

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 Margaret Muncie Date 12/2/99

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

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 12/02/99
Control #
Permit # 99-4481

IDENTIFICATION Block 27 Lot 14-17 Qual
Work Site Location 1651 FORGE POND RD
DEMO HOUSE
Owner in Fee MUNCH, ROBERT
Address 2146 VILLAGE RD
SEA GIRT, NJ 08750-
Telephone
Contractor H O H E O W N E R
Address
Telephone ()
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. HO-

I am hereby granted permission to perform the following work:

[X] BUILDING [] PLUMBING [] LEAD HAZARD ABATEMENT
[] ELECTRICAL [] FIRE PROTECTION [X] DEMOLITION
[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
HOUSE DEMO

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 \$ 9,000

Construction Official
Date 12/02/99

O.C.C. #170 (rev. 3/96)

PAYMENTS (Office Use Only)
Building 50
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
ICA Training Fee 0
Cert. of Occupancy 0
Other
Total 50
Check No. 1081
Cash
Collected By CS

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 12/02/99
Date Issued 12/02/99
Control #
Permit # 99-4481

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

Block 27 Lot 14-17 Quad
Work Site Location 1651 FORGE POND RD

DEMO HOUSE

Owner in Fee MUNCH, ROBERT

Address 2146 VILLAGE RD

SRA GRP. NJ 08750-

Contractor [REDACTED]

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

Date: 12-29-99

Approved By: [Signature]

INSPECTIONS	Dates (Month/Day)	Initial
Type	Failure	Approval
☐ Footing		
☐ Foundation		
☐ Slab		
☐ Frame		
☐ BarrierFree		
☐ Insulation		
☐ Finishes		
☐ Energy		
☐ Mechanical		
☐ TCO		
☐ Other		
☐ Final		
☐ BarrierFree		

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

HOUSE DEMO

TYPE OF WORK

☐ New Building

☐ Addition

☐ Alteration

☐ Roofing

☐ Siding

☐ Fence 0 Height (exceeds 6')

☐ Sign 0 Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5.17

☐ Other

☒ Demolition

FEE (Office Use Only)

0

0

0

0

0

0

0

0

0

0

0

50

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

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 \$ 9,000

3. Total (1+2) \$ 9,000

Industrialized Building:

☐ State Approved

☐ HUD

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA Training Fee

U.C.C. F110 (rev. 3/96)

H & D ROSETTO INC.

211 NORTH OCEAN AVE
SEASIDE PARK NJ 08752
732-270-3262

Invoice

DATE	INVOICE #
12/19/1999	10006

BILL TO
Trend Homes 2133 Bridge Ave Point Pleasant NJ 08742

P.O. NO.	TERMS	PROJECT
	Due on receipt	

DESCRIPTION	AMOUNT
ROLL OFF CONTAINER SIZE: 30 YARDS: 12-13-99 SITE: FORGE POND RD, BRICK	175.00
DUMPING FEES	207.53
12/19/99 #420	
Total \$382.53	

(732) 367-9333

INVOICE

Ocean Carting
P.O. Box 357
Lakewood, N.J. 08701

37669

Trend Homes
Bridge Ave
R. Pleasant, NJ 08742

12-15 1999

NET TEN DAYS

..... open roll-off container @ 10 cubic yards
..... open roll-off containers @ 13 cubic yards
1 open roll-off container @ 20 cubic yards
2 open roll-off containers @ 30 cubic yards
..... compactor roll-off containers @
One open roll-off containers **SPECIAL HANDLING ONLY**
priced @ 290 per container
..... miscellaneous
..... open roll-off container
..... compactor roll-off container
..... open roll-off container special handling
..... special provisions

708 16
653 78
599 97

290 -

Forge Pond, Buck

Please
Remit

Trucking Fee/Load
Contingency Tax/Ton .50
Closure Escrow Tax/Ton 1.00
SWS Tax/Ton 1.15
Host Community/Ton 4.50
Dumping Fee 55.78
E.H. Tax .29

Invoice # 37618

Current Charges
Past Balance Due
TOTAL AMOUNT DUE

12/21/99
#419

2251 91

~~2782 83~~

5034 74

**NEW JERSEY NATURAL GAS COMPANY***People and Resources Dedicated to Service*

November 30, 1999

Margie Munch
2146 Village Road
Seagirt, NJ 08750

RE: 1651 Forge Pond Road - Brick

Dear Margie Munch,

Per your request, New Jersey Natural Gas Company has investigated the above referenced property for the presence of natural gas facilities. The facilities (if any) have been permanently retired at the main, which may be in the road or behind the curb.

*****IMPORTANT*****

PLEASE READ CAREFULLY

SHOULD YOU REQUIRE GAS SERVICE RESTORED, PLEASE FOLLOW THE DIRECTIONS BELOW:

1. Call 1-800-221-0051, a minimum of 6 weeks prior to the estimated reconnection date. This is necessary for us to obtain permits required to restore your service.
2. When you call, ask to speak to a **MARKETING REPRESENTATIVE**, who will assist you to have a new gas service line run.
3. Please be advised that the new service line must be installed according to the current company installation standards.

