



USE
NEW JERSEY
UNIFORM CONSTRUCTION
CODE

LDS BR 10306536

5/10/01

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 Thomas Garon

Address 409 Crestview Terrace

Brick, NJ 08723

Telephone (732) 920-5721

Signature Thomas Garon

- 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 _____	Other _____
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. _____	_____	_____	_____

POSSHIP OF BRICK
401 CHAMBERS BUILDING RD
DIVISION OF INSPECTIONS

Date Issued 05/11/2001
Control #
Permit # 01-1405

UCC HER JESSIE
CONSTRUCTION
PERMIT

IDENTIFICATION Block 895 Lot 9 Cont

Work Site Location 336 RANCOAS DR Contractor THOMAS GIBBY
APART 4 & 5 HEADS Address 409 CRESTVIEW TOWER
Owner is Fee COOK J BRICK, NJ
Address BRICK, NJ 08724 Telephone (732) 920-5121
Lic. No. of Bldrs. Reg. No. 9677
Telephone () Federal Exp. No. 22-3167562

Is hereby granted permission to perform the following work:

- (1) BUILDING (8) PLUMBING (1) LEAD PAINTED ABANDONED
(1) ELECTRICAL (1) FIRE PROTECTION (1) DEMOLITION
(1) ELEVATOR DEVICES (1) ASBESTOS ABATEMENT (1) OTHER _____
(See Chapter 8 only)

DESCRIPTION OF WORK:

AND OTHER DIRECTION AND \$ HEADS

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 \$ 300

Construction Official

05/11/2001

Date

U.C.C. P17D (rev. 3/96)

PAYMENTS (office use only)

Building _____ 0
Electrical _____ 0
Plumbing _____ 90
Fire Protection _____ 0
Elevator Devices _____ 0
Other _____ 0
DCs Strainley Fee _____ 0
Cert. of Occupancy _____ 0
Other _____ 0
Total _____ 90
Check No. _____ 1257
Cash _____
Collected By _____ RJB

05/11/01 10:44AM 000000H3533
#X02 SERV.002

#1405
PLUMBING
CHECK
\$90.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 05/07/2001
Date Issued 5/11/01
Control # C7-895
Permit # 01-1405

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

D. TECHNICAL SITE DATA (List all fixtures.)

Block 895 Lot 9 Qual
Work Site Location 336 RANCOGAS DR
ADJUTER & 5 HEADS

NO.

FIXTURES/EQUIPMENT

FEE (Office Use Only)

Owner in Fee COOK J

Address SAME

BRICK, NJ 08724-

Tele. ()

Contractor THOMAS GARON

Address 409 CRESTVIEW TERR

BRICK, NJ

Tele. (332) 920-5721

Lic. No. or Bids. Reg. No. 9677

Federal Emp. No. 22-3767562

Use Group Present U Proposed U

Building Sewer Size [] Public Sewer [] Private Septic

Water Sewer Size [] Public Water [] Private Well

Estimated Cost of Plumbing Work \$ 300

JOBS SUMMARY (Office Use Only)

PLAN REVIEW

INSPECTIONS

Dates (Month/Day)

Joint Plan Review Required

Failure Failure Approval Initial

[] No Plans Required

Slab

Rough

Water

Sewer

Fixtures

Approved By: [Signature]

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Approved By: [Signature]

Date: 6-8-01

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.

Signature/Contractor Seal

[] Licensed Plumbing Contractor [] Exempt Applicant

PAID [] Check \$

Collected by: [Signature]

Administrative Surcharge \$

Minimum Fee \$

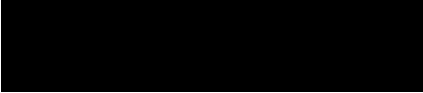
TOTAL FEE \$

DCA Training Fee \$

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000 • FAX (732) 458-5378

APPLICATION FOR AUXILIARY WATER METER

Date: 5-3-01

Applicant's Name: Cook Telephone N 

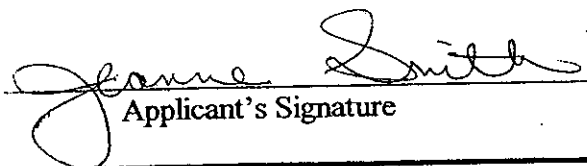
Mailing Address: 336 RANCOCAH DR

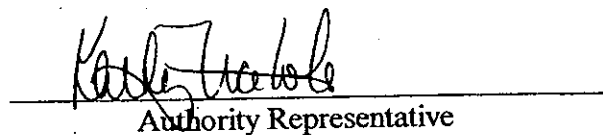
Service Location: S.A.A

M196003

Account Number: _____ Block: 895 Lot: 9

Size of Existing Service: 3/4" Size of Existing Meter: 3/4"


Applicant's Signature


Authority Representative

THIS APPLICATION IS VALID FOR 30 DAYS FROM DATE OF APPLICATION.

Please note the following:

At the customer's option, a separate account may be established, subject to all conditions of the rate schedule as applicable to water usage.

After completing this application the following steps must be taken:

1. Obtain a special device permit from the Township of Brick Plumbing Department.
2. A licensed plumber or homeowner must cut into the pipe BEFORE the existing yoke and install a second meter yoke. A valve before and after the meter is required.
3. Call the Township of Brick Plumbing Department (262-1000) for inspection.
4. Call Brick Utilities for installation of the meter. A copy of the completed permit, showing inspection approval, will be required before the meter is installed.
5. It is the customer's responsibility to insure that the meter is installed and the permit was approved. Failure to do so may result in a tampering fee of \$250.00 and service will be terminated.
6. A charge for cost of the meter will be applied to the first billing. Quarterly bills for usage only will be issued at the rate of \$2.83 per 1,000 gallons.

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 336 Rancocas Dr. Brick, NJ 08724
Block: Lot:
Owner's Name: COOK
Owner's Mailing Address: S.A.A.
Phone: [REDACTED]

BUILDING

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

ELECTRICAL

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

Technical Data
Description of Work:

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

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

Pool
Spa/Hot Tub/Storable Pool KW
Electric Range KW
Oven/Surface Unit KW
Electric Water Heater KW
Electric Dryer KW
Dishwasher HP
Garbage Disposal KW
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:

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:
Cost of New Building:
Total Cost of Building Work:

Estimated Cost of Electrical Work:

Signature: Please Print Name

Signature: Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Thomas Garon
Address: 409 Crestview Terr.
Brick, NJ 08723
Phone #: 732-920-5721
Lis #: 9677
Federal Emp # or SSN 22-3767562

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	<u>1</u>
Greasetrap	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	<u>1</u>
Sprinkler Heads	<u>5</u>
Sump Pump	
Other:	

air water meter, backflow
preventer. connecting to
sprinkler system 5 heads.

Estimated Cost of Plumbing Work 300.-
Signature: Thomas Garon
Please Print Name: Thomas Garon

CONTRACTOR'S SEAL

FIRE

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: _____
Print Name: _____