

LDS BR 10207621

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. (X) 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

August J. Gardner

Date

5-18-93

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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.

(X) Check if contractor.

Agent Name

GARDNER REFRIGERATION CO INC

Address

7 LAUGHREED AVE

WEST CARROLL N.J. 07006

Telephone (201)

533-1725

Signature

August J. Gardner

Date

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	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Continued Certificate of Occupancy	No. _____	_____
☐ Certificate of Occupancy	No. _____	_____
☐ Certificate of Approval	No. _____	_____
☐ None		



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

5/26/93
1014-93NOTIFICATION Block 673 Lot 13Work Site Location 741 Birch Blvd Contractor Bardner RefrigOwner in Fee Franklin Ice Co Address 741 Birch BlvdAddress 741 Birch Blvd Tele. ()

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No.

or Social Security No.

Whereby granted permission to perform the following work:

BUILDING [☒] PLUMBING [] OTHERELECTRICAL [☒] FIRE PROTECTION

DESCRIPTION OF WORK:

Gas piping / furnace

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 \$

1000

CONSTRUCTION OFFICIAL

C. Form F-170A

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building 45 673 #Plumbing 45 TOTElectrical 13 #Fire Protection 106 PLUMBINGOther 118 5 FIREOther 118 PLUMBINGDCA Training Fee 1 DCACert. of Occ. 200 DCAOther 13 TOTALTotal 13 CHECKCheck No. 44 2000Cash 11Collected By MDA 0013A005



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

5/26/93
1014-93

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

Block 673 Lot 13
Work Site Location FRIENDLY ICE CREAM
741 BRICK BLVD BRICKTOWN N.J. 08723
Owner in Fee FRIENDLY ICE CREAM
Address 741 BRICK BLVD BRICKTOWN N.J. 08723
Tele. (908) 477-7139
Contractor GARDNER REFRIGERATION CO INC
Address 7 LOUGHEED AVE
WEST CALDWELL N.J. 07006
Tele. (201) 533-1725
Lic. No. _____
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [] New [] Existing
Type: [] Gas [] Oil [] Electrical [] Solar
[] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work \$ _____ | Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)			
		Type:	Failure	Approval	Initial
[] No Plans Required	Suppression Test	_____	_____	_____	_____
Joint Plan Review Required:	Fire Alarm Test	_____	_____	_____	_____
[] Bldg. [] Plumb.	Smoke Test	_____	_____	_____	_____
[] Elec. [] Elevator	Mechanical	_____	_____	_____	_____
X [] Fire Plans Approved	TCO	_____	_____	_____	_____
Date: <u>5/18/93</u>	Other _____	_____	_____	_____	_____
Approved by: _____	Other _____	_____	_____	_____	_____
SUBCODE APPROVAL	Other _____	_____	_____	_____	_____
[] CO [] CCO [] CA					
Date: _____					
Approved by: _____					

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.

Sergeant Hardin
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Gas Furnace

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks	() Capacity _____	Fuel _____
Combustible Liquid Storage Tanks	() Capacity _____	Fuel _____
L.P.G. Storage Tanks	() Capacity _____	Fuel _____
L.N.G. Storage Tanks	() Capacity _____	Fuel _____

	Number
Wet Sprinkler Heads	_____
Dry Sprinkler Heads	_____
TOTAL	_____
Smoke Detectors	_____
Heat Detectors	_____
TOTAL	_____
Stand Pipes	_____
Kitchen Hood Exhaust Systems	_____

Pre-Engineered Systems	_____
CO ₂ Suppression	_____
Halon Suppression	_____
Foam Suppression	_____
Dry Chemical	_____
Wet Chemical	_____

Gas or Oil Fired Appliance 2
OTHER _____

FEE (Office Use Only)

Administrative Surcharge	\$ <u>66</u>
Paid [] Check # _____	Minimum Fee \$ _____
	DCA Training Fee \$ _____
Collected by: _____	TOTAL FEE \$ _____



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

5/26/93
1014-93

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

Block 673 Lot 13
Work Site Location FRIENDLY ICE CREAM
741 BRICK BLVD BRICKTOWN N.J. 08723
Owner, in Fee FRIENDLY ICE CREAM
Address 741 BRICK BLVD BRICKTOWN N.J. 08723
Tele. (908) 477-7139
Contractor GARDNER REFRIGERATION CO INC
Address 7 LOUGHEED AVE
WEST CALDWELL N.J. 07006
Tele. (201) 533-1725
Lic. No. _____
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [] New [] Existing
Type: [] Gas [] Oil [] Electrical [] Solar
[] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work \$ _____ [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)		Initial
[] No Plans Required	Joint Plan Review Required:	Type:	Failure	Failure	Approval	
[] Bldg. [] Plumb.		Suppression Test				
[] Elec. [] Elevator		Fire Alarm Test				
X [] Fire Plans Approved		Smoke Test				
Date <u>5/18/93</u>		Mechanical				
Approved by: _____		TCO				
SUBCODE APPROVAL:		Other _____				
[] CO [] CCO [] CA		Other _____				
Date: _____						
Approved by: _____						

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.

