



## 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.

X Signature for Dolores Sullivan Mangano Mangano 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 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"/> Zoning Officer                       |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Planning Board                       |                   |            |                   |            |                   |            |                   |            |          |
| <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 type="checkbox"/>                                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                      |                   |            |                   |            |                   |            |                   |            |          |

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

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



# CONSTRUCTION PERMIT

Date Issued 3/1/96  
Control #  
Permit # 251-96

IDENTIFICATION Block 1192.14 Lot 17  
Work Site Location 35 Clay Circle Contractor Dura Play  
Owner in Fee Colonos G. Sullivan Address \_\_\_\_\_  
Address same Tele. ( ) \_\_\_\_\_  
Lic. No. or Bldrs. Reg. No. \_\_\_\_\_ Exp. Date 251-96  
Federal Emp. No. \_\_\_\_\_ or Social Security No. 17 1/2

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER  
☐ ELECTRICAL ☐ FIRE PROTECTION  
☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

new window

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 \$ 925-

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

1 WHITE - OFFICE 2 CANARY - TAX ASSESSOR 3 PINK - JACKET 4 GOLD - APPLICANT

| PAYMENTS (Office Use Only) RWV |                 |       |
|--------------------------------|-----------------|-------|
| Building                       | <u>30.-</u>     | 30.00 |
| Plumbing                       |                 | 1.00  |
| Electrical                     |                 | 20.00 |
| Fire Protection                |                 | 54.00 |
| Other                          | <u>Plan 3.-</u> | 54.00 |
| Other                          |                 | 0.00  |
| DCA Training Fee               | <u>1.-</u>      | 16.00 |
| Cert. of Occ.                  | <u>20.-</u>     |       |
| Other                          |                 |       |
| Total                          | <u>54.-</u>     |       |
| Check No.                      |                 |       |
| Cash                           |                 |       |
| Collected By:                  |                 |       |



Date Received  
Date Issued  
Control #  
Permit #

3-1-96  
251-96

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

Block 1192.14 Lot 14  
Work Site Location 35 Clay Circle  
Owner in Fee Dolores A. Sullivan  
Address 35 Clay Circle - Greenbriar  
Brick New Jersey 08224  
Tele [REDACTED]  
Contractor [REDACTED]  
Address \_\_\_\_\_  
Tele. (\_\_\_\_) \_\_\_\_\_  
Lic. No. or Bids. 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.                                                       |      |         | Footings    |                   |          |
| <input checked="" type="checkbox"/> All                                                      |      |         | Foundation  |                   |          |
| <input type="checkbox"/> Footings                                                            |      |         | Slab        |                   |          |
| <input type="checkbox"/> Foundation                                                          |      |         | Frame       |                   |          |
| <input type="checkbox"/> Other                                                               |      |         | Insulation  |                   |          |
| Joint Plan Review Required:                                                                  |      |         | Finishes:   |                   |          |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire |      |         | Energy      |                   |          |
| SUBCODE APPROVAL                                                                             |      |         | Mechanical  |                   |          |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO                                     |      |         | TCO         |                   |          |
| Date: _____                                                                                  |      |         | Other       |                   |          |
| Approved By: <u>[Signature]</u>                                                              |      |         | Final       |                   |          |

**B. BUILDING CHARACTERISTICS**

Use Group Present R-3 Proposed \_\_\_\_\_  
Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_  
No. of Stories \_\_\_\_\_  
Height of Structure \_\_\_\_\_ Ft.  
Area—Largest Floor \_\_\_\_\_ Sq. Ft.  
New Bldg. Area/All Floors \_\_\_\_\_ Sq. Ft.  
Volume of New 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 Margaret M. Malafonte Per D. A. Sullivan

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

2 windows on side facing yard



(Office Use Only)  
FEE

| TYPE OF WORK:                               | (Office Use Only)<br>FEE        |
|---------------------------------------------|---------------------------------|
| <input type="checkbox"/> New Building       | \$ _____                        |
| <input type="checkbox"/> Addition           | \$ _____                        |
| <input type="checkbox"/> Alteration         | \$ _____                        |
| <input type="checkbox"/> Roofing            | \$ _____                        |
| <input type="checkbox"/> Siding             | \$ _____                        |
| <input type="checkbox"/> Fence              | Height (6' or over)<br>\$ _____ |
| <input type="checkbox"/> Sign               | Sq. Ft.<br>\$ _____             |
| <input type="checkbox"/> Pool               | \$ _____                        |
| <input type="checkbox"/> Asbestos Abatement | \$ _____                        |
| <input type="checkbox"/> Other              | \$ _____                        |
| <input type="checkbox"/> Other              | \$ _____                        |
| <input type="checkbox"/> Demolition         | \$ _____                        |

|                                             |                          |          |
|---------------------------------------------|--------------------------|----------|
| Paid <input type="checkbox"/> Check # _____ | Administrative Surcharge | \$ _____ |
| Collected by: _____                         | Minimum Fee              | \$ _____ |
|                                             | DCA TRAINING FEE         | \$ _____ |
|                                             | TOTAL FEE                | \$ _____ |

Date: 11/11/95

Resident: DORCE-S SULLIVAN

Address: 35 CLAY CIRCLE

Block: 1192-14 Lot: 17

*Town Ship Permit  
Required*

Application to the Greenbriar Association for the purpose of  
one or several of the following to the dwelling or grounds.

