

- ☐ Partial Releases
- ☐ Prototype Processing

Reef	Tear off
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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 Rafael Tawil
Address 87 Wickarecto Dr.
Ocean NJ 07712
Telephone (321) 531-3500
Signature [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. _____	_____	_____	_____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/29/2006
Tracking Number _____
Permit Number 03-1041
Permit Issue Date 3/31/2003

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 861 GLENWOOD PLACE RE ROOF TEAR OFF Block: 590 Lot: 6 Qual: _____
NJ
Owner in Fee: GRISSMAN, LAURIE
Owner Address: 337 SYLVANIA LANE AVON NJ 07717-
Telephone: [REDACTED]
Contractor _____
Address _____
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____
Home Warranty Number: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-3 Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work Use: _____

Certificate Comments:

☐ **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.

☐ **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.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

Construction Official

Date Printed: 11/29/2006

Fee: \$0.00

Check Number: 1317

Collected By: _____

Page 1

TOWNSHIP OF BRICK
401 CHANDLER BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/31/2003
Control #
Permit # 03-1041

UNION NEW JERSEY
CONSTRUCTION
PERMITS

IDENTIFICATION Block 590 Lot 6 Area

Work Site Location 861 OLIVWOOD PLACE
RE ROOF TEAR OFF
Owner in Fee BRISGREN LANE
Address 357 STEVENAGE LANE
OWN OF 07712-
Telephone
Contractor HERR COLE CONEST
Address 87 HIGHWAY 36
OLSON NJ 07712-
Telephone
Lic. No. of Builder, Reg. No.
Federal Exp. No. 22-374647

Is hereby granted permission to perform the following work:
(X) BUILDING () PLUMBING () LEAD BASED ABATEMENT
() ELECTRICAL () FIRE PROTECTION () CONSTRUCTION
() ELEVATOR DEVICES () ASBESTOS ABATEMENT () OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
RE ROOF TEAR OFF

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 DF Mawardi 03/31/2003

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

Date

PAYMENTS (Office Use Only)
Building 48
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA State Permit Fee 1
Cert. of Occupancy 0
Other
Total 49
Check No. 1317
Cash
Collected By JB

03/31/03 10:02AM 000000H8655
#X06 SERV.006
#031041
BUILDING \$48.00
DCA \$1.00
CHECK \$49.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/28/2003
Date Issued 3/31/03
Control # CS9-06
Permit # 03-1041

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

Block 590 Lot 6 Subl

Work Site Location 961 GLENWOOD PLACE

RE ROOF TEAR OFF

Owner in Fee GRISBMAN, LAURIE

Address 337 SYLVANIA LANE

AUM NJ 07717-

Telephone

Contractor MORE CORE CONST

Address 87 WICKAPECK DR

OCEAN, NJ 07712-

Telephone

Lic. No. of Bldrs, Reg. No.

Federal Emp. No. 22-3744647

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
			Type	Failure Failure Approval Initial
☐ No Plans Req.			Footings	
☐ All			Foundation	
☐ Footings			Slab	
☐ Foundation			Frame	
☐ Other			BarrierFree	
Joint Plan Review Required:			Insulation	
☐ Elect ☐ Plum ☐ Fire			Finishes	
SUBCODE APPROVAL ☐ Elev			Energy	
☐ DO ☐ CO ☐ CA			Mechanical	
Date: 11-19-06			TDI	
Approved By: [Signature]			Other	
			Final	
			BarrierFree	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	R-3	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed		1. New Bldg. \$
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 TEAR OFF

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	\$ 0
☐ Addition	0
☒ Alteration	48
☐ Roofing	0
☐ Siding	0
☐ Fence	0
☐ Sign	0
☐ Pool	0
☐ Asbestos Abatement Subchapter B	0
☐ Lead Haz. Abatement NJAC 5:17	0
☐ Other	0
Other	0
☐ Demolition	0

Administrative Surcharge

Paid ☐ Check #	Minimum Fee	\$ 0
Collected by:	TOTAL FEE	48
DOA State Permit Fee		1

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 861 Glenwood Place
 Block: 590 Lot: 6
 Owner's Name: Laurie Grissman
 Owner's Mailing Address: 861 Glenwood Rd.
Rock NJ
 Phone: [REDACTED]

BUILDING

Contractor: More Core Construction, Inc.
 Address: 87 Wickapeck Dr.
Ocean NJ 07712
 Phone#: 732 531-5500
 Lis. #
 Federal Emp # or SSN 22-3444647

Technical Data

Description of Work:

Roof Removal
3/4" nails per shingle
Inf water shield eaves + valleys

Dump @ Delaware Recycling center
to slope roofing on flat
roof sections

Type of Work

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

Building Characteristics

Use Group Present: Proposed:
 No of Stories:
 Height of Structure:
 Area of the largest floor:
 Area of New Structure:
 Volume of New Structure:
 Total Land Disturbed:
 Cost of Alteration: \$ 1,500.00
 Cost of New Building: \$
 Total Cost of New Building Work: \$

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: [Signature]

Please Print Name Ralph Tawil

ELECTRICAL

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

Technical Data

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

Pool (Receptacles, Switches, Lights, Motor 1HP)
 Spa/Hot Tub/Storable Pool
 Electric Range KV
 Oven/Surface Unit KW
 Electric Water Heater KV
 Electric Dryer KV
 Dishwasher KV
 Garbage Disposal H
 A/C Unit - Central Air KV
 Space Heater/Air Handler KV
 Baseboard Heating KV
 Motors 1+ HP
 Transformer/Generator KV
 Light Stander AMI
 Service AMI
 Subpanel AM
 Motor Control Center AM
 Sign/Outline Light KV
 Furnace
 Steam Boiler
 Other:

Estimated Cost of Electrical Work:

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

FIRE

Contractor: _____
Address: _____

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

Contractor: _____
Address: _____

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

Technical Data

Fixtures	Quantity
Water Closets (Toilet) _____	
Urinals/Bidets _____	
Bath Tub (w/or w/out shower head) _____	
Lavatory (BR Sink) _____	
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 _____	
Air Conditioner (Condensate Drain) _____	
Septic Tank Closure _____	
Sewer Service Connection _____	
Water Service Connection _____	
Active Solar System _____	
Auxiliary Meter _____	
Sprinkler Heads _____	
Sump Pump _____	
Pool Heater _____	
Other: _____	

Estimated Cost of Plumbing Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

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:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Print Name: _____

Applicable to Ordinance 720-92

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

TOWNSHIP OF BRICK

Debris Form

Work Site Address: 861 Glennwood ~~PL~~ PL.

Block: 590 Lot: 6

Contractor: Moore Core Construction, Inc.

Contractor's Address: 87 Wickapecko Dr. Ocean NJ 07742

Type of Construction (minor, new home): Roofing Tear-off

Type of Debris (shingles, siding, wood, etc.): shingles

Party responsible for removal: Adelphia Demolition + Recycling

Dumpster size: 10 yd

Destination of debris: Delaware recycling center

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

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

Signature

Ralph Tawil
Print Name

Date

3/28/03