

70K

# 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 Frank P. Britton Jr. Date 6/15/94

## 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.

( ) Check if contractor.

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

Address \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

OFFICE DATE RECEIVED: \_\_\_\_\_

| VIII. PRIOR APPROVALS CHECKLIST<br>(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 |                                                                                                                           |
| <input type="checkbox"/> Planning Board                       |                   |            |                   |            |                   |            |                   |            | <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> <b>IMPORTANT</b><br/> <b>A.H.B.T. - EXEMPT</b> </div> |
| <input type="checkbox"/> Zoning Board                         |                   |            |                   |            |                   |            |                   |            |                                                                                                                           |
| <input type="checkbox"/> Sewer Authority                      |                   |            |                   |            |                   |            |                   |            |                                                                                                                           |
| <input type="checkbox"/> Water Authority                      |                   |            |                   |            |                   |            |                   |            |                                                                                                                           |
| <input type="checkbox"/> Fire Department                      |                   |            |                   |            |                   |            |                   |            |                                                                                                                           |
| <input type="checkbox"/> Police Department                    |                   |            |                   |            |                   |            |                   |            |                                                                                                                           |
| <input type="checkbox"/> Health Department                    |                   |            |                   |            |                   |            |                   |            |                                                                                                                           |
| <input type="checkbox"/> Soil Conservation                    |                   |            |                   |            |                   |            |                   |            |                                                                                                                           |
| <input type="checkbox"/> N.J. Dept. of Community Affairs      |                   |            |                   |            |                   |            |                   |            |                                                                                                                           |
| <input type="checkbox"/> N.J. Department of Transportation    |                   |            |                   |            |                   |            |                   |            |                                                                                                                           |
| <input type="checkbox"/> N.J. Dept. of Environmental Protect. |                   |            |                   |            |                   |            |                   |            |                                                                                                                           |
| <input type="checkbox"/> Utility Dig No.                      |                   |            |                   |            |                   |            |                   |            |                                                                                                                           |
| <input checked="" type="checkbox"/> Other zoning              | JK                | 6/17/94    | ferce             |            |                   |            |                   |            |                                                                                                                           |
| <input type="checkbox"/>                                      |                   |            |                   |            |                   |            |                   |            |                                                                                                                           |
| <input type="checkbox"/>                                      |                   |            |                   |            |                   |            |                   |            |                                                                                                                           |

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

Name of Code &amp; Edition

Name of Code &amp; Edition

Building \_\_\_\_\_  
 Electrical \_\_\_\_\_  
 Plumbing \_\_\_\_\_  
 Fire Protection \_\_\_\_\_  
 Mechanical \_\_\_\_\_

Energy \_\_\_\_\_  
 Barrier Free \_\_\_\_\_  
 Flood Hazard \_\_\_\_\_  
 As Built Elevation Cert. \_\_\_\_\_  
 Other \_\_\_\_\_

Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## X. CERTIFICATES ISSUED (office use only)

DATE EXPIRED

|                                                             |           |       |       |
|-------------------------------------------------------------|-----------|-------|-------|
| <input type="checkbox"/> Temporary Certificate of Occupancy | No. _____ | _____ | _____ |
| <input type="checkbox"/> Temporary Certificate of Occupancy | No. _____ | _____ | _____ |
| <input type="checkbox"/> Continued Certificate of Occupancy | No. _____ | _____ | _____ |
| <input type="checkbox"/> Certificate of Occupancy           | No. _____ | _____ | _____ |
| <input type="checkbox"/> Certificate of Approval            | No. _____ | _____ | _____ |



# CONSTRUCTION PERMIT

Date Issued

6/24/94

Control #

Permit #

1610-94

IDENTIFICATION

Block

458.19

Lot

220 23

Work Site Location

492, 1/2 Ha Victoria Rd

Contractor

S. M. H. D.

Address

Owner in Fee

Address

Tele. ( )

Lic. No. or Bldrs. Reg. No.

Exp. Date

12/1/94

Federal Emp. No.

BLOCK

or Social Security No.