1. Changes: \_\_\_\_\_

2. Renovations: INSTALLING 2 WINDOWS

APPROXIMATELY 32 X 50 EACH WINDOW

3. Other: \_\_\_\_\_

If a plan is submitted does it include:

1. Dimensions? \_\_\_\_\_

2. Material to be used? \_\_\_\_\_

3. Color (if applicable) - a sample must be submitted.

The above work will be done by: DURA PLEX

2061936 9

*Dorcas Sullivan*  
Applicant's Signature

*W. A. James* 11-15-95

# Dura-Plex, Inc.

(R&F)

## PROPOSAL AND CONTRACT

Date 1/27/96

- Vinyl Double Hungs
- Vinyl Bow & Bays
- Mahogany Bays & Bows

- Porch Enclosures
- All Types of Doors
- Decks

- Vinyl Siding
- Trim Work
- Roofs

Show Room: 1881 West Route 88 • Brick, New Jersey 08724 • (908) 458-4061 • (908) 577-0733 • (908) 671-3232 • (908) 774-3888

|                                |                         |
|--------------------------------|-------------------------|
| Proposal Submitted To          | Work To Be Performed At |
| Name <u>Mrs D Sullivan</u>     | Street _____            |
| Street <u>35 Clay Circle</u>   | City _____              |
| City <u>Green Brook I Boro</u> | Phone _____             |
| Phone _____                    | Supt. _____             |

We hereby propose to furnish all the materials and perform all the labor necessary for completion as follows:

DELUXE & INSTALL 1 WHITE FUSION WELDED VINYL TRIM  
CASEMENT WINDOW IN DINING ROOM WITH 1/2" INSULATION GLASS  
LOCKS, MULTIPINT ARM / LEVER LATCH, PAIR SCREEN WITH  
MFG WARRANTY, 15 YEAR GUARANTEE ON GLASS & PRODUCT. CAT OPERATE  
AND 18" HINGE. INSIDE COLONIAL TRIM WITH 3" SPACER & TOP & BOTTOM FINISH AND INSULATION. CAT OPERATE  
AND 18" HINGE.

ID = 22-3082296

All material is guaranteed to be as specified, and the above work to be performed and completed in a workmanlike manner for the sum of (\$ 925 ), 20% Deposit (\$ 300 ), Balance (\$ 625 )

|                          |                            |               |       |
|--------------------------|----------------------------|---------------|-------|
| Upon Start of Job        | <u>4271-3820-7191-2477</u> | \$ _____      | (35%) |
| Upon One Half Completion | <u>4/97 Visa</u>           | \$ _____      | (35%) |
| Upon Completion          | <u>DOLores A Sullivan</u>  | \$ <u>625</u> | (10%) |

1. BUYER HAS THE RIGHT TO HOLD BACK, BUT NOT TO EXCEED THE VALUE OF ANY ITEM SPECIFIED ABOVE, THAT IS NOT COMPLETED.
2. CONTRACTOR ASSUMES NO RESPONSIBILITY FOR SECURING PERMIT OR OTHER AUTHORIZATION TO DO THE WORK.
3. Buyer warrants and represents that no person has promised or offered to pay, credit or allow to buyer any compensation or reward for the procurement of a home installment contract with others as an inducement to enter into this Contract; nor has any person offered, delivered, paid, credited or allowed to Buyer any gift, bonus, award, merchandise, trading stamps or cash loans as an inducement to enter into this Contract.
4. This Contract contains the entire agreement between the parties hereto. Buyer agrees that no representations, promises or warranties, expressed or implied, have been made to the Buyer with respect to the goods and services covered by this Contract, except as contained herein and that no modification or alteration of this Contract shall be binding, unless endorsed hereon in writing by the parties hereto.
5. This Contract may be rescinded by the Buyer not later than 5:00 p.m. on the third day following the date thereof by giving written notice of the rescission to the contractor at his place of business given in this Contract, but if the Buyer rescinds after 5:00 p.m. on the third day following, Buyer is still responsible for any expense incurred.
6. If any of the provisions of the within Contract shall contravene, or be invalid under the laws of the State of New Jersey, such contravention or invalidity shall not invalidate the entire Contract, but it shall be construed as if not containing the particular provision or provisions held to be invalid, and the rights and obligations of the parties shall be construed and enforced accordingly.
7. CONTRACTOR WARRANTS ALL LABOR SUBJECT TO THE CONTRACT FOR A PERIOD OF ONE YEAR. AFTER ONE YEAR, THERE IS A LABOR CHARGE AT A NOMINAL FEE.
8. BUYER IS RESPONSIBLE FOR ALL LEGAL FEES OF CONTRACTOR IF IT BECOMES NECESSARY FOR LITIGATION DUE TO NON PAYMENT.
9. WE, THE AFORESAID BUYERS, CERTIFY THAT IMMEDIATELY AFTER THE SIGNING OF THE AFORESAID AGREEMENT, A COMPLETELY EXECUTED COPY WAS FURNISHED TO US.

