



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"/> Police Department                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Health Department                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Soil Conservation                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Community Affairs        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Transportation           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Environmental Protection |                   |            |                   |            |                   |            |                   |            |          |
| <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)

|                                                               | No.   | DATE ISSUED | DATE EXPIRED | DATE REISSUED | DATE EXPIRED |
|---------------------------------------------------------------|-------|-------------|--------------|---------------|--------------|
| <input type="checkbox"/> Temporary Certificate of Occupancy   | _____ | _____       | _____        | _____         | _____        |
| <input type="checkbox"/> Temporary Certificate of Compliance  | _____ | _____       | _____        | _____         | _____        |
| <input type="checkbox"/> Continued Certificate of Occupancy   | _____ | _____       | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Compliance            | _____ | _____       | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Occupancy             | _____ | _____       | _____        | _____         | _____        |
| <input type="checkbox"/> Certificate of Approval              | _____ | _____       | _____        | _____         | _____        |
| <input type="checkbox"/> Lead Abatement Clearance Certificate | _____ | _____       | _____        | _____         | _____        |

U.C.C. F100-3 (rev. 3/98)

## 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(e)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. 5:23-2.15(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(e)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.

(X) Check if contractor.

Agent Name Adrienne Landscaping  
 Address 220 Smith Ave  
Westfield NJ 07090  
 Telephone (908) 232-1585  
 Signature [Signature]

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

U.C.C. F100-2 (rev. 1/2004)



# CONSTRUCTION PERMIT

Date Issued 6-13-06  
Control #  
Permit # 06-1014

IDENTIFICATION Block 3006 Lot 5  
Work Site Location 430-500 Central Ave Contractor APV Landscaping  
Westfield Address 220 South Ave  
Owner in Fee CPGR LLC Westfield NJ 07090  
Address 912 Bailey Ct Tel. (408) 232-1888  
Westfield NJ Lic. No. or Bldrs. Reg. No.  
Tel. (508) 591-6283 Fed. Emp. No. 22-1899405

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT  
☐ ELECTRICAL ☐ FIRE PROTECTION ☒ DEMOLITION  
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER \_\_\_\_\_  
(Subchapter 8 only)

DESCRIPTION OF WORK:

*demo SFD*

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 \$ 30,000

*[Signature]* Date 6/9/06  
Construction Official

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

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY (see reverse side)

| PAYMENTS (Office Use Only) |             |
|----------------------------|-------------|
| Building                   | <u>92</u>   |
| Electrical                 |             |
| Plumbing                   |             |
| Fire Protection            |             |
| Elevator Devices           |             |
| Other                      |             |
| DCA Training Fee           |             |
| Cert. of Occupancy         |             |
| Other                      |             |
| Total                      | <u>92</u>   |
| Check No.                  | <u>3347</u> |
| Cash                       |             |
| Collected by               | <u>CS</u>   |