NEW JERSEY NATURAL GAS COMPANY
1420 Wyckoff Road
Wall, New Jersey 07719

c. R. Gallo
File - Operations Dept.
FAX: 864-0795

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
FAX# 732-458-5378
PHONE 732-458-7000

11/23/1999

CLERK MC

MUNCH, ROBERT & MARGARET
2146 VILLAGE ROAD
SEA GIRT, NJ 08750-9999

ROUTE 020 ACCOUNT L345600
BLOCK- 834- LOT-14-
S/L-1651 FORGE POND RD.

SUBJECT: BUILDING TO BE DEMOLISHED AND RECONSTRUCTED

DEAR CUSTOMER,

THIS IS TO CERTIFY THAT THE WATER AND SEWER SERVICE AT THE SUBJECT
PROPERTY HAS BEEN TERMINATED AND THE WATER METERING SYSTEM HAS
BEEN REMOVED.

IF FURTHER INFORMATION IS REQUIRED, PLEASE CONTACT THE UNDERSIGNED.

RESPECTFULLY YOURS,



MAUREEN COLLIER
CUSTOMER ACCOUNTS REPRESENTATIVE

LTR115



417 New Jersey Avenue
Point Pleasant Beach, NJ 08742

November 9, 1999

Marg Munch
2146 Village Rd
Sea Girt, NJ 08750

Dear Ms. Munch:

This letter confirms that GPU ENERGY has performed a field inspection of the building listed below and determined that our electric service cables and meters have been removed.

1651 Forge Pond Rd
Brick, NJ 08724

This notification is effective as of the above date, and certifies the referenced building is now electrically safe for demolition.

Sincerely,

Marylyn Blake/ms
Marylyn Blake
Project Leader

MB/ms

demoltr.pf1

Applicable to Ordinance 728-92

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

TOWNSHIP OF BRICK

11651 Forge Pond Rd.

Work Site Address

27

Block

14-17

Lot

Robert & Margaret Munch

Owner's Name, Address, Phone

Robert & Margaret Munch

Contractor's Name, Address, Phone

Construction Single-family Home

Describe type (Single-family home, etc.)

Demolition Structure

Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material 80 cubic yards

Name, address and phone of party responsible for removal of debris:

Ocean Carting, P.O. Box 357, Lakewood, NJ 08701

Size of dumpster: 30 yards

Destination of discarded debris: Ocean County Landfill

Hauler's DEP Permit No.: 0187

****Note:** Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

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 or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

Margaret Munch

Printed/Typed Name

Margaret Munch

Signature

12/2/99

Date

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached?

Certified tipping receipts attached?

****Note:** Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:

1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: 1651 Forge Road Road	Date Rec'd.: _____
Block: 27	Lot: 14, 15, 16, 17
Owner in Fee: Robert & Margaret Munch	Date Issued: _____
Address: 2146 Village Rd.	Control #: _____
Sea Girt, NJ 08750	Permit #: _____
State: NJ	Zip: 08750
Phone: _____	Provide only if Applicant is owner
SS: _____	

PLUMBING SUBCODE	BUILDING SUBCODE
CONTRACTOR:	CONTRACTOR: Robert & Margaret Munch
ADDRESS:	ADDRESS: 2146 Village Rd Sea Girt, NJ 08750
PHONE:	PHONE: _____
LIC. #:	LIC. #: none
LIC. EXPIRATION DATE:	LIC. EXPIRATION DATE: none
FEDERAL EMP. # (or S.S. #):	FEDERAL EMP. # (or S.S. #): _____
TECHNICAL SITE DATA (LIST ALL FIXTURES)	TECHNICAL SITE DATA
NO. FIXTURE/EQUIPMENT	DESCRIPTION OF WORK:
Water Closet	Demolition of existing Fire damaged house, First Floor, Deck, & Basement & Garage.
Urinal / Bidet	
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bibb	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor / Separator	
Backflow Preventer	
Greasetrap	
Water Cooled AC or Refrig. Unit	
Sewer Connection	
Septic (Disposal System) Closure	
Water Service Connection	
Gas Service Connection	
Active Solar System	
Vent Through Roof	
Other	
Estimated Cost of Plumbing Work: \$	TYPE OF WORK
Signature:	☐ New Building
Owner ☐ Contractor ☐	☐ Addition ☐ Fence: Height (6' or More)
SUBCODE APPROVAL:	☐ Alteration ☐ Sign: Sq. Ft.
PLANS: Required ☐ Approved ☐	☐ Roofing ☐ Pool (In Ground)
Approved by: _____	☐ Siding ☐ Pool (Above Ground)
Date: _____	☐ Other: ☐ Asbestos Abatement
CONTRACTOR AFFIX SEAL:	☐ Other: ☒ Demolition
	BUILDING CHARACTERISTICS
	USE GROUP R-3 Present: _____ Proposed: _____
	CONSTR. CLASS _____ Present: _____ Proposed: _____
	No. of Stories: 1
	Height of Structure: 9 ft.
	Area - Largest Floor: _____
	New Building Area / All Floors: _____
	Volume of Structure: _____ Total Land Disturbed: _____
	Signature: Margaret Munch
	Estimated Cost of Building Work: 9,000.00
	New Building (1): \$
	Alteration (2): \$
	TOTAL (1+2): \$
	SUBCODE APPROVAL:
	PLANS: Required ☐ Approved ☐
	Approved by: _____
	Date: _____

