

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(f)1.ix:

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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. 5:23-2.15(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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 4144 Texas Rd LLC

Address 316 Tindal Rd

Morganville NJ 07751

Telephone 732 794-1500

Signature [Signature]

- III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

- IV. ☐ HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.



UNIFORM CONSTRUCTION CODE
NEW JERSEY

~~SECRET~~

Date Issued

Permit #

27

Qualification Code

Contractor 414 Texas Rd LLC

Address 316 Tennat Rd
Morgantown NT 07057

Tel. (732) 794-1500

Lic. No. or Bids. Reg. No.

☒ BUILDING	☐ PLUMBING	☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL	☒ FIRE PROTECTION	☐ DEMOLITION
☐ ELEVATOR DEVICES	☐ ASBESTOS ABATEMENT	☐ OTHER <u>Medium Cal</u>
(Subchapter 8 only)		

Tenant Fit out Unit 7
Bathroom & owner space

550

Date _____

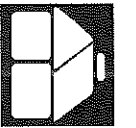
U.C.C. F170 (rev. 01/04)

Collected by

(see reverse side)



BUILDING SUBCODE TECHNICAL SECTION



Marlboro Township
Construction Dept.
1979 Township Drive, Marlboro Twp., NJ 07746
(732) 536-0200 X-1800

Date Received
Control #
Date Issued
Permit #

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

Block 414 Lot 21 Qualification Code 0751
Work Site Location Morganville NJ
Owner in Fee: 414 Texas Rd LLC
Tel. 732 794-1580 e-mail Gregorys@outlook.com
Address 414 Texas Rd Marlboro 07757
Contractor: 414 Texas Rd LLC municipality Tel. 732 794-1580 zip code
Address 316 Trent Rd e-mail Gregorys@outlook.com
Morganville NJ 07751
Contractor License No. or Builder Registration No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. FAX:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
			Type		Failure	Approval
☐ No Plans Required			Footings			
☐ All			Footings/Bonding			
☐ Footings/Foundations			Foundation			
☐ Structural/Framework			Slab			
☐ Exterior			Frame			
☐ Interior			Truss Sys./Bracing			
Joint Plan Review Required:			Barrier-Free			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation			
SUBCODE APPROVAL for PERMIT			Finishes -Base Layer			
Date:			Finishes -Final			
Approved by:			Energy			
SUBCODE APPROVAL for CERTIFICATE			Mechanical			
☐ CO ☐ CCO ☐ CA			TCO			
Date:			Other			
Approved by:			Final			
			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present 316 Proposed 213 Constr. Class Present 213 Proposed 213
No. of Stories 1 If Industrialized Building:
Height of Structure 30' ft. State Approved HUD
Area — Largest Floor 2316 sq. ft. Est. Cost of Bldg. Work:
New Bldg. Area/All Floors 2809 sq. ft. 1. New Bldg. \$ 10,000
Volume of New Structure cu. ft. 2. Rehabilitation \$
3. Total (1+2) \$ 10,000
Max. Live Load 5
Max. Occupancy Load 5

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.
Sign here: Gregorys

Print name here: Gregorys

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

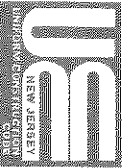
Tenant Fit out bluner space
BARBER
Unit #7

TYPE OF WORK:

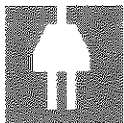
- ☐ New Building
- ☒ Addition
- ☒ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other BARBER
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge \$
Minimum Fee \$ 19
State Permit Surcharge Fee \$
TOTAL FEE \$ 469



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 146 Lot 27 Qualification Code WMT7A

Work Site Location 444 Texas Road

Owner in Fee 6088 Rogers

Tel. (732) 3638954 e-mail mlive@wire77@aol.com

Address 414 Texas Rd Municipality Marlboro ZIP code 07851

Contractor: Mikulka Group Tel. (732) 363-8954

Address 341 Route 539 Exp. Date 3/31/2027

Contractor License No. 08514 Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 15453

B. ELECTRICAL CHARACTERISTICS

Use Group 473851645 Proposed Temporary Other Other

Building Occupied as Office Utility Co. CONED

Est. Cost of Elec. Work \$ 15,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial -Underslab Utilities Approved

Date: 04-22-26 Approved by: [Signature]

Joint Plan Review Required:

☒ Plumb, ☐ Fire, ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 04-22-26

Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 04-22-26

Approved by: [Signature]

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding

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.

Applicant sign/Contractor sign and seal here:

Print name here: Peter Mikulka

Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Commercial Fit out; owner space

QTY SIZE ITEMS

21 12 34 3 43

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/With UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

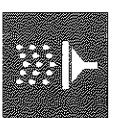
TOTAL FEE \$

Record at: ucc.allegamarketing.com • 609-390-1400

Allegria Marketing, Print & Mail • Manalapan, NJ



PLUMBING SUBCODE
TECHNICAL SECTION



Unit 74 213015
Marlboro Township Construction Dept
1979 Township Drive, Marlboro Twp, NJ 07746
(732) 536-0200 X-1800

Date Received
Control #
Date Issued
Permit #

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

Block 146 Lot 27 Qualification Code _____

Work Site Location 414 Texas Rd Mt Pleasant NJ Wif 7A

Owner in Fee: 414 Texas Rd LLC

Tel. 732 654 4605 e-mail GRACERS@netlan.com

Address 414 Texas Rd Mt Pleasant NJ

Contractor: Lin Hume Tel. 917 344 9337

Address 98 Tennet Rd Mt Pleasant NJ e-mail _____

Contractor License No. 19HC00554300 Exp. Date 6/28

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 3044036737 FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed _____

