

LDS BR 10406110

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(e)1.vii:

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. 5:32-2.15(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 William Miller

Address 558 Adamston Rd. Brick

Telephone (477-4536)

Signature William Miller

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Name of Code & Edition
Building _____	Energy _____	Other _____
Electrical _____	Barrier Free _____	
Plumbing _____	Flood Hazard _____	
Fire Protection _____	As Built Elevation Cert. _____	
Mechanical _____	Other _____	

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 04/13/98
Control #
Permit # 98-0919

IDENTIFICATION Block 21.03 Lot 8

Work Site Location 12 HOLLYCREST ST
REPLACAE JEALOUSY

Owner in Fee GRIPP, ROBERT

Address 12 HOLLYCREST ST
BOSTON, MA 02103

Telephone [REDACTED]

Contractor WILLIAM MILLER
Address 558 ADAMSTON RD
BRICK, NJ 08723-

Telephone ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. [REDACTED] Exp. Date / /

or Social Security no. [REDACTED]

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER

☐ ELECTRICAL ☐ FIRE PROTECTION

☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

NOTE: If construction does not commence within one (1) year of date of issuance,
or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 500

J. [Signature]
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use only)	
Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occ.	0
Other	
Total	35
Check No.	6910
Cash	
Collected By:	CS

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/13/98
Date Issued 04/13/98
Control #
Permit # 98-0919

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

Block 21.03 Lot 8
Work Site Location 12 HOLLYCREST ST
REPLACAE JEALOUSY

Owner in Fee GRIP, ROBERT
Address 12 HOLLYCREST ST
BRICK, NJ 08723-

Contractor WILLIAM MILLER
Address 558 ADAUSTON RD
BRICK, NJ 08723-

Tele. ()
Lic. No. of Bldgs. Req. No.
Federal Emp. No.
or Social Security No.
4/13/98 JRM

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.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req		☐ All	Failure
☐ All		☐ Footing	Failure
☐ Footing		☐ Foundation	Failure
☐ Foundation		☐ Slab	Failure
☐ Frame		☐ Frame	Failure
☐ Other		☐ Insulation	Failure
Joint Plan Review Required:		☐ Finishes	Failure
☐ Elect		☐ Fire	Failure
☐ Plumb		☐ Energy	Failure
☐ Elev		☐ Mechanical	Failure
SUBCODE APPROVAL		☐ TCO	Failure
☐ CO		☐ CA	Failure
Date:		☐ Other	Failure
Approved By:		☐ Final	Failure

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	
☐ Addition	
☒ Alteration	
☐ Roofing	
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Asbestos Abatement	
☐ Other	
☐ other	
☐ Demolition	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed
Const. Class	Present	Proposed
No. of Stories	0	0
Height of Structure	0 Ft.	0 Ft.
Area Largest Floor	0 Sq. Ft.	0 Sq. Ft.
New Bldg. Area/All floors	0 Sq. Ft.	0 Sq. Ft.
Volume of New Structure	0 Cu. Ft.	0 Cu. Ft.
Total Land Area Disturbed	0 Sq. Ft.	0 Sq. Ft.

Est. Cost of Bldg. Work:	Administrative Surcharge
1. New Bldg. \$	
2. Alteration \$	
3. Total (1+2) \$	
Paid [X] Check # 6910	
Collected by: CS	
Minimum Fee	
TOTAL FEE	
DCA Training Fee	

BLOCK 210-03 LOT 8 SITE LOCATION

BUILDING INSPECTION

Contractor William Miller Phone (477) 4536
Address 558 Adams St State VT Zip 05723
Town Berlin Federal EMP. NO. (or SSN#)
LIC #

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) \$ ALTERATION (2) \$ 5000
ADDITION (3) \$ TOTAL (1+2+3) \$ 5000

BUILDING CHARACTERISTICS

ADDITION or SINGLE FAMILY DWELLING
USE GROUP R-3 PRESENT R-3 PROPOSED R-3
CONSTRUCTION CLASS PRESENT PROPOSED
NO. OF STORIES 1 HT. OF STRUCTURE 10 FT.
AREA: LARGEST FLOOR SQ. FT.
TOTAL BLDG. AREA: ALL FLOORS SQ. FT.
VOLUME OF STRUCTURE CU. FT.
TOTAL LAND AREA DISTURBED SQ. FT.

TYPE OF WORK	TYPE OF WORK		COST
	MISC.	HT.	
NEW BLDG.			
ADDITION		SIGN Sq. Ft.	
ALTERATION		POOL	
ROOFING		ASBESTOS ABATEMENT	
SIDING		DCA	
DEMOLITION		TOTAL	

DESCRIPTION OF WORK

COMMENTS: Replace glassy windows with double doors may alter credit as much as this

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.

SEAL & SIGNATURE William Miller

4/13/88 S.H.S.

PLUMBING INSPECTION

Contractor Phone ()
Address State Zip
Town Federal EMP. NO. (or SSN#)
LIC #

ESTIMATED COST OF PLUMBING WORK: \$

Sewer Size Water Size

TECHNICAL SITE DATA (List all fixtures)

NO.	FIXTURE/EQUIPMENT	NO.	FIXTURE/EQUIPMENT
	Water Closet		Steam Boiler
	Urinal / Bidet		Hot Water Boiler
	Bath Tub		Sewer Pump
	Lavatory		Interceptor/Separator
	Shower		Backflow Preventer
	Floor Drain		Grease Trap
	Sink		Water Cooled A.C. or Refrigeration Unit
	Dishwasher		Sewer Connection
	Drinking Fountain		Water Service Connection
	Washing Machine		Active Solar System
	Hose Bib		Other
	Water Heater		Other
	Fuel Oil Piping		Other
	Gas Piping		Other

DESCRIPTION OF WORK

COMMENTS:

CERTIFICATION IN LIEU OF OATH

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SEAL & SIGNATURE (Contractor's Seal)

FIRE INSPECTION

Contractor Phone ()
Address State Zip
Town Federal EMP. NO. (or SSN#)
LIC #

ESTIMATED COST OF FIRE PROT. WORK: \$

Heating Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar
Heating System: ☐ New ☐ Existing
Location of Furnace / Boiler

TECHNICAL SITE DATA (Description of Work)

WATER SUPPLY SOURCE			
METHOD OF VALVE SUPERVISION			
LOCAL ALARM SUPERVISION			
CENTRAL SUPERVISION			
PROPRIETARY SUPERVISION			
Flammable Liquid Storage Tanks	☐ Capacity		F
Combustible Liquid Storage Tanks	☐ Capacity		F
L.P.G. Storage Tanks	☐ Capacity		F
L.N.G. Storage Tanks	☐ Capacity		F
NO. ITEM	NO.	ITEM	
		Wet Sprinkler Heads	Pre-Engineered S.
		Dry Sprinkler Heads	CO ₂ Suppressor
		TOTAL	Halon Suppressor
		Smoke Detectors	Foam Suppressor
		Heat Detectors	Dry Chemical
		TOTAL	Wet Chemical
		Stand Pipes	Gas or Oil Fired
		Kitchen Hood Exhaust System	Other

DESCRIPTION OF WORK

COMMENTS:

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE WORK LISTED ON THIS APPLICATION.

SEAL & SIGNATURE (Contractor's Seal)