMIT:

Zoning and Construction Permits are required for soft sided and inflatable pools that are capable of holding 24 inches or more of water. These are the types of pools that are installed temporarily for less than 6 months. The pool must have an approved barrier at least 48" high completely surrounding the pool that obstructs access to the pool with an access gate that swings away from the pool, self-closing and self-locking to prevent access to the pool when not in use or supervised.

Examples are shown below:



REQUIREMENTS:

- **Zoning application** with two copies of **property survey**, indicating location of pool and setbacks to property lines.
- Completed **Construction Permit Application Jacket**.
- Completed **Building Subcode Technical Section**.
- Completed **Electrical Subcode Technical Section**.
The filter must be within 25 feet of an existing GFCI receptacle, if there is not an existing GFCI receptacle, then you must install one. Extension cords are not permitted. Homeowner may do the electrical work only if the property is their primary residence. If a NJ Licensed Electrician is doing the work the Technical Section must be signed and sealed by the Electrician.
- **PLANS REQUIRED:** Plans consist of Pool, Ladder, Pump and Filter Brochures and Barrier details.
- **Backflow Preventer** on outdoor faucets used to fill the pool are required with photo showing proof of installation.
- Once completed applications and plans are submitted to the Construction Office, please allow 20 business days for the permit to be reviewed. The Construction Office will call whoever is listed as the "Principal Contractor" when the permit is ready to be paid for and issued. Permit fees will be calculated during the review process.
- **INSPECTIONS REQUIRED:**
Building: Final Inspection
Electrical: Trench/Bonding Inspection (if running underground Electric)
Final Inspection

ZONING APPLICATION

Work Site Address: _____ Blk. _____ Lot _____

Property Owner: _____ Phone #: _____

Owner's Email: _____

Brief Description of Work:

I hereby certify that the proposed work is authorized by the owner of record and that I am the owner or have been authorized by the owner, to make this application as his/her agent and we agree to conform to all applicable laws of this jurisdiction. I certify that the answers on this Zoning Application are true and complete to the best of my knowledge.

Signature _____ Name(Print) _____ Date: _____

My Lot is on a: Corner Parcel _____ Interior Parcel _____ Sq. Footage of Lot is _____ Zone _____

<u>SETBACKS</u>	<u>EXISTING</u>	<u>PROPOSED POOL:</u>	<u>REQUIRED:</u>
Rear Yard	_____	_____	_____
Side Yard	_____	_____	_____

POOLS ARE NOT ALLOWED IN FRONT YARDS

Temporary Above Ground Swimming Pool Description:

Type: _____ Dimensions (LxWxH): _____

Pool Code Compliant Fencing:

Type: _____ Height _____

Proposed Setbacks: Side Yard _____ Rear Yard _____ Front Yard _____

(Minimum six inches inside property line for side & rear yard).

Pool code compliant fencing information: Must comply with Sections 305.2.2 through 3.05.7 of the international swimming pool and hot tub code. See attached fencing compliance information.

Office Use Only:

Control # _____ Date Submitted _____

This application is Approved _____ DENIED _____

Application Fee \$ _____ Received Date _____ Check# _____ Cash _____

Zoning Officer: _____ Date _____

Janet L. Doherty, Zoning Officer

IF FENCING A POOL, IT MUST MEET THESE STANDARDS

SECTION AG105 BARRIER REQUIREMENTS

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, above-ground or on-ground pool, hot tub or spa shall be surrounded by 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 2 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 above-ground pool, the barrier may be at ground level, such as the pool structure, or mounted on top of the pool structure. Where the barrier is 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 1³/₄ inches (44 mm) in width. Where there are decorative cutouts within vertical members, spacing within the cutouts shall not exceed 1³/₄ 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 1³/₄ inches (44 mm) in width.
6. Maximum mesh size for chain link fences shall be a 2¹/₄-inch (57 mm) square unless the fence has slats fastened at the top or the bottom which reduce the openings to not more than 1³/₄ 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 1³/₄ 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 least 3 inches (76 mm) below the top of the gate; and
 - 8.2. The gate and barrier shall have no opening larger than 1/2 inch (12.7 mm) within 18 inches (457 mm) of the release mechanism.
9. Where a wall of a *dwelling* serves as part of the barrier, one of the following conditions shall be met:
 - 9.1. The pool shall be equipped with a powered safety cover in compliance with ASTM F 1346; or
 - 9.2. Doors with direct access to the pool through that wall shall be equipped with an alarm which produces an audible warning when the door and/or its screen, if present, are opened. The alarm shall be listed and *labeled* in accordance with UL 2017. The deactivation switch(es) shall be located at least 54 inches (1372 mm) above the threshold of the door; or
 - 9.3. Other means of protection, such as self-closing doors with self-latching devices, which are *approved* by the governing body, shall be acceptable as long as the degree of protection afforded is not less than the protection afforded by Item 9.1 or 9.2 described above.
10. Where an above-ground 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:
 - 10.1. The ladder or steps shall be capable of being secured, locked or removed to prevent access; or
 - 10.2. The ladder or steps shall be surrounded by a barrier which meets the requirements of [Section 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.

