

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 will 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 CME Electric LLC

Address 1146 Sylvan Dr

Toms River, N.J.

Telephone (732) 660-2907

Signature Maurice J Dattoli Jr

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)

	No.	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	_____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Certificate of Compliance	_____	_____	_____	_____	_____
☐ Certificate of Occupancy	_____	_____	_____	_____	_____
☐ Certificate of Approval	_____	_____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	_____	_____	_____	_____	_____

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[illegible]

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/11/2003
Control #
Permit # 03-3584

UCC NEW JERSEY
CONSTRUCTION
PERMITS

IDENTIFICATION Block 1299.66 Lot 24 Qual

Work Site Location 366 17TH AVE

Contractor CME ELECTRIC LLC

SERVICE

Address 1146 SYLVAN DRIVE

Owner in Fee JACKSON, R

TOMS RIVER, NJ 08753-

Address SAME

Telephone (732)600-2927

BRICK, NJ

Lic. No. or Bldrs. Reg. No.

Telephone ()

Federal Emp. No. 22-3768205

Is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter B only)

DESCRIPTION OF WORK:

SERVICE CHANGE

PAYMENTS (Office Use Only)

Building 0
Electrical 40
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA State Permit Fee 2
Cert. of Occupancy 0
Other
Total 42
Check No.
Cash X
Collected By ERP

08/11/03 1:58PM 00000042741
XX07 SERV.007

#033584

ELECTRIC

\$40.00

DCA

\$2.00

CHECK

\$42.00

CASH

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 \$ 1,800

08/11/2003
Construction Official

Date

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 07/30/2003
Date Issued 8/11/03
Control # C01-31
Permit # 03-3584

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

Block 1299.66 Lot 24 Qual _____
Work Site Location 366 17TH AVE
SERVICE _____
Owner in Fee JACKSON, R
Address SAME
BRICK, NJ
Tele. () _____
Contractor CHE ELECTRIC LLC
Address 1146 SYLVAN DRIVE
TOMS RIVER, NJ 08753-
Tele. (732) 600-2927
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 22-3768205

8. ELECTRICAL CHARACTERISTICS

Use Group - Present R-5 Proposed R-5
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 1,800

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[] Bldg [] Plumb
[] Fire [] Elevator
[] Elect Plans Approved
Date: 8/6/03
Approved By: [Signature]
SUBCODE APPROVAL
[] CD [] CCO [X] CA
Date: 8/19/03
Approved By: [Signature]

INSPECTIONS	Dates (Month/Day)
Type	Failure Failure Approval Initial
Rough	
Temp Serv	
Const Serv	
TCO	
Other	
Service	8/19/03 [Signature]
Final	
Temp. Cut-in-Card Date Issued	8/19/03 [Signature]
Final Cut-in-Card Date Issued	8/19/03 [Signature]

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	200	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
0	0	Other	0
0	0	Other	0

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[] Licensed Electrical Contractor [] Exempt Applicant

Administrative Surcharge \$ 0
Paid [] Check # Minimum Fee \$ 0
Collected by: TOTAL FEE \$ 40
DCA State Permit Fee \$ 2

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 07/30/2003

Date Issued 8/11/03

Control # C01-31

Permit # 03-3584

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

Block 1299.66 Lot 24 Qual _____
Work Site Location 366 17TH AVE
SERVICE _____
Owner in Fee JACKSON, R
Address SAME
BRICK, NJ
Tele. () _____
Contractor CME ELECTRIC LLC
Address 1146 SYLVAN DRIVE
TOMS RIVER, NJ 08753-
Tele. (732) 600-2927
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 22-3768205

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-5 Proposed R-5
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work \$ 1,800

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[] Bldg [] Plumb
[] Fire [] Elevator
[] Elect Plans Approved
Date: 8/6/03
Approved By: [Signature]
SUBCODE APPROVAL
[] CO [] CCO [] CA
Date: _____
Approved By: _____

INSPECTIONS	Dates (Month/Day)
Type	Failure Failure Approval Initial
Rough	
Temp Serv	
Const Serv	
TCO	
Other	
Service	
Final	
Temp. Cut-in-Card Date Issued	
Final Cut-in-Card Date Issued	

C. CERTIFICATION IN LIEU OF OATH

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Applicant's Signature/Contractor's Seal and Signature
[] Licensed Electrical Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UM Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	200	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
0	0	Other	0
0	0	Other	0

Administrative Surcharge \$ 0
Paid [] Check # _____ Minimum Fee \$ 0
Collected by: _____ TOTAL FEE \$ 40
DCA State Permit Fee \$ 2

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 07/30/2003
Date Issued 8/11/03
Control # C01-31
Permit # 03-3584

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Block 1299.66 Lot 24 Qual
Work Site Location 366 17TH AVE
SERVICE
Owner in Fee JACKSON, R
Address SAME
BRICK, NJ
Tele. ()
Contractor CME ELECTRIC LLC
Address 1146 SYLVAN DRIVE
TOMS RIVER, NJ 08753-
Tele. (732) 600-2927
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3768205

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R-5 Proposed R-5
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 1,800

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[] Bldg [] Plumb
[] Fire [] Elevator
[] Elect Plans Approved
Date: 8/6/03
Approved By: [Signature]
SUBCODE APPROVAL
[] CO [] CCO [] CA
Date:
Approved By:

INSPECTIONS	Dates (Month/Day)
Type	Failure Failure Approval Initial
Rough	<u> </u>
Temp Serv	<u> </u>
Const Serv	<u> </u>