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE	FIRE PROTECTION SUBCODE																																	
CONTRACTOR: _____	CONTRACTOR: _____																																	
ADDRESS: _____	ADDRESS: _____																																	
PHONE: _____	PHONE: _____																																	
LIC. #: _____ EXP. DATE: _____	LIC. #: _____ EXP. DATE: _____																																	
FEDERAL EMPL. # (or S.S. #): _____	FEDERAL EMPL. # (or S.S. #): _____																																	
TECHNICAL DATA (LIST ALL FIXTURES)	TECHNICAL DATA (DESCRIPTION OF WORK)																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;">DESCRIPTION</th> <th style="width:10%;">QTY</th> <th style="width:20%;">SIZE</th> </tr> </thead> <tbody> <tr><td>ITEMS</td><td></td><td></td></tr> <tr><td>Lighting Fixtures</td><td></td><td></td></tr> <tr><td>Receptacles</td><td></td><td></td></tr> <tr><td>Switches</td><td></td><td></td></tr> <tr><td>Detectors</td><td></td><td></td></tr> <tr><td>Light Poles</td><td></td><td></td></tr> <tr><td>Motors - Fract. HP</td><td></td><td></td></tr> <tr><td>Emergency & Exit Lights</td><td></td><td></td></tr> <tr><td>Communications Points</td><td></td><td></td></tr> <tr><td>Alarm Devices/E.A.C. Panel</td><td></td><td></td></tr> </tbody> </table>	DESCRIPTION	QTY	SIZE	ITEMS			Lighting Fixtures			Receptacles			Switches			Detectors			Light Poles			Motors - Fract. HP			Emergency & Exit Lights			Communications Points			Alarm Devices/E.A.C. Panel			Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar Heating Sys: ☐ New ☐ Existing Location of Furnace / Boiler _____
DESCRIPTION	QTY	SIZE																																
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TOTAL NUMBERS																																		
Pool Permit w/UW Lights	Water Supply Source																																	
Storable Pool/Spa/Hot Tub	Method of Valve Supervision																																	
KW Elec. Range / Receptacle KW	Local Alarm Supervision																																	
KW Oven / Surface Unit KW	Central Supervision																																	
KW Elec. Water Heater KW	Proprietary Supervision																																	
KW Elec. Dryer / Receptacle KW																																		
KW Dishwasher KW	Flammable Liquid Storage Tanks Capacity: Fuel:																																	
HP Garbage Disposal HP	Combustible Liquid Storage Tanks Capacity: Fuel:																																	
KW Central A/C Unit KW	L.G.P. Storage Tanks Capacity: Fuel:																																	
HP/KW Space Heater/Air Handler HP/KW																																		
KW Baseboard Heat KW	DESCRIPTION NUMBER																																	
HP Motors 1/+ HP HP	Wet Sprinkler Heads																																	
KW Transformer/Generator KW	Dry Sprinkler Heads																																	
AMP Service AMP	Total																																	
AMP Subpanels AMP																																		
AMP Motor Control Center AMP	Smoke Detectors																																	
AMP Elec. Sign/Outline Light KW	Heat Detectors																																	
Other	Total																																	
Other																																		
Other	Stand Pipes																																	
Other	Kitchen Hood Exhaust Systems																																	
Estimated Cost of Electrical Work: \$																																		
Signature (print name):	Pre-Engineered Systems																																	
Estimated Cost of Electrical Work: \$	Co2 Suppression																																	
Signature (print name):	Halon Suppression																																	
Owner ☐ Contractor ☐	Foam Suppression																																	
SUBCODE APPROVAL:	Dry Chemical																																	
PLANS: Required ☐ Approved ☐	Wet Chemical																																	
Approved by: _____																																		
Date: _____	Gas or Oil Fired Appliance																																	
	Other																																	
CONTRACTOR AFFIX SEAL:	Other																																	
	Estimated Cost of Fire Protection Work: \$																																	
	Signature: _____																																	
	Owner ☐ Contractor ☐																																	
	SUBCODE APPROVAL:																																	
	PLANS: Required ☐ Approved ☐																																	
	Approved by: _____																																	
	Date: _____																																	