Raymond Hardin
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks _____
Combustible Liquid Storage Tanks _____
L.P.G. Storage Tanks _____
L.N.G. Storage Tanks _____

() Capacity _____ Fuel _____
() Capacity _____ Fuel _____
() Capacity _____ Fuel _____
() Capacity _____ Fuel _____

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
TOTAL _____
Smoke Detectors _____
Heat Detectors _____
TOTAL _____
Stand Pipes _____
Kitchen Hood Exhaust Systems _____
Pre-Engineered Systems _____
CO₂ Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____
Gas or Oil Fired Appliance _____
OTHER _____

FEE (Office Use Only)

Administrative Surcharge \$ 66
Paid [] Check # _____ Minimum Fee \$ _____
DCA Training Fee \$ _____
Collected by: _____ TOTAL FEE \$ _____



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

5/26/93
1014-93

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

Block 673 Lot 13
Work Site Location FRIENDLY ICE CREAM
741 BRICK BLVD BRICKTOWN N.J. 08723
Owner in Fee FRIENDLY ICE CREAM
Address 741 BRICK BLVD BRICKTOWN N.J. 08723
Tele. (908) 477-7139
Contractor APOLLO SEWER & PLUMBING, INC.
Address 110 WEST FRONT ST
KEYPORT
Tele. (908) 264-3666
Lic. No. BZO-6737
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

☐ No Plans Required
Joint Plan Review Required:
☐ Bldg. ☐ Elec.
☐ Fire ☐ Elevator
☐ Plumb. Plans Approved
Date: 5/21/93
Approved by: [Signature]

INSPECTIONS

Type:	Dates (Month/Day)			
	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

SUBCODE APPROVAL:

☐ CO ☐ CCO ☐ CA
Approved By: _____
Date: _____

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.

[Signature]
Signature—Contractor Seal

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
<u>1</u>	Water Heater — 80 —	<u>5</u>
<u>X</u>	Fuel Oil Piping	<u>15</u>
_____	Gas Piping	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Water Cooled A/C	_____
_____	or Refrigeration Unit	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Active Solar System	_____
<u>1</u>	Other DUCT FURNACE	<u>15</u>
		<u>10</u>

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
DCA Training Fee \$ _____
Collected by: _____ TOTAL \$ _____



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

5/26/93
10/4-93

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

Block 1613 Lot 13
Work Site Location FRIENDLY ICE CREAM
741 BRICK BLVD BRICKTOWN, N.J. 08723
Owner in Fee FRIENDLY ICE CREAM
Address 741 BRICK BLVD BRICKTOWN N.J. 08723
Tele. (908) 477-7139
Contractor APOLLO SEWER & PLUMBING, INC.
Address 110 WEST FRONT ST
KEYPORT
Tele. (908) 264-3666
Lic. No. BZO-6737
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)			
	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required	Slab				
☐ Joint Plan Review Required:	Rough				
☐ Bldg. ☐ Elec.	Water				
☐ Fire ☐ Elevator	Sewer				
☐ Plumb. Plans Approved	Fixtures				
Date: <u>5/21/93</u>	Gas Equipment			<u>6/3/93</u>	<u>SM</u>
Approved by: <u>[Signature]</u>	Gas Piping				
SUBCODE APPROVAL:	Solar				
☐ CO ☐ CCO ☐ CA	TCO				
Approved By: _____					
Date: _____					

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.

[Signature]
Signature—Contractor Seal

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
<u>1</u>	Water Heater	<u>5</u>
<u>X</u>	Fuel Oil Piping	<u>15</u>
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C	
	or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
<u>1</u>	Other <u>DUCT FURNACE</u>	<u>15</u>

