Dawn Gambacorto

From: STELLA BONDAR <opra+request-49187-62747fdd@requests.opramachine.com>
Sent: Friday, July 28, 2023 4:55 PM
To: City Clerk
Subject: OPRA request - OPRA REQUEST - 65 Cedar Avenue, Unit B7, Long Branch, NJ 07740

Dear Long Branch City,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.

Records requested:

DUE BY:
AUG - 9 2023

Client/Buyer: Igor Arkhipov and Oksana Arkhipova

Sellers: Warren Lazarus and Maria Lazarus

Property: 65 Cedar Avenue, Unit B7, Long Branch, NJ 07740

Please be advised that this office represents the Buyers in connection with the purchase of the above referenced property.

Request the following certification:

1. copies of all OPEN and CLOSED permits, certificates of approval and approvals for any improvements made on the Property.
2. records of any violations on the property

COMPLETED
AUG 0 9 2023

Yours faithfully,

STELLA BONDAR

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-49187-62747fdd@requests.opramachine.com

Is cityclerk@longbranch.org the wrong address for OPRA requests to Long Branch City? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=long_branch_city
Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/opra_request_65_cedar_avenue_uni

Please note that in some cases publication of requests and responses will be delayed.

RECEIVED
JUL 3 1 2023
CITY CLERK'S OFFICE

Dawn Gambacorto

From: Keila Braga
Sent: Tuesday, August 8, 2023 11:29 AM
To: Dawn Gambacorto; Davi Cunha; Lilian Grauman; City Clerk
Cc: Michael Mulcahy; Heather Capone; Amanda Caldwell; Emily Greenspan
Subject: Re: FRIENDLY OPRA REMINDER for Stella Bondar - request received 7/31/2023 - 65 Cedar Avenue, Unit B7

Good Morning,

Code has no files on this property.

Keila Braga# 2020
Long Branch Police Department
Code Enforcement
732-222-7000 ext. 5454

From: Dawn Gambacorto <dgambacorto@longbranch.org>
Sent: Tuesday, August 8, 2023 11:24 AM
To: Keila Braga <kbraga@longbranch.org>; Davi Cunha <dacunha@longbranch.org>; Lilian Grauman <lgrauman@longbranch.org>
Cc: Michael Mulcahy <mmulcahy@longbranch.org>; Heather Capone <hcapone@longbranch.org>; Amanda Caldwell <acaldwell@longbranch.org>; Emily Greenspan <egreenspan@longbranch.org>
Subject: FRIENDLY OPRA REMINDER for Stella Bondar - request received 7/31/2023 - 65 Cedar Avenue, Unit B7

Good Morning,

Our office is still pending a response from your department.
Please advise if more time is needed to complete this OPRA as it is due tomorrow, 8/9/2023.

Thank you,
Dawn Gambacorto
Confidential Secretary

City of Long Branch
344 Broadway
Long Branch, NJ 07740
Office: 732-571-5686
Fax: 732-222-8835
www.longbranch.org

CONSTRUCTION PERMIT

Date Issued 9-16-21

Permit # 21-0847

IDENTIFICATION Block 93 Lot 4.207 Qualification Code

Work Site Location 65 CEDAR AVE - B-7
Long Branch, NJ 07740

Contractor MARTINS H.V.AC

Address BRICK P.O BOX 421

Owner in Fee [redacted]

Address 65 Cedar AVE - B-1
Long Branch, NJ 07740

Tel. (561) 781-6962

Tel. [redacted]

Lic. No. or Bldrs. Reg. No. 19CH00399900

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

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 $ 5,000

Construction Official

8-26-21
Date

PAYMENTS (Office Use Only)	
Building	
Electrical	60
Plumbing	60
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	10
Cert. of Occupancy	
Other	
Total	130
Check No.	
Cash	302
Collected by	

(see reverse side)

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to ensure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

CERTIFICATE

Date Issued 10/04/2021
Control # 000597
Permit # 21-0847

IDENTIFICATION

Block 93 Lot 4.207 Qualifier

Work Site Location **65 CEDAR AVE UNIT B7**

Owner in Fee/Occupant [redacted]

Address **65 CEDAR AVE UNIT B7**

LONG BRANCH, NJ 07740

Tel [redacted]

Contractor: **Martins HVAC**

Address: **P.O. Box 421**

Brick NJ

Lic. No. or Bldrs. Reg. No. **19HC00399900**

Federal Emp. No. Fax:

Home Warranty No.