The above prices, specifications and conditions are

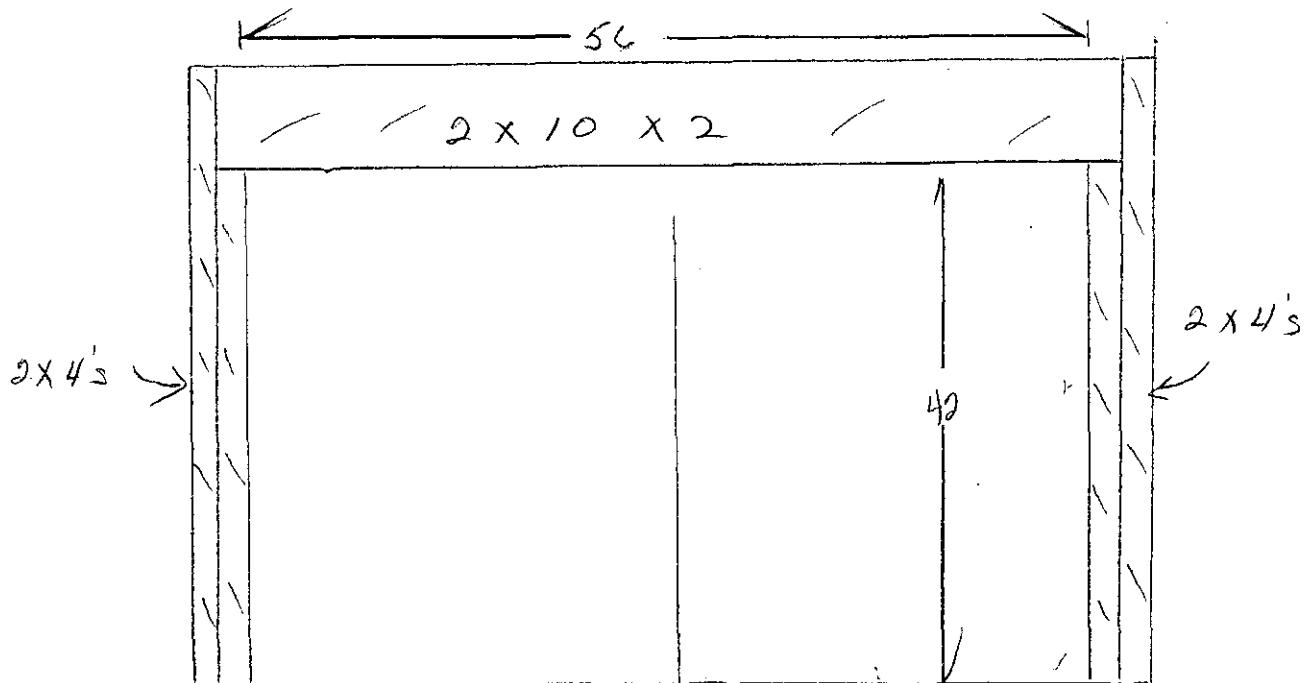
Buyer

[Signature]



Window & Siding  
Specialist

RE: Sullivan  
35 Clay Cr.  
Brick, N.J.



Twin Casement

3/1/94  
NJ

1/681  
1/204

West Route 88, Brick, New Jersey 08724 • (201) 458-4061

# BOCA® PLAN REVIEW RECORD

Valuation: \_\_\_\_\_

Plan Review # \_\_\_\_\_

Fee: \_\_\_\_\_

**NATIONAL BUILDING CODE**  
(All Articles except 24, 28, 29, 30, 31 and 32)

Date \_\_\_\_\_

**JURISDICTION** \_\_\_\_\_  
(City, County, Township, etc.)

**BUILDING LOCATION** 35 CLAY CIR  
(Street address)

**BUILDING DESCRIPTION** \_\_\_\_\_

**REVIEWED BY** \_\_\_\_\_

Numerals indicated in parenthesis are applicable code sections of the 1987 BOCA National Building Code.

