



City of Rochester Hills
Building Department
 1000 Rochester Hills Dr.
 Rochester Hills, MI 48309
 (248) 656-4615 Phone
 (248) 656-4623 Facsimile

POOL INFORMATION FORM
Private Swimming Pool



Job Address: STOLL, JOHN & LAMBEREIN
Homeowner: 1431 WASHINGTON RD
Contractor: WIND SURF & JAIL POOLS

POOL CONSTRUCTION

ABOVE-GROUND Gunite
 IN-GROUND Vinyl Liner
 Manufacturer INTERNATIONAL Fiberglass
 Model Number _____ Other _____

Size: Diameter 800 and/or Length 20 Width 40
Water Depth: Shallow End 3 Deep End 8
Diving Board: Yes No Height 8
Surface Cleaning: Skimmers Gutters

Please note: One skimmer is required for each 1,000 square feet of surface area

WATER TREATMENT

Pool filter meets the requirement of the National Sanitation Foundation Standard 50 entitled "Circulation System Components for Swimming Pools, Spas, or Hot Tubs." Yes No

Filter Capacity-Gallons Per Hour 45 Pool Capacity-Total Gallons 40,000
 Time it takes for one water turnover: 10 Hours

The pool owner has been or will be, on completion, instructed in the care and maintenance of the pool, including water treatment: Yes No

POOL ENCLOSURE AND ENTRAPMENT PROTECTION

Pool enclosure will be provided by: Pool Contractor: Homeowner:
 Entrapment protection will be provided by: Pool Contractor: Homeowner:

I understand that necessary safety precautions must be met during construction and that the pool enclosure and entrapment protection requirements of the 2015 Michigan Residential Code must be completed prior to filling the pool with water.



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BUILDING PERMIT APPLICATION



I. LOCATION OF BUILDING				Project # _____	
ADDRESS	1431 WASHINGTON	CITY	ROCHESTER HILLS	ZIP CODE	48306
SUBDIVISION	PARCEL H 70-15-01-501-0A0			LOT #	
SIDWELL #				ZONING DISTRICT	
II. IDENTIFICATION				Permit # PB _____	
A. OWNER OR LESSEE				App Fee \$ _____	
NAME	STOLL, JOHN		*REQUIRED EMAIL ADDRESS	FAX NO.	
ADDRESS	1431 WASHINGTON	CITY	ROCHESTER HILLS	STATE	MI
				TELEPHONE NO.	248 990 8890
				ZIP CODE	48306
B. ARCHITECT OR ENGINEER				Clerk _____	
NAME			EMAIL ADDRESS	FAX NO.	
ADDRESS		CITY		STATE	
LICENSE NUMBER				TELEPHONE NO.	
				ZIP CODE	
				EXPIRATION DATE	
C. CONTRACTOR				ESTIMATED COST OF CONSTRUCTION \$	60,000 -
NAME	WIND SURF & SAIL		EMAIL ADDRESS	FAX NO.	519549463
ADDRESS	2250 HALL RD	CITY	CLINTON TWP	STATE	MI
BUILDERS LICENSE NUMBER	2103065994			TELEPHONE NO.	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION	382651895			ZIP CODE	48036
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION	EMC			EXPIRATION DATE	
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION	1022020				
III. TYPE OF IMPROVEMENT					
1. <input type="checkbox"/> NEW BUILDING	4. <input type="checkbox"/> ALTERATION	7. <input type="checkbox"/> MOBILE HOME SET-UP	10. <input type="checkbox"/> RELOCATION		
2. <input type="checkbox"/> ADDITION	5. <input type="checkbox"/> REPAIR	8. <input type="checkbox"/> FOUNDATION ONLY	11. <input checked="" type="checkbox"/> POOL	<input checked="" type="checkbox"/> In Ground	<input type="checkbox"/> Above Ground
3. <input type="checkbox"/> ACCESSORY STRUCTURE	6. <input type="checkbox"/> DEMOLITION	9. <input type="checkbox"/> PRE-MANUFACTURE	12. <input type="checkbox"/> OTHER (SPECIFY)		
IV. PROPOSED USE OF BUILDING					
A. RESIDENTIAL					
1. <input type="checkbox"/> MODEL	3. <input type="checkbox"/> TWO OR MORE FAMILY (NO. OF UNITS _____)	5. <input type="checkbox"/> ATTACHED GARAGE	7. <input type="checkbox"/> OTHER		
2. <input type="checkbox"/> ONE FAMILY (PLAN NO. _____)	4. <input type="checkbox"/> HOTEL, MOTEL (NO. OF UNITS _____)	6. <input type="checkbox"/> DETACHED GARAGE			
B. NON-RESIDENTIAL					
8. <input type="checkbox"/> AMUSEMENT	11. <input type="checkbox"/> PARKING GARAGE	14. <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL	17. <input type="checkbox"/> STORE, MERCANTILE		
9. <input type="checkbox"/> CHURCH, RELIGION	12. <input type="checkbox"/> SERVICE STATION	15. <input type="checkbox"/> PUBLIC UTILITY	18. <input type="checkbox"/> TANKS, TOWERS		
10. <input type="checkbox"/> INDUSTRIAL	13. <input type="checkbox"/> HOSPITAL, INSTITUTIONAL	16. <input type="checkbox"/> SCHOOL, LIBRARY, EDUCATIONAL	19. <input type="checkbox"/> OTHER		
NON-RESIDENTIAL - DESCRIBE IN DETAIL PROPOSED USE OF BUILDING, E.G. FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, ELEMENTARY SCHOOL, SECONDARY SCHOOL, COLLEGE, PAROCHIAL SCHOOL, PARKING GARAGE FOR DEPARTMENT STORE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT, IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE.					