AG105.3 Indoor swimming pool. Walls surrounding an indoor swimming pool shall comply with [Section AG105.2](#), Item 9.

AG105.4 Prohibited locations. Barriers shall be located to prohibit permanent structures, *equipment* or similar objects from being used to climb them.

AG105.5 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.



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 _____ Public _____ Private _____
municipality _____ zip code _____
 3. Ownership in Fee: _____
 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 _____
 Address _____ e-mail _____
 Tel. _____ FAX: _____
 6. Responsible Person in Charge once Work has Begun _____
 Tel. _____ FAX: _____

V. FEE SUMMARY (for office use only)

1. Building	\$ _____	Update	Update
2. Electrical	_____		
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	\$ _____		
11. Cert. of Occupancy	_____		
12. Other	_____		
13. TOTAL	\$ _____		

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 _____

IIa. PROPOSED WORK

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

III. SUBCODES (Check all that apply)

Est. Cost	Plans Recd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Approval	Rejection	Re-viewer
<input type="checkbox"/> Building								
<input type="checkbox"/> Electrical								
<input type="checkbox"/> Plumbing								
<input type="checkbox"/> Fire Protection								
<input type="checkbox"/> Elevator								
TOTAL COST	\$ _____							

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

FOR OFFICE USE ONLY (Optional)

1. <input type="checkbox"/> Elevator/s/Escalator/s/Lifts/	4. <input type="checkbox"/> Refrigeration Systems
2. <input type="checkbox"/> Dumbwaiters/Moving Walks	5. <input type="checkbox"/> Cross-Connections/Backflow Preventers
3. <input type="checkbox"/> High Pressure Boilers	6. <input type="checkbox"/> Hazardous Uses/Places of Assembly
7. <input type="checkbox"/> Pressure Vessels	7. <input type="checkbox"/> Sprinklers/Standpipes
8. <input type="checkbox"/> Smoke Control Systems in Open Wells	12. <input type="checkbox"/> Fire Alarm
9. <input type="checkbox"/> Underground Storage Tanks	
10. <input type="checkbox"/> Swimming Pools, Spas and Hot Tubs	
11. <input type="checkbox"/> LP Gas Tanks	

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 **Select Group**
 C. MIXED USE - List secondary use(s): _____
 D. Construct. Classification: Present _____ Proposed _____

DO YOU WANT?

1. Partial Releases
 2. Prototype Processing

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: _____ e-mail _____

Address _____ e-mail _____

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

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW	Date	Initial	Type:	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required			Footling Bonding			
<input type="checkbox"/> All			Footling			
<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 _____

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)
Internet version

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

Large empty box for describing the 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 \$	_____

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.



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 ZIP code
 Contractor: _____ Tel: _____ e-mail: _____
 Address _____

Contractor License No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason _____
 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)	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	Type: _____					
<input type="checkbox"/> Partial Under-slab Utilities Approved	Rough _____					
Date: _____ Approved by: _____	Barrier-Free _____					
<input type="checkbox"/> Electric Plans Approved	Trench _____					
Date: _____ Approved by: _____	Temp. Serv. _____					
Joint Plan Review Required:	Constr. Serv. _____					
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.	TCO _____					
SUBCODE APPROVAL for PERMIT	Other _____					
Date: _____	Service _____					
Approved by: _____	Final _____					
	Barrier-Free _____					
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-in-Card Date Issued _____					
<input type="checkbox"/> CO <input type="checkbox"/> CCC <input type="checkbox"/> CA	Final Cut-in-Card Date Issued _____					
Date: _____	Annual Pool Inspection _____					
Approved by: _____	Date of Grounding and Bonding Certification _____					

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 sign/Contractor _____
 sign and seal here _____

Print name here: _____
 Licensed Elec. Contractor Certifd Landscape Irrigation Contr' Exempt Applicant
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:	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	0			\$ _____

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	\$ _____