

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

Laura Barry

Date

3/15/04

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

Address

Telephone ()

Signature

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	Other
Building _____	Energy _____	
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

Date Issued 03/15/2004
Control #
Permit # 04-0779

UCC NEW JERSEY
CONSTRUCTION
PERMITS

IDENTIFICATION Block 383.29 Lot 92

Qual

Work Site Location 275 DOBHOOD DR

ROOF

Contractor HOMEOWNER
Address

Owner in Fee BARRY, RICHARD

Address SAME

BRICK, NJ 08723-

Telephone

Telephone ()
Lic. No. of Bldrs. Reg. No.
Federal Emp. No. HQ-

Is hereby granted permission to perform the following work:

☒ BUILDING

☐ PLUMBING

☐ LEAD HAZARD ABATEMENT

☐ ELECTRICAL

☐ FIRE PROTECTION

☐ DEMOLITION

☐ ELEVATOR DEVICES

☐ ASBESTOS ABATEMENT

☐ OTHER

(Subchapter B only)

DESCRIPTION OF WORK:

TEAR OFF/RE ROOF

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 \$ 1,800

Construction Official

03/15/2004

Date

U.C.C. F170 (rev. 3/96) NJ DECARS 5.24E

PAYMENTS (Office Use Only)

Building	55
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	0
DCA State Permit Fee	2
Cert. of Occupancy	0
Other	0
Total	57
Check No.	3043
Cash	
Collected By	ERP

03/15/04, 3:23PM 00000087541

XX07 SERV.007

#040779
BUILDING
DCA
CHECK
\$55.00
\$2.00
\$57.00

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/15/2004
Date Issued 03/15/2004
Control #
Permit # 04-0779

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

Block 383.29 Lot 92
Work Site Location 275 DORSHOOD DR
ROOF

Owner in Fee BARRY, RICHARD
Address SAME
BRICK NJ 08723-

Tele. ()

Contractor

Address

Tele. () Fax ()
Lic. No. of Bldrs. Reg. No.
Federal Emp. No. HO-

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plans Req.

☐ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CC ☐ CA

Date: 4-2-04

Approved By: [Signature]

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

BarrierFree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

BarrierFree

Dates (Month/Day)

Failure Failure Approval Initial

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

☐ Demolition

FEE (Office Use Only)

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

B. BUILDING CHARACTERISTICS

Use Group Present

Const. Class Present

No. of Stories

Height of Structure

Area Largest Floor

New Bldg. Area/All Floors

Volume of New Structure

Total Land Area Disturbed

Proposed R-5

Proposed

0

0 Ft.

0 Sq. Ft.

0 Sq. Ft.

0 Sq. Ft.

0 Sq. Ft.

0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$

2. Alteration \$

3. Total (1+2) \$

1,800

1,800

1,800

1,800

1,800

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TEAR OFF/RE ROOF

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

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA State Permit Fee

C3E NJ UCCARS 5.29E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/15/2004
Date Issued 03/15/2004
Control #
Permit # 04-0779

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

Block 383.29 Lot 92
Work Site Location 275 DOWNSWOOD DR
ROOF

Owner in Fee BARRY, RICHARD
Address SAME
BRICK, NJ 08723-
Tele. ()
Contractor
Address

Tele. () Fax ()
Lic. No. of Bldrs. Reg. No.
Federal Emp. No. HO-

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
☐ No Plans Req.
☐ All
☐ Footing
☐ Foundation
☐ Frame
☐ Other
Joint Plan Review Required:
☐ Elect ☐ Plumb ☐ Fire
SUBCODE APPROVAL ☐ Elev
☐ CO ☐ CCO ☐ CA
Date:
Approved By:
INSPECTIONS
Type
Failure Failure Approval Initial
Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.
Est. Cost of Bldg. Work:
1. New Bldg. \$ 0
2. Alteration \$ 1,800
3. Total (1+2) \$ 1,800
Industrialized Building:
☐ State Approved
☐ HUD

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I as the (agent of) owner
of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TEAR OFF/RE ROOF

TYPE OF WORK

☐ New Building
☐ Addition
☐ Alteration
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other
☐ Demolition
Height (exceeds 6')
Sq. Ft.

FEE (Office Use Only)

Paid ☐ Check # Administrative Surcharge \$
Collected by: \$
TOTAL FEE \$
DCA State Permit Fee \$
U.C.C. F110 (rev. 3/96)

NJ UCCARS 5.24e
TOWNSHIP OF BRICK
401 CHANDERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/15/2004
Date Issued 03/15/2004
Control #
Permit # 04-0779

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

Block 383.29 Lot 92
Work Site Location 275 DODDWOOD DR

ROOF

Owner in Fee BARRY, RICHARD

Address SAME

BRICK, NJ 08723-

Tel:

Con:

Address

Tele. ()

Fax ()

Lic. No. of Bldgs. Reg. No.