PERMIT APPLICATION

B. PRINCIPAL TYPE OF FRAME

9. MASONRY WALL BEARING 10. WOOD FRAME 11. STRUCTURAL STEEL 12. REINFORCED CONCRETE 13. OTHER

C. TYPE OF SEWAGE DISPOSAL

14. PUBLIC

D. TYPE OF WATER SUPPLY

15. SEPTIC SYSTEM

16. PUBLIC

E. TYPE OF MECHANICAL

17. PRIVATE WELL

18. WILL THERE BE AIR CONDITIONING? YES NO

19. WHAT IS THE INPUT RATING OF THE HEATING SYSTEM IN THIS BUILDING? 250,000 BTU's

20. WILL THERE BE AN ELEVATOR? YES NO

21. WILL THERE BE A FIRE SUPPRESSION SYSTEM? YES NO

F. ELECTRICAL

22. WHAT IS THE RATING OF THE SERVICE OR FEEDER IN AMPERES? _____

23. WILL THERE BE A FIRE ALARM SYSTEM? YES NO

G. NUMBER OF OFF-STREET PARKING SPACES

24. ENCLOSED _____ 25. OUTDOORS _____

H. DIMENSIONS

26. NUMBER OF STORIES _____ 27. BUILDING HEIGHT _____ 28. BUILDING LENGTH _____ 29. BUILDING WIDTH _____

30. TOTAL SQUARE FOOTAGE OF BUILDING (ALL FLOORS EXCEPT UNFINISHED BASEMENT) _____

VI. PLAN REVIEW

A. REVIEW(S) TO BE PERFORMED – SEE SECTION B, C, D BELOW BEFORE COMPLETING THIS SECTION

1. BUILDING <input type="checkbox"/> PLAN SUBMITTED	2. PLUMBING <input type="checkbox"/> PLANS NOT REQUIRED <input type="checkbox"/> PLANS REQUIRED & SUBMITTED	3. MECHANICAL <input type="checkbox"/> PLANS NOT REQUIRED <input type="checkbox"/> PLANS REQUIRED & SUBMITTED	4. ELECTRICAL <input type="checkbox"/> PLANS NOT REQUIRED <input type="checkbox"/> PLANS REQUIRED & SUBMITTED	5. ENERGY <input type="checkbox"/> WORKSHEET SUBMITTED
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B. PLUMBING

PLANS ARE NOT REQUIRED FOR THE FOLLOWING:

- One or two-family dwellings containing not more than 3,500 square feet of building area.
- Alterations and repair work determined by the plumbing official to be of a minor nature.
- Assembly, business, mercantile and storage buildings with a required plumbing fixture count less than 12.
- Work completed by a governmental subdivision or state agency costing less than \$15,000.00.

