

LDS BR 10314787

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 _____

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. 5:32-2.15(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 Robert Walczyk

Address 52 Redwing Ave

Brid

Telephone (732) 923-1938

Signature R Walczyk

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

Building _____
 Electrical _____
 Plumbing _____
 Fire Protection _____
 Mechanical _____

Energy _____
 Barrier Free _____
 Flood Hazard _____
 As Built Elevation Cert. _____
 Other _____

Other _____

X. CERTIFICATES ISSUED (office use only)

	No.	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

0978*# 0.00
00010**
LOT 2 # 0.00
BUILDING 48.00
D.C.A. 1.00
TOTAL 49.00
CHECK 49.00
CHANGE 0.00
0027A005 13:35

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 04/05/2000
Control #
Permit # 00-0978

IDENTIFICATION Block 381.39 Lot 2 Q#1

Work Site Location 087 COURTHIRE DR
RE ROOF

Owner in Fee HERDER

Address SAME

BRICK, NJ 08723-

Telephone

Contractor SHORELINE HOME MAINT

Address 52 REDWING AVE

BRICK, NJ 08723-

Telephone (732)920-7438

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

RE ROOF

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 \$ 1,500

Construction Official

04/05/2000

Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building 48
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA Training Fee 1
Cert. of Occupancy 0
Other
Total 49
Check No. 1146
Cash
Collected By LRT

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/05/2000
Date Issued 04/05/2000
Control #
Permit # 00-0978

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

Block 381.39 Lot 2 Qual
Work Site Location 067 COURTYSHIRE DR
RE ROOF

Owner in Fee HEADER
Address SAME
BRICK, NJ 08723-

Tel. [REDACTED]
Contractor SHORELINE HOME MAINT
Address 52 REDWING AVE
BRICK, NJ 08723-

Tele. (732) 920-7438 Fax ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Type	Failure Failure Approval Initial
☐ All			Footings	
☐ Footing			Foundation	
☐ Foundation			Slab	
☐ Frame			Frame	
☐ Other			BarrierFree	
Joint Plan Review Required:			Insulation	
☐ Elect	☐ Plumb	☐ Fire	Finishes	
SUBCODE APPROVAL			Energy	
☐ CO	☐ CCO	☐ CA	Mechanical	
Date: 1-17-02			TCO	
Approved By: JEM			Other	
			Final	
			BarrierFree	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	2-3	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed		1. New Bldg. \$ 0
No. of Stories			0	2. Alteration \$ 1,500
Height of Structure			0 Ft.	3. Total (1+2) \$ 1,500
Area Largest Floor			0 Sq. Ft.	
New Bldg. Area/All Floors			0 Sq. Ft.	Industrialized Building:
Volume of New Structure			0 Cu. Ft.	☐ State Approved
Total Land Area Disturbed			0 Sq. Ft.	☐ HUD

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

RE ROOF

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	\$ 0
☐ Addition	0
☒ Alteration	48
☐ Roofing	0
☐ Siding	0
☐ Fence 0 Height (exceeds 6')	0
☐ Sign 0 Sq. Ft.	0
☐ Pool	0
☐ Asbestos Abatement Subchapter 8	0
☐ Lead Haz. Abatement NJAC 5:27	0
☐ Other	0
Other	0
☐ Demolition	0

Administrative Surcharge	\$ 0
Paid ☐ Check #	Minimum Fee \$ 0
Collected by:	TOTAL FEE \$ 48
	DCA Training Fee \$ 1



Lions Head

ASSOCIATION NORTH

200 Courtshire Drive, Brick, NJ 08723

ADMINISTRATOR (908) 920-9409

April 3, 2000

Charles Herder
187 Courtshire Dr
Brick, NJ 08723

Dear Mr. Herder;

Please be advised that your request for a new roof has been reviewed by the Control Committee and approved. The approved colors are silver grey or white.

You and your contractor are responsible for the removal of all construction debris upon completion of the job.