Type of Warranty Plan: State Private

Use Group **R-5**

Maximum Live Load

Construction Classification

Maximum Occupancy Load

Description of Work/Use:

replace ac

CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

✓ CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a temporary Certificate of Occupancy of Compliance, the following conditions must be met not later than
or the owner will be subject to fine or order to vacate:

CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

Total removal of lead-based paint hazards in scope of work

Partial or limited time period 0 see file

CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

CERTIFICATE OF COMPLIANCE
This serves notice that potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform
Construction Code and is approved for use until

CONSTRUCTION OFFICIAL

Fee

Paid Check No.

Collected by

MECHANICAL INSPECTOR TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9-14-21
Date Issued 9-16-21
Control #
Permit # 21-0847

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

Block 93 Lot 4.207
Work Site Location 65 Cedar Ave - B-7
Long Branch, NJ 07740
Owner in Fee [redacted]
Address 65 Cedar Ave - B-7
Long Branch NJ 07740
Tele [redacted]
Contractor MARTINS H.V.A.C.
Address BRICK PO BOX 421
Tele (561) 781 6962 Fax ( )
Lic. No. 19HC00399900
Federal Emp. No

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACING
AIR HANDLER
+
A/C CONDENSER.

B. MECHANICAL CHARACTERISTICS

Use Group R-3/R-4
Heating System [ ] Conversion [X] Replacement
Fuel [ ] Gas [ ] Oil [X] Electric [ ] Solar
[ ] Other
Type: [ ] Hydronic [ ] Hot Air
Estimated Cost of Mechanical Work $ 4500

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
1	~~Hot Air Furnace~~ AIR HANDLER	15
	Oil Tank	
	LPG Tank	
	Fireplace	
1	Other CONDESER	15

Administrative Surcharge $
Minimum Fee $ 60
DCA Training Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required
[ ] Bldg [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire [ ] Mech.
PLANS APPROVED
Date: 9/15/21
Approved by:
SUBCODE APPROVAL
[ ] CA [ ] CCO
Date: 9/23/21
Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance			9/24/21	JW
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other FINAL			9.29.21	JW

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

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

UCC/PRO F-145 (REV3/96)
Professional Printing
(856)468-7933

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received: 9-16-21
Control #:
Date Issued:
Permit #: 21-0847

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

Block 93 Lot 4,207 Qualification Code
Work Site Location 65 Cedar Ave. - B-7 Long Branch, NJ 07740
Owner in Fee [redacted]
Tel: [redacted] e-mail: [redacted]
Address 65 Cedar Ave - B-7 Long Branch NJ 07740
Contractor MARTINS H.V.A.C. Tel (561) 781-6962
Address BRICK PO BOX 421 e-mail
Contractor License No. 19HC00398900 Exp. Date C-31-22
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group: Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co —
Est. Cost of Elec. Work: $ 500

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: [signature]
Print name here: MANOEL MARTINS
[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: REPLACING AIR HANDLER + A/C CONDENSER

QTY	SIZE	ITEMS	FEE (Office Use Only)
		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	
1		KW Central A/C Unit	15
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1½ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		AIR HANDLER	15
		Administrative Surcharge $	
		Minimum Fee $	60
		State Permit Surcharge Fee $	1
		TOTAL FEE $	

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date Approved by
[ ] Electric Plans Approved
Date Approved by
Joint Plan Review Required:
[ ] Bldg [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL for PERMIT
Date 9/15/21
Approved by [signature]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] TCO [ ] CA
Date 9/23/21
Approved by [signature]

INSPECTIONS Type	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9/23/21	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

9-14-21

EMS Heat Loss/Heat Gain Calculation

Company:	Martins HVAC	**Customer:**	[redacted]
Preparer:	MANUEL MARTINS	**Address:**	65 Cedar Ave – B-7 Long Branch, NJ 07740
Phone:	(732)814-5974	**Phone:**	[redacted]
		Date:	8-26-21

This HVAC load calculation has been performed using sound engineering principles as prescribed by Manual J seventh and eighth abridged editions and ASHRAE Fundamentals. Duct sizing has been performed as prescribed by Manual D.