C. MECHANICAL

PLAN ARE NOT REQUIRED FOR THE FOLLOWING:

- One and two-family dwellings when the total building heating/cooling system input rating is 375,000 BTU's or less.
- Alterations and repair work determined by the mechanical official to be of a minor nature.
- Business, mercantile, and storage buildings having HVAC equipment only, with one fire area and not more than 3,500 square feet.
- Work completed by a governmental subdivision or state agency costing less than \$15,000.00.

D. ELECTRICAL

PLANS ARE NOT REQUIRED FOR THE FOLLOWING:

- When the electrical system rating does not exceed 400 amps and the building is not over 3,500 square feet in area.
- Work completed by a governmental subdivision or state agency costing less than \$15,000.00.

Plans are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer, licensed pursuant to Act No. 299 or the Public Acts of 1980, as amended, and shall bear that architect's or engineer's signature and seal.

VII. APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.

PRINT NAME: FERRY DUGGAN @ WIND SURF & SAIL TELEPHONE NO. 586 924 9463

ADDRESS: 22250 HALL RD QUINCY TWP MI STATE MI ZIP 48036

FEDERAL I.D. NUMBER: 382651895

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

SECTION 23a OF THE STATE CONSTRUCTION CODE ACT OF 1972, 1972 PA 230, MCL 125.15239, PROHIBITS A PERSON FROM CONSPIRING TO CIRCUMVENT THE LICENSING REQUIREMENTS OF THIS STATE RELATING TO PERSONS WHO ARE TO PERFORM WORK ON A RESIDENTIAL BUILDING OR A RESIDENTIAL STRUCTURE. VIOLATORS OF SECTION 23a ARE SUBJECT TO CIVIL FINES.



PERMIT APPLICATION

CUSTOMER INFORMATION: STOLL, JOHN & KIMBERLY – 1431 Washington Rd – Rochester Hills – Oakland County – (248) 990-8890

LEGAL DESCRIPTION: Parcel No. 70-15-01-201-020 – T3N., R11E., Section 1 – City of Rochester Hills – Oakland County -

CONTRACTOR INFORMATION: WIND, SURF & SAIL POOLS – 22250 HALL ROAD- CLINTON TWP - LICENSE NO. 2103065994 - (586) 954-9463 – MACOMB COUNTY

ELECTRICAL: Executive Electric

HEATING: RJP Mechanical

FENCE: Homeowner Choice

PLUMBING:

BUILDING: WIND, SURF & SAIL POOLS **MISS DIG No:** A01531151-00A

POOL DESCRIPTION: 20'x40' Rectangular - INGROUND STEEL WALL/VINYL LINER SWIMMING POOL – 2' Radius Corners – SS In Pool Ladder – 3' + CONCRETE SKIRTING - VERMICULITE FLOOR – Non Diving - WATER DEPTH 3' – 7' Gradual SLOPE – Cantilever COPING – (1) 500 Watt Lights – Aqua Rite 940 Salt Generator – Cantilever Deck – Special Seating/Bench – Radius Step