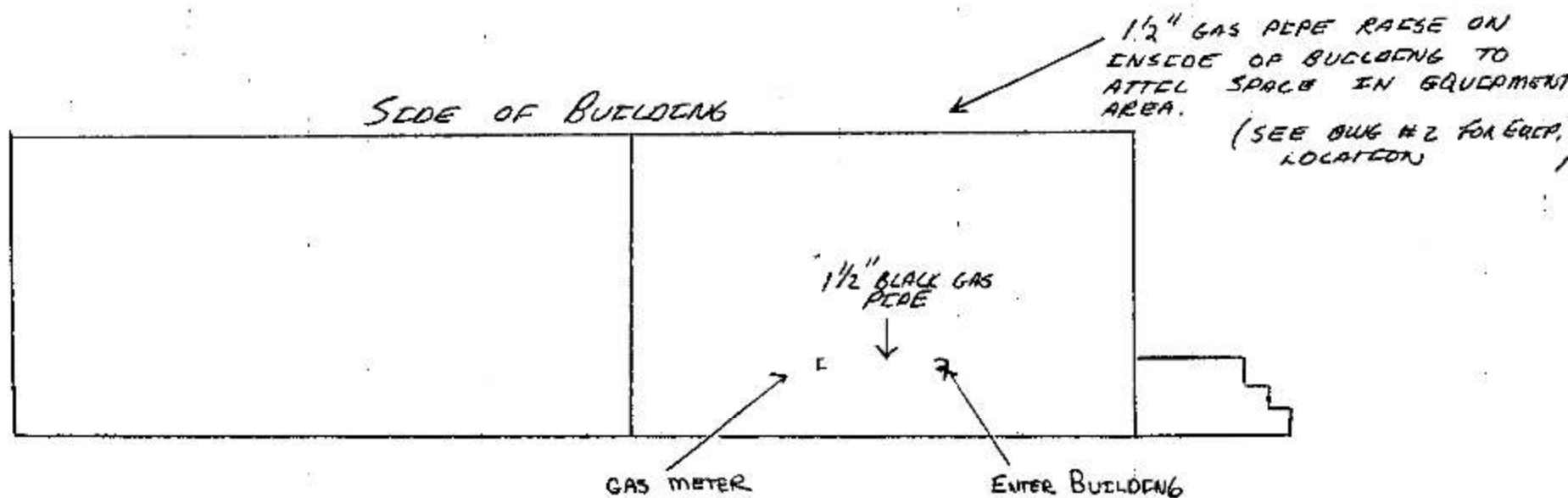
Administrative Surcharge \$ 45.-
Paid ☐ Check # _____ Minimum Fee \$ _____
DCA Training Fee \$ _____
Collected by: _____ TOTAL \$ _____

PLAN REVIEW AND INSPECTION — PLUMBING

JOB CONDITION/COMMENTS

DATE _____

FRIENDLY ICE CREAM SHOP.
741 BRECK BOULEVARD
BRECKTOWN, N.J 08723



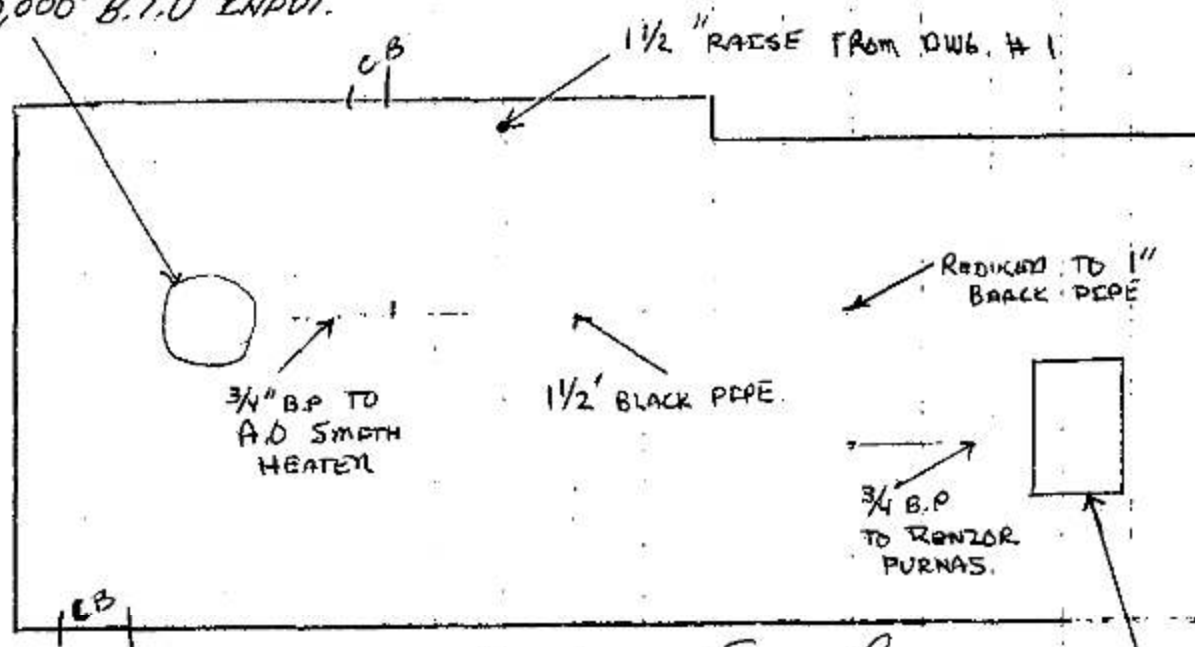
Plats for
around Unit

DWG. #1

[Signature] 5/21/93

HWH-120.000
HW 225.000

A.O SMITH Mod. BT-120M
120,000 B.T.U INPUT.



Artel & Equip. Room

REDUCED TO 1\"/>

3/4\"/>

RENZOR HX-225

225,000 B.T.U INPUT

FRIENDLY ICE CREAM SHOP,
741 BRECK BOULEVARD
BRECKTOWN, N.J 08723

D.W.G #2

5/2/93