

# BOROUGH OF WESTWOOD

Office of Construction and Zoning



TELEPHONE (201) 664-5900 • FAX (201) 664-7570 • 101 WASHINGTON AVENUE • WESTWOOD, NJ 07675

## STORABLE POOL REQUIREMENTS

**THESE GUIDELINES AND REQUIREMENTS PERTAIN TO BLOW UP ALL RUBBER AND PLASTIC STORABLE POOLS (NO METAL FRAMES) NOT EXCEEDING A DEPTH OF 42 INCHES. SIMILAR TO AN INTEX EASY SET POOL**

### **Swimming Pool Definition – IRC/2018**

IRC/2018 where it states: SWIMMING POOL. Any structure intended for swimming, recreational bathing or wading that contains water **over 24 inches** (610 mm) deep. This includes in-ground, aboveground, on-ground Storable Pools; hot tubs; spas and fixed-in place wading pools.

1. Zoning approval is required for pools and pool barriers (fence). All pools require a pool barrier fence. An application can be obtained from the building department. A recent copy of the property survey is required showing any/all structures (house, garage, deck, shed, fence, etc.). Draw the location of proposed pool, fence and mechanical equipment (motor, filter, pump) to scale on the survey.
2. Pool location – pool must be ten (10) feet from principal structure, five (5) feet from accessory structures, and fifteen (15) feet from side and rear property lines.
3. Building permit requirements - Provide the manufacturers' specs (Owner's Manual) Indicate size and model number. Pool barrier (fence) must meet current building code requirements. Specifications showing compliance with the code shall be submitted with the building permit application. Minimum 4ft. in

height, outswing gates with a self-closing, self-latching device. The top of the latch release shall be 54 inches minimum above grade. An existing fence may be used if all the above requirements are met.

4. Electric permit requirements – An Electric permit is **not required** providing that the filter pump motor is equipped (**from the manufacture and not field installed**) with a flexible cord (not less than 25 feet long) which is provided with a ground-fault circuit interrupter that is an integral part of the attachment plug. An exterior GFCI receptacle must be within range of the pump cord (**NO EXTENSION CORDS ARE PERMITTED**). If a receptacle needs to be installed, an **ELECTRIC** permit **WILL BE REQUIRED**...
5. Plumbing- A hose spigot backflow device must be installed prior to filling the pool. **NO PERMIT REQUIRED**
6. All inspections shall be performed by the Building Inspector, prior to using the pool

# Land Use and Development Application for Zoning Permit

Date Submitted	Block	Lot	Work Site Address

**Plans Must Be Submitted with this Application - Fee: \$ 50.00**

Owner /Applicant Information	
Owner Name	
Owner Address	
Owner Telephone	
Applicant Name	
Applicant Address:	
Applicant Telephone	<b>Contractors Registration #:</b>

Check	Type of Application		
	Project	Length x Width x Height	Circle Appropriate
	New House		
	Dormer-Ceiling Height is Measured at 5' then not more than 40% of the floor below	**	New      or      Expansion
	Additions		
	Deck		New or Expansion or Replacement
	Patio		New - Replacement - Expansion
	Shed		New - Replacement - Expansion
	Driveway Expansion NOT Allowed		New      or      Replacement
	Retaining Wall		New      or      Replacement
	Privacy Fence max 6'		New      or      Replacement
	Garage		Attached      or      Detached
	Pool Fence		New      or      Replacement
	Swimming Pool		Above-Ground      or      In-Ground
	Hot Tub etc..		
	Other Specify >		

\*\*\*\*\* For Office Use Only \*\*\*\*\*

**NOTE:**

**Have your professional help you with the Calculations**

When your project is complete you **must** call for the required inspection.

3. SITE INFORMATION (fill in all blanks)

Type of dwelling: 1 Family  2 Family  Multiple/Condo  Mixed Use

Height of existing structure \_\_\_\_\_

Height of Proposed structure \_\_\_\_\_

Is this a corner lot? YES  NO

How many trees are being affected by this project: \_\_\_\_\_

Has there been any expansion of your home or garage (work done without zoning approval and or building permits) i.e. sheds, decks, pools, patios, retaining walls, etc.? YES  NO

Are there any overhangs on the new structure? YES  NO

If yes, please indicate size and draw them on survey.