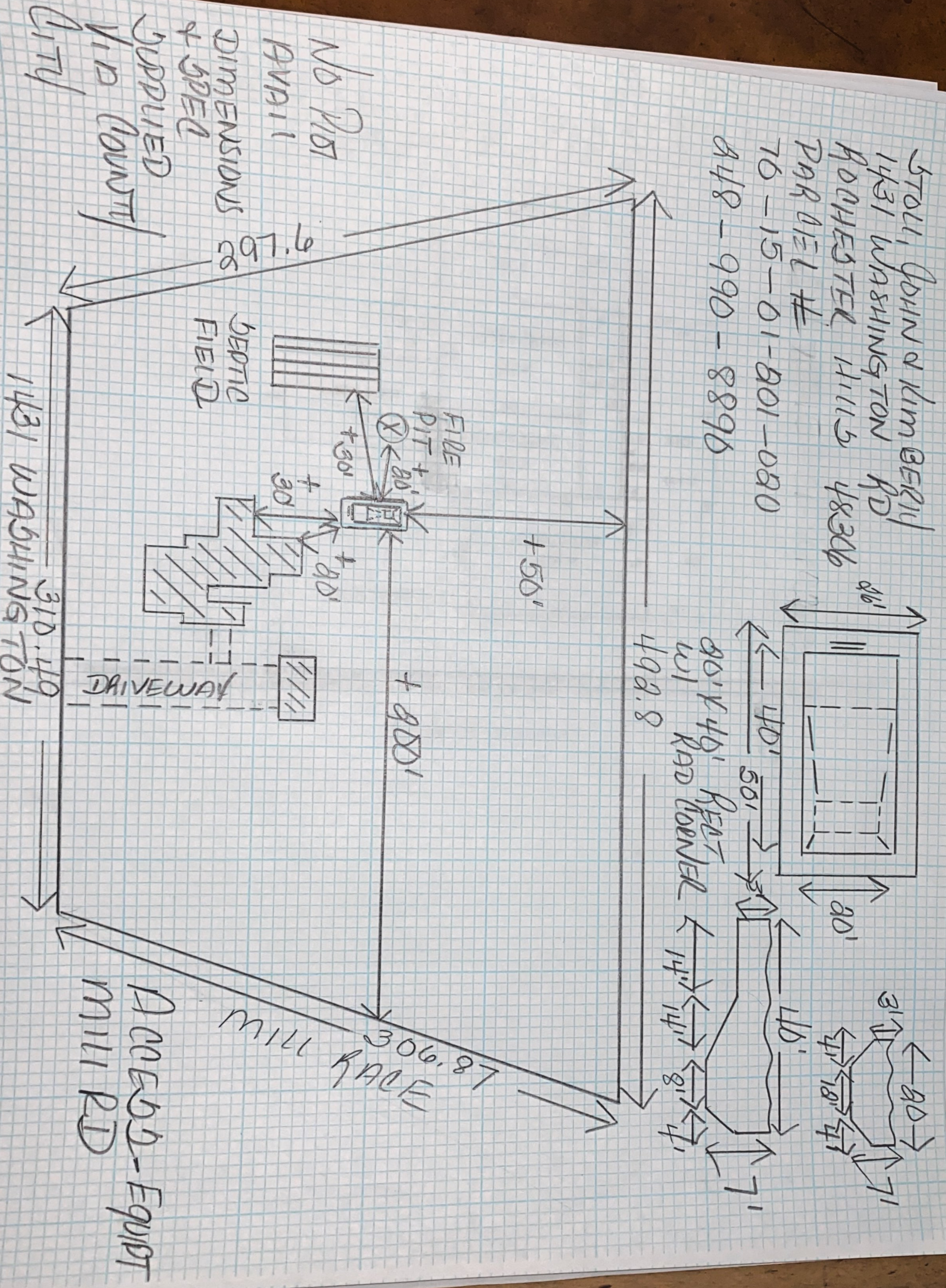
FILTER DESCRIPTION: S270T Sand Filter W/Zeobrite – 250,000 BTU Natural Gas Universal Heater w/Electronic Ignition – 2.0 HP Single Speed Max Flo Pump & Motor – Salt/Chlorine Sanitizer – Leveled & Installed on Base – Plumbing – 1-1/2" - 2" Thru Out System - PVC - Floatation Rate of 55/65 GPM – Wiring 220 W/Timer – (1) 500 Watt Light – Junction Box – Zeo Brite –

EQUIPMENT DESCRIPTION: (1) Filter Tank (1) Gas Heater (1) Pump/Motor (1) Stainless Steel In Pool Ladder (1) Stainless Steel Grab Rail (1) Step Insert (0) Recessed Ladder (1) Light (1) Niche (0) LED Light (0) Slide (0) 8' Diving Board (0) Splash Jump Rock/Waterfall (0) Waterfall – Deckside (0) Aqua Garden (0) 24" Powerfall (0) Deck Water Jets (0) Fiber Optics Laminar (1) Equipment Controller (2) MainDrain (2) Skimmer (4) Water Returns (0) Chlorinator (0) Claritech (1) Salt Generator (0) Fiberglass Buddy Bench/ Seat (0) Volleyball Cups (0) Basketball Cups (0) Inground Pre Plumbed Scalloped Spa w/Light (0) Jets (0) LED Spa Light (0) Portable Freestanding Spa (0) Auto Cleaner (0) Safety Cover (?) Steel Bench (?) Sunbench (?) Steel Step (0) Heat Pump