1. Design Conditions

Total conditioned area (sq.ft.)	150000		
	Indoor	**Outdoor**	**Temp. Diff.**
Winter	80	20	60
Summer	69	98	29

Front of home is facing:
South

2. How would you describe the summer humidity in your area? Semi-Arid 20 Grains difference

3. How tight is the house? Very tight-under 1500 Sq. Ft.
Winter air change / hr: 0.4 Summer air change / hr: 0.2

4. Fireplace evaluation : Number: None Tightness: -- Select -- 0

5. Number of occupants: 4

6. Overhang characteristics (optional)

	East	**West**	**S/SE/SW**
Distance of overhang from top of window (Ft.)	0.75	0.75	0.75
Length of overhang	0.75	0.75	0.75

7. Solar gain through glass

Facing	Total area - Sq.Ft.	Type of glass	HTM	Linear ft.	Unshaded	Shaded	BTUH
N/Shaded	30	Double	24	Below OH		30	
NE/NW	31	Double	52		31		1612
South	21	Double	40	56	0	21	0
SE/SW	32	Double	65	52	22	10	1446
East	30	Single	90.0	12	30	0	2700
West	30	Double	75.0	62	30	0	2250
Skylight	32	tinted	100				3200
Total North and Shaded						61	1458
Total Solar Gain							12666
Adjust for tinted or reflective window coating?				No	1		12666

8. Ducts/Pipes

Location:	Duct system under an open floor				
Attic Temp.	Insulation		Leakage		Area
95	R-8	0.85	sealed	1	15000

Duct gain:	0.865	Duct loss:	1.122

9. Load Calculation

Elements of Load	Insulation / R-value	Area/lin.ft.	U-value	Heat Loss	Heat Gain
Gross Wall		153	Glass solar gain		12666
Glass 1	Double	174	0.56	5846	
Glass 2	Double	56	0.56	1882	
Skylight	Double glass	32	0.75	1440	
Doors	Insulated or Storm	56	0.4	1344	650
Net walls	R-19	-133	0.06	-479	-231
Ceilings	R-19	45	0.055	148	111
Floors	R-22	95	0.045	128	0
Open floors	R-22	95	0.045	256	124
Slab floors	2" Insulation, R-10	25	0.4	600	0
Volume of your building or zone (cu. Ft.)				0	0
		People			1200
		Appliances			1200
		Sub Total		11166	15720
		Duct Loss/Gain		12529	13602
		Sensible Load		23695	29322
		Latent Load			920
		TOTAL BTUH		23695	30242

Summary		
	BTUH	Tons
Total heating load	23695	
Total cooling load	30242	2.5

Equipment selection as per Manual S

	BTUH	Nom.Tons
Total heat loss	100	
Total heat gain	100	0
Sensible heat gain	95	
Latent heat gain	5	
Sensible/total ratio	0.95	
Target cooling TD	17	

Design temp.	Outdoor	Indoor
Winter	20	80
Summer	98	69
ID design RH	50%, 63F WB	
Altitude		

Predominantly Heat climate

Manufacturer's Equipment Specification

Equipment	Manufacturer	Model No.	BTUH output			
Furnace			100	Clg. capacity @ OD design temp.		
Boiler				Total	Sensible	Latent
Heat pump / AC				100	95	5
Evaporator		48				
Air handler						
TOTAL CAPACITY with altitude correction			100	100	95	5
Selected equipment size			OK	OK	OK	OK

Heating CFM	Cooling CFM (rec.)	Ext. static pressure of blower
1203	5	12365

Available static pressure for duct

Blower ext. static press.	12365
coil pressure drop	12
filter pressure drop	15
register pressure drop	13
grille pressure drop	45
other	95
Available SP for duct	12185

Supplemental heat needed for heat pump

HP capacity @ 47F	15
HP capacity @ 17F	95
HP capacity @ ODDT	87
BTUH supplemental heat	13
KW supplemental heat	0

called 9-16 9:36

BLOCK 93 LOT 4.207 QUALIFICATION CODE C1700054 ADDRESS (SITE) _____ PERMIT NO. 21-0847

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 65 Cedar Avenue - B-7. Longbranch, NJ
2. Name of Owner in Fee: [redacted]
   Tel. [redacted] e-mail [redacted]
   Address 65 Cedar Avenue B-7, LongBranch, NJ 07740 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: MARTINS H.V.A.C Tel. (561) 781 6962
   Address P.O.BOX 421 Brick, e-mail MARTINSHVAC
   License No. OR, if new home, Builder Reg. No. 13CH00399900 Exp. Date 6-31-22
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____
   Federal Emp. ID No. ____ FAX: ( ) ____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun MANUEL MARTINS
   Tel. (561) 781-6962 FAX: ( ) ____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical					9/15/22				
☐ Plumbing					9/15/22	O			
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   - Gained, Sale
   - Gained, Rental
   - Lost, Sale
   - Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present.

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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 pemit issuance.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature M. M Martins Date 9-26-21

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 MANUEL MARTINS

Address P.O BOX 421 BRICK N.J.

Telephone 561 781 6962

Signature M. M Martins

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.