050 10

Whereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ OTHER☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

fence

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 \$

275.00

CONSTRUCTION OFFICIAL

C. Form F-170A

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

Building 8- 22 #

Plumbing BUILDING

Electrical C / D

Fire Protection TOTAL

Other CHECK

Other CHANGE

DCA Training Fee

Cert. of Occ. 06/24/94 5 0015A005

Other

Total 38-

Check No. # 3787

Cash

Collected By: J. J.



**BUILDING  
SUBCODE  
TECHNICAL SECTION**



Date Received  
Date Issued  
Control #  
Permit #

6/24/94  
1610-94

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

Block 958.19 Lot 22+23  
Work Site Location 493 Bella Vista Rd., Brick, NJ  
(Home)  
Owner in Fee Frank P. Hartten Jr. & Christina M. Hartten  
Address 493 Bella Vista Rd.  
Brick, NJ 08724  
Tele. [REDACTED]  
Contractor SCIF  
Address \_\_\_\_\_  
Tele. \_\_\_\_\_  
Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_ or Social Security No. \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW                                                                                  | Date    | Initial     | INSPECTIONS | Dates (Month/Day) | Initial  |
|----------------------------------------------------------------------------------------------|---------|-------------|-------------|-------------------|----------|
|                                                                                              |         |             | Type:       | Failure           | Approval |
| <input type="checkbox"/> No Plans Req.                                                       | 6/20/94 | [Signature] | Footing     |                   |          |
| <input type="checkbox"/> All                                                                 |         |             | Foundation  |                   |          |
| <input type="checkbox"/> Footing                                                             |         |             | Slab        |                   |          |
| <input type="checkbox"/> Foundation                                                          |         |             | Frame       |                   |          |
| <input type="checkbox"/> Frame                                                               |         |             | Insulation  |                   |          |
| <input type="checkbox"/> Other                                                               |         |             | Finishes:   |                   |          |
| Joint Plan Review Required:                                                                  |         |             | Energy      |                   |          |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire |         |             | Mechanical  |                   |          |
| SUBCODE APPROVAL                                                                             |         |             | TCO         |                   |          |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA         |         |             | Other       |                   |          |
| Date                                                                                         |         |             | Final       |                   |          |
| Approved By:                                                                                 |         |             |             |                   |          |

**B. BUILDING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_  
No. of Stories \_\_\_\_\_  
Height of Structure \_\_\_\_\_ Ft.  
Area—Largest Floor \_\_\_\_\_ Sq. Ft.  
Total Bldg. Area/All Floors \_\_\_\_\_ Sq. Ft.  
Volume of Structure \_\_\_\_\_ Cu. Ft.  
Total Land Area Disturbed \_\_\_\_\_ Sq. Ft.

Est. Cost of Bldg. Work:  
1. New Bldg. \$ \_\_\_\_\_  
2. Alteration \$ \_\_\_\_\_  
3. Total (1+2) \$ \_\_\_\_\_

**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**

6' Stockade Fence along  
side yard - ~~138'~~  
90'

**TYPE OF WORK:**

☐ New Building  
☐ Addition  
☐ Alteration  
☐ Roofing  
☐ Siding  
☐ Other \_\_\_\_\_  
☐ Demolition  
☐ Miscellaneous  
☒ Fence 6' Height  
☐ Sign \_\_\_\_\_ Sq. Ft.  
☐ Pool  
☐ Elevator  
☐ Asbestos Abatement  
☐ Other \_\_\_\_\_