Federal Exp. No. HO-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Date Initial

☐ No Plans Req.

☐ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CC0 ☐ CA

Date:

Approved By:

INSPECTIONS

Type

Failure

Failure

Initial

Initial

Initial

Initial

Initial

Initial

Initial

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Dates (Month/Day)

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Initial

C. CERTIFICATION IN LIEU OF DATA

I hereby certify that I am the agent of owner of record and am authorized to make this application.

Signature

B. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TEAR OFF/RE ROOF

TYPE OF WORK

☐ New Building

☐ Addition

☐ Alteration

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

☐ Other

☐ Demolition

FEE (Office Use Only)

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Applicable to Ordinance 720-92

This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK

Debris Form

Work Site Address: 275 Dogwood Drive

Block: 382.29 Lot: 92

Contractor: Homeowner

Contractor's Address: _____

Type of Construction (minor, new home): new roof

Type of Debris (shingles, siding, wood, etc.): shingles

Party responsible for removal: homeowner

Dumpster size: _____

Destination of debris: MANCHESTER

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Signature

LAURA BARRY

Print Name

Date

3/15/04

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 275 DOGWOOD DRIVE
Block: 383.29 Lot: 92
Owner's Name: RICHARD & LAURA BARRY
Owner's Mailing Address: 275 DOGWOOD DRIVE, BRICK
Phone: [REDACTED]

BUILDING

Contractor: [REDACTED]
Address: [REDACTED]
Phone#: [REDACTED]
Lis #: [REDACTED]
Federal Emp # or SSN: [REDACTED]

Technical Data

Description of Work:

Handwritten notes:
Lean TOB
No BOB

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☒ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign sq ft
☐ Fireplace wd/gas

Building Characteristics

Use Group Present: Proposed:
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:
Cost of Alteration: \$
Cost of New Building: \$
Cost of Site Work \$

Total Cost of New Building Work: \$ 11,800.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: Laura Barry
Please Print Name LAURA BARRY

ELECTRICAL

Contractor:
Address:
Phone#:
Lis #:
Federal Emp # or SSN:

Technical Data

Item	Quantity
Lighting Fixtures	<u> </u>
Receptacles	<u> </u>
Switches	<u> </u>
Detectors	<u> </u>
Light Poles	<u> </u>
Motors w/ Fract. HP	<u> </u>
Emergency & Exit Lights	<u> </u>
Communication Points	<u> </u>
Alarm Devices/FAC Panel	<u> </u>
Total	<u> </u>

Pool (Receptacles, Switches, Lights, Motor 1HP)
Spa/Hot Tub/Storable Pool
Electric Range KW
Oven/Surface Unit KW
Electric Water Heater KW
Electric Dryer KW
Dishwasher KW
Garbage Disposal HP
A/C Unit - Central Air KW
Space Heater/Air Handler KW
Baseboard Heating KW
Motors 1+ HP
Transformer/Generator KW
Light Stander AMP
Service AMP
Subpanel AMP
Motor Control Center AMP
Sign/Outline Light KW
Furnace
Steam Boiler
Other:

Estimated Cost of Electrical Work:

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:
Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

FIRE

Contractor: _____
Address: _____
Phone #: _____
Lic #: _____
Federal Emp # or SSN _____

Contractor: _____
Address: _____
Phone #: _____
Lic #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	_____
Urinals/Bidets	_____
Bath Tub (w/or w/out shower head)	_____
Lavatory (BR Sink)	_____
Shower	_____
Floor Drain	_____
Sink	_____
Dishwasher	_____
Drinking Fountain	_____
Washing Machine	_____
Hose Bib	_____
Gas Piping	_____
Fuel Oil Piping	_____
Water Heater	_____
Steam Boiler	_____
Hot Water Boiler	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	_____
Greasetrap	_____
Air Conditioner (Condensate Drain)	_____
Septic Tank Closure	_____
Sewer Service Connection	_____
Water Service Connection	_____
Active Solar System	_____
Auxiliary Meter	_____
Sprinkler Heads	_____
Sump Pump	_____
Pool Heater	_____
Other:	_____

Estimated Cost of Plumbing Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

Technical Data

Description of Work:

Heating Type: _____ Gas _____ Oil _____ Electric _____ Solar _____
Heating System is _____ New _____ Existing _____
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks	_____ capacity _____	fuel _____
Combustible Storage Tanks	_____ capacity _____	fuel _____
LPG Storage Tanks	_____ capacity _____	fuel _____

Item	Quantity
------	----------

Wet Sprinkler Heads	_____
Dry Sprinkler Heads	_____
Total	_____

Smoke Detectors	_____
Heat Detectors	_____
Total	_____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:

CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:

Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____

Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Print Name: _____