## CORRECTION LIST

| No. | DESCRIPTION                         | Code Section |
|-----|-------------------------------------|--------------|
|     | <i>No PLAN</i>                      |              |
|     | <i>called 2/14 spoke to</i>         |              |
|     | <i>homeowner - will submit plan</i> |              |
|     | <i>✓</i>                            |              |
|     |                                     |              |
|     |                                     |              |
|     |                                     |              |
|     |                                     |              |
|     |                                     |              |
|     |                                     |              |
|     |                                     |              |
|     |                                     |              |
|     |                                     |              |

The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. Copyright, 1987, Building Officials and Code Administrators International, Inc. Reproduction by any means is prohibited. BOCA® is a trademark of Building Officials and Code Administrators International, Inc., and is registered in the U.S. Patent and Trademark Office. NOTE: In order that we might develop other programs and provide additional services of benefit to the Code Administration profession, please re-order additional copies of this form from:



**BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.**  
**4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795**

THIS AGREEMENT entered into by and between THE GREENBRIAR ASSOCIATION, hereinafter referred to as the Party of the First Part- ASSOCIATION: and hereinafter referred to as the Party of the Second Part - Applicant:

WITNESSETH: WHEREAS under the terms of the covenants and restrictions, by-laws, rules and regulations of The Greenbriar Association, an Architectural Control Committee is charged with the responsibility of reviewing requests for alterations, additions, to any dwelling or its grounds, in the development known as Greenbriar, and subject to the approval of The Association; and

WHEREAS all members of said Association have by their deeds and the adoption of the By-Laws and Rules and Regulations agreed to abide by the recommendation of the Architectural Control Committee and are required to make application and obtain said approval prior to commencing any alterations, changes, renovations and repairs, etc.:

NOW, THEREFORE, in consideration of the sum of One (\$1.00) Dollar in hand paid by each party unto the other, receipt whereof is hereby acknowledged, and for the further mutual promises and covenants contained herein, it is represented and agreed as follows:

1. The Applicant is the owner of a house and lot in the development known as Greenbriar in Brick Township, New Jersey, known as Block \_\_\_\_\_ Lot \_\_\_\_\_.

2. The Applicant has made an application to Greenbriar Association, in accordance with the covenants and restrictions and by-laws to make certain alterations, changes, etc., to said dwelling unit or grounds, as more particularly described on Exhibit A attached hereto and made a part hereof.

3. Under the terms of the Deed and covenants and restrictions and by-laws and rules and regulations of Greenbriar Association, member may not make any alteration or change, etc., to the premises without the prior written consent of the Greenbriar Association.

4. After due inspection and examination of the plans attached hereto, the Association, accepts its Architectural Control Committee's recommendation and grants its consent to the alterations and changes, etc., requested herein on condition that the applicant agrees to maintain the alterations in a manner satisfactory to the Committee, including the removal of two feet of sod or grass around the entire structure, and at the sole expense of the applicant.

5. The Greenbriar Association's consent to the alteration or addition requested in this application does not in any manner relieve the herein named applicant from abiding by the Brick Township Zoning Ordinance or Building Code which apply to Block \_\_\_\_\_ Lot \_\_\_\_\_.

6. Excavation, digging, shrubbery removal, sprinkler system relocation, or any other areas affected or disturbed shall be the sole responsibility of the applicant. A \$50.00 deposit shall be posted to guarantee removal of excess concrete and clean up of debris from the development. Any drainage problem created shall be corrected by the applicant at his expense.

7. Porch enclosures shall be aluminum in accordance with the specifications of the Aluminum Mfrs. Association or the B.O.C.A. Code. The Panelcraft or equal aluminum roof shall tie in under the present roof line.

8. This approval shall not be construed, nor is it the intent of the Board of Trustees to give license or establish any precedent for any other homeowner to construct or make any architectural changes.

9. In the event any of the work contemplated, involves entry to or passage across any Association property, then the contractor or sub-contractor performing the work shall provide Certificate of Insurance naming the Greenbriar Association and Board of Trustees in amounts satisfactory to the Board failing which, the applicant shall save harmless the Greenbriar Association and the Board of Trustees.

The Association assumes no responsibility, written or implied, for applicant's confirmation or non-conformation to said Zoning Ordinance or Building Code. Abidance by the Zoning Ordinance and Building Code and the securing of the necessary Brick Township Building Permits is the sole responsibility of the herein named applicant.

NOW, therefore be it resolved on this 20 day of November 1995 at a meeting of the Board of Trustees of the Greenbriar Association on motion duly made and passed that said application is approved as submitted subject to the following.

IN WITNESS WHEREOF said parties have hereunto set their hands and seals or caused these presents to be signed by its proper corporate officers and affixed its corporate seal hereto the day and year first above written.

SECRETARY

ACCEPTED

L. Valentin

Rocio La Salvia

THE GREENBRIAR ASSOCIATION

BY

PRESIDENT

APPLICANT