Number of Bedrooms in entire structure: Prior to construction \_\_\_\_\_  
After construction \_\_\_\_\_

*Please note: An increase from 3 to 4 bedrooms requires a 2-car garage.*

Has there ever been a variance granted on this property before? YES  NO

If yes, please explain and attach copy of the Resolution to this application.

Are there any deed restrictions or covenants affecting this application? YES  NO

If yes, attach a copy of the Deed.

Is this property part of a subdivision? YES  NO

If yes, attach a copy of the resolution.

Does your property require or have flood insurance? YES  NO

Is there a stream, river or wetlands located on or near your property YES  NO

I, \_\_\_\_\_, being of full age, hereby swear or affirm, that all of the information I have provided in the above application, and the attached survey and/or plans are true and correct to the best of my knowledge.

Be advised any *incorrect or falsified information will render this approval void and any approvals based on it.*

By signing this, you are also giving us permission to visit your property, to view your survey and verify existing conditions.

\_\_\_\_\_  
Signature of Owner Date

## Survey Affidavit

I \_\_\_\_\_ the owner of \_\_\_\_\_  
Residing in the Borough of Westwood does verify that this survey being  
submitted on \_\_\_\_\_ is true of the existing conditions of my  
property. I do understand that I will be subject to penalties and violations if  
the survey submitted is not a true accurate current survey.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

Sworn to and subscribed before me this

\_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

Notary Seal



# 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: \_\_\_\_\_ e-mail \_\_\_\_\_

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

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

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 (if applicable): \_\_\_\_\_

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

5. Architect or Engineer \_\_\_\_\_ Contact \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ FAX: \_\_\_\_\_

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

### V. FEE SUMMARY (for office use only)

1. Building	\$	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 \_\_\_\_\_ 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 \_\_\_\_\_

### IIa. PROPOSED WORK

Minor Work  New Building  Addition  Demolition

Repair  Alteration  Renovation  Reconstruction

Asbestos Abat. -Subch. 8  Lead Hazard Abatement  Radon Remediation  Annual Permit

### IIb. SUBCODES

(Check all that apply)

Building

Electrical

Plumbing

Fire Protection

Elevator

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	FOR OFFICE USE ONLY (Optional)		Re-viewer
				Approval Date	Resubmission Dates	
				Approval	Rejection	Re-viewer

TOTAL COST \$0

### III. PLAN REVIEW (optional)

DO YOU WANT:

- 1.  Partial Releases
- 2.  Full Releases

### 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
- 8.  Smoke Control Systems in Open Wells
- 9.  Underground Storage Tanks
- 10.  Swimming Pools, Spas and Hot Tubs

### 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 \_\_\_\_\_

**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 have been given, including such certification as the construction official may require.

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

Signature \_\_\_\_\_ 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 have been given, including such certification as the construction official may require.

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

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

Check if contractor.

Agent Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_

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



**BUILDING SUBCODE  
TECHNICAL SECTION**



Date Received  
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.

**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.

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
Work Site Location \_\_\_\_\_

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

Owner In Fee: \_\_\_\_\_  
Print name here: \_\_\_\_\_

**D. TECHNICAL SITE DATA**

Tel. \_\_\_\_\_ e-mail \_\_\_\_\_  
Address \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_  
Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_  
Address \_\_\_\_\_ e-mail \_\_\_\_\_

**DESCRIPTION OF WORK**

Blank area for description of work.

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	Dates (Month/Day)	Initial
<input type="checkbox"/> No Plans Required			Type:	Failure	Approval
<input type="checkbox"/> All			Footing		
<input type="checkbox"/> Footings/Foundations			Footing Bonding		
<input type="checkbox"/> Structural/Framework			Foundation		
<input type="checkbox"/> Exterior			Slab		
<input type="checkbox"/> Interior			Frame		
			Truss Sys./Bracing		
			Barrier-Free		
Joint Plan Review Required:					
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Insulation		
SUBCODE APPROVAL for PERMIT					
Date:			Finishes -Base Layer		
Approved by:			Finishes -Final		
			Energy		
			Mechanical		
SUBCODE APPROVAL for CERTIFICATE					
<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: State Approved \_\_\_\_\_ HUD \_\_\_\_\_  
 Height of Structure \_\_\_\_\_ ft.  
 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 \_\_\_\_\_

**TYPE OF WORK**

New Building  
 Addition  
 Rehabilitation  
 Roofing  
 Siding  
 Fence \_\_\_\_\_ Height (exceeds 6') \_\_\_\_\_ Sq. Ft.  
 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 \$ \_\_\_\_\_