Building Sewer Size 4" Public Sewer _____ Private Septic ✓

Water Service Size 1" Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial - Under-slab Utilities Approved

Date: _____ Approved by: _____

☐ Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required: _____

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

SUBCODE APPROVAL for CERTIFICATE

☐ 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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: _____

Print name here: Bin Lin

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY. RTU / 14000 sq ft

FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrapp

Sewer Connection

Water Service Connection

Stacks

Other RTU

Administrative Surcharge \$

Minimum Fee \$

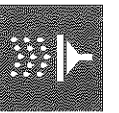
State Permit Surcharge Fee \$

TOTAL FEE \$

125



PLUMBING SUBCODE TECHNICAL SECTION



Unit 7

213015

Date Received
Control #
Date Issued
Permit #

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

Block 146 Lot 27 Qualification Code W177

Work Site Location 414 Texas Rd. N. Marlboro MA

Owner in Fee: 414 Texas Rd LLC e-mail GROVERS@wetlaun.com

Tel. 732 654 6605

Address 414 Texas Rd Municipality MARLBORO MA

Contractor: 356 Plumbing LLC Tel. 732 597-6699 e-mail 356plumbingllc@yahoo.com

Address 414 Texas Rd Municipality MARLBORO MA

Contractor License No. 9207 Exp. Date 6-17-08

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. _____ FAX: () _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size 4" Public Sewer 4" Private Septic V

Water Service Size 1" Public Water 1" Private Well _____

Est. Cost of Plumbing Work \$ 4500 15000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial -Under-slab Utilities Approved

Date: _____ Approved by: _____

☐ Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ 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 and perform the work listed on this application.

Applicant sign/Contractor

sign and seal here:

Print name here: BRANSON SEITZ GARDNER

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK 115 KILNITS TUIT - out of the spec

QTY. 1 FIXTURE/EQUIPMENT

Water Closet 20

Urinal/Bidet 20

Bath Tub 20

Lavatory 20

Shower 20

Floor Drain 20

Sink 20

Dishwasher 20

Drinking Fountain 20

Washing Machine 20

Hose Bibb 20

Water Heater 20

Fuel Oil Piping 20

Gas Piping 20

LP Gas Tank 20

Steam Boiler 20

Hot Water Boiler 20

Sewer Pump 20

Interceptor/Separator 20

Backflow Preventer 20

Greasetrap 20

Sewer Connection 20

Water Service Connection 20

Stacks 20

Other 20

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

175



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Marlboro Township
Construction Dept.
1979 Township Drive, Marlboro Twp., NJ 07746
(732) 536-0200 X-1800

Date Received
Control #
Date Issued
Permit #

213015

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

CONTRACTORS NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000

Block 146 Lot 27 Qualification Code _____

Work Site Location 414 Texas Rd

Owner in Fee: Morganville NJ 07751

Tel: 732 363,8994 Roses

e-mail: mlivewire77@aol.com

Address: 414 Texas Rd 07751

Contractor: Mikula Electric 07751 Tel: 732 363,8994

Address: Charm Ridge NJ 08544 e-mail: mlivewire77@aol.com

Fire Protection Equipment, NJ Div. of Fire Safety Permit No. _____

Fire Alarm Contractor No. 15453 Exp. Date 3/31/27

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 473,851,645 FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: F3 Proposed _____ Fuel Storage Tank: _____

Constr. Class: Present 2B Proposed _____ Fuel Type: [] Flammable or [] Combustible

Heating System: [] New or [] Modification to Existing Fire Alarm System: [] New or [] Existing

or [] Conversion or [] Replacement Location of Panel: _____

Fuel Type: [X] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System: _____

[] Other _____ Location of Main Control Valve: _____

Location: _____

Total Cost of Fire Protection Work \$ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW _____ INSPECTIONS _____ Dates (Month/Day) _____

[] No Plans Required _____ Alarm System _____ Failure _____ Approval _____ Initial _____

[] Partial - Underslab Utilities Approved _____ Suppression Sys. _____

Date: _____ Approved by: _____ Standpipe _____

[] Fire Protection Plans Approved _____ Fire Pump _____

Joint Plan Review Required: _____ Pre-Eng. System _____

[] Bldg. [] Elec. [] Plumb. [] Elev. _____ Mechanical _____

SUBCODE APPROVAL FOR PERMIT _____ Smoke Control _____

Date: _____ TCO _____

Approved by: _____ Flam/Combust Tanks _____

SUBCODE APPROVAL FOR CERTIFICATE _____ Fireplace Venting _____

[] CO [] CCO [] CA _____ Final _____

Date: _____ Other _____

U.C.C. F.140 (rev. 02/11) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

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.

Applicant/Contractor sign here:

Print name here:

Peter V. Mikula

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: _____

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

NUMBER

FEE (Office Use Only)

Flammable/Combustible Tanks

Alarm Systems

[] System [] 110V Interconnected

[] CO Detectors/110V

Alarm Devices (i.e., smoke, heat, pulls, water/flow)

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horns/strobes, bells)

Other Devices _____

TOTAL _____

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other _____

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances [X] Gas [] Oil [] Solid

Fireplace Venting/Metal Chimney

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

10
165