CROSSROADS/DIRECTIONS: North of 25 Mile/Runyon – West of Mt Vernon
No Plot Available – Dimensions/Specs Supplied by County & City

PLEASE SEE ATTACHED PLOT PLAN OR LAYOUT

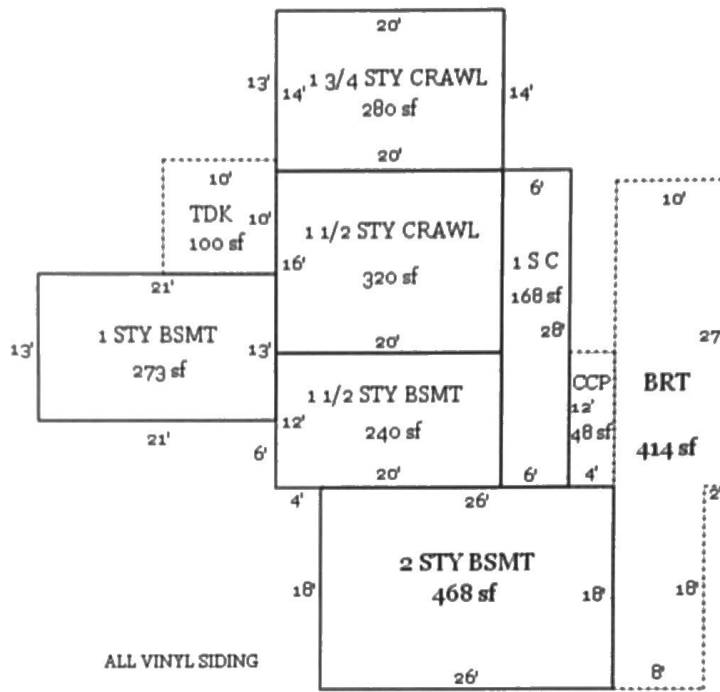
57011, JOHN & KIM BERRY
 1431 WASHINGTON RD
 ROCHESTER, ILLINOIS 48306
 PARCEL #
 76-15-01-201-020
 848-990-8896



N/D PBT
 Avail
 DIMENSIONS
 + SPOED
 SUPPLIED
 V/D COUNT/
 CITY/

ACCESSED-EQUIPT
 MILL RD


Image/Sketch for Parcel: 70-15-01-201-020



Sketch by Apex Medina™

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GRETCHEN WHITMER
Governor

Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
M&A Individual License

P259976

Classifications:
Swimming Pools (S)

KERRY DUGGAN
DBA - WIND-SURF & SAIL POOL SERVICE
22250 HALL RD
CLINTON TOWNSHIP, MI 48036

License No.
2103065994

MUST BE DISPLAYED IN A CONSPICUOUS PLACE

Expiration Date:
05/31/2023

This document is duly issued
under the laws of the State of
Michigan

MICHIGAN U.S.A.
IDENTIFICATION CARD



D 250 465 135 012
DOB 01-04-1950

ISS 04-13-2017
EXP. 01-04-2021

010450

KERRY DAVID DUGGAN
21530 ARMADA CENTER RD
ARMADA, MI 49005-2525

Sex: M Wgt: 175 Hgt: 510

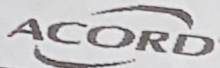
Eyes GRN



Kerry D. Duggan

DD:0074436182170

Rev 01-21-2011



CERTIFICATE OF LIABILITY INSURANCE

WINDS-1

OP ID: AS

DATE (MM/DD/YYYY)
06/03/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Szura Insurance Services
109 E. Fourth St.
Rochester, MI 48307-2021
Mathew Hailperin

248-651-4487

CONTACT NAME: Mathew Hailperin
PHONE (A/C, No, Ext): 248-651-4487
E-MAIL ADDRESS: mhailperin@szuraagency.com
FAX (A/C, No): 248-651-3751

INSURED
Wind, Surf & Sail Pools, Inc
Kathy & Kerry Duggan
22250 Hall Rd
Clinton Twp, MI 48036

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	EMC Insurance Companies	21415
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			5D8-91-91-21	06/07/2020	06/07/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5E8-91-91-21	06/07/2020	06/07/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	5H8-91-91-21	06/07/2020	06/07/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

INFOR-2

CANCELLATION

Information Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Mathew Hailperin