We have enclosed copies of this letter for the contractor and the Brick Township Building Department.

Very truly yours;

Rocco Sottarelli, Administrator

Site Location: _____
Block: _____ Lot: _____
Owner's Name: _____
Owner's Mailing Address: _____
Phone: () _____

BUILDING

Contractor: R. W. WICKLEY
Address: 52 Redwing Ave
Rock Hill, SC
Phone #: 732 920 7438
Lic # [REDACTED]
Federal Emp # or SSN _____

Technical

Description of Work: Reroof

ELECTRICAL

Contractor: _____
Address: _____
Phone #: _____
Lic #: _____
Federal Emp # or SSN _____

Item	Technical Data	Quantity
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Lighting Fixtures	_____	_____
Receptacles	_____	_____
Switches	_____	_____
Detectors	_____	_____
Light Poles	_____	_____
Motors w/ Fract. HP	_____	_____
Emergency & Exit Lights	_____	_____
Communication Points	_____	_____
Alarm Devices/FAC Panel	_____	_____
Total	_____	_____

Type of Work

_____ New Building	_____ Siding	_____ sq ft
_____ Addition	_____ Fence	_____
_____ Alteration	_____ Pool	_____
☒ Roofing	_____ Demolition	_____
_____ Asbestos Abatement	_____ Sign	_____

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Building: _____
Volume of Structure: _____
Total Land Disturbed: _____

Cost of Alteration: 1500.00
Cost of New Building: _____

Total Cost of Building Work: Water

Pool	_____	_____
Spa/Hot Tub/Storable Pool	_____	_____ KW
Electric Range	_____	_____ KW
Oven/Surface Unit	_____	_____ KW
Electric Water Heater	_____	_____ KW
Electric Dryer	_____	_____ KW
Dishwasher	_____	_____ KW
Garbage Disposal	_____	_____ HP
A/C Unit—Central Air	_____	_____ KW
Space Heater/Air Handler	_____	_____ KW
Baseboard Heating	_____	_____ KW
Motors 1+ HP	_____	_____ KW
Transformer/Generator	_____	_____ AMP
Light Stander	_____	_____ AMP
Service	_____	_____ AMP
Subpanel	_____	_____ AMP
Motor Control Center	_____	_____ AMP
Sign/Outline Light	_____	_____ KW
Furnace	_____	_____
Steam Boiler	_____	_____
Other:	_____	_____

Estimated Cost of Electrical Work: _____

Contractor: _____
Address: _____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets	_____
Urinals/Bidets	_____
Bath Tub	_____
Lavatory	_____
Shower	_____
Floor Drain	_____
Sink	_____
Dishwasher	_____
Drinking Fountain	_____
Washing Machine	_____
Hose Bib	_____
Gas Piping	_____
Fuel Oil Piping	_____
Water Heater	_____
Steam Boiler	_____
Hot Water Boiler	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	_____
Greasetrap	_____
Water Cooled A/C or Refrig. Unit	_____
Septic Tank Closure	_____
Sewer Service Connection	_____
Water Service Connection	_____
Active Solar System	_____
Auxiliary Meter	_____
Sprinkler Heads	_____
Sump Pump	_____
Other:	_____

Estimated Cost of Plumbing Work _____
Signature: _____
Please Print Name: _____

CONTRACTOR'S SEAL

Contractor: _____
Address: _____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Heating Type: _____ Gas _____ Oil _____ Electric _____ Solar _____
Heating System is _____ New _____ Existing _____
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____
Flammable Storage Tanks _____ capacity _____ fuel _____
Combustible Storage Tanks _____ capacity _____ fuel _____
LPG Storage Tanks _____ capacity _____ fuel _____

Item _____ Quantity _____

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
Total _____

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:

CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:

Number of gas/oil fired appliances _____

Furnace _____
Gas/Wood Fireplace _____
Gas Logs _____
Wood Burning Stove _____
Other: _____

Estimated Cost of Fire Work _____

Signature: _____