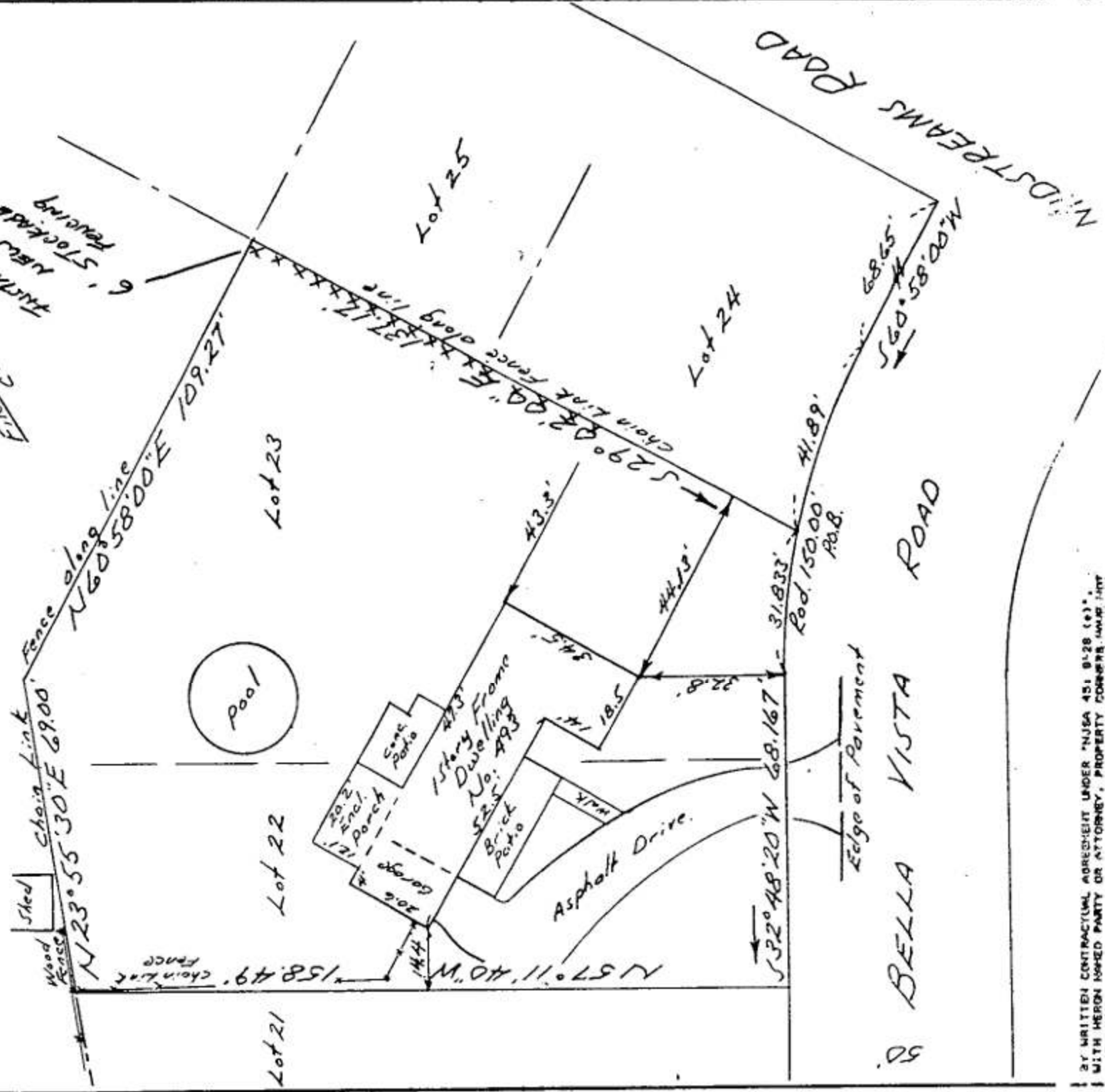
**(Office Use Only)  
FEE**

\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_  
Paid ☐ Check # \_\_\_\_\_ Minimum Fee \$ \_\_\_\_\_  
Collected by: \_\_\_\_\_ TOTAL FEE \$ \_\_\_\_\_



6/15/94 Sen King  
 fence



BY WRITTEN CONTRACTUAL AGREEMENT UNDER N.J.S.A. 45:1-2 (a) WITH HERON NAMED PARTY OR ATTORNEY, PROPERTY CORP. HAS THE

PREMISES SURVEYED FOR

**FRANK P. HARTTEN, JR.**  
 BRICK TOWNSHIP, OCEAN COUNTY, N.J.

SURVEYED October 29, 1991

SCALE 1" = 30'

Certified to Frank P. Hartten, Jr. and Christina M. Hartten, his wife,  
 Certified Mortgage Associates, its successors and/or assigns; Stewart  
 Title Guaranty Company, 21st Century Title Agency; Peter D. Kearns, Esq.

*Albert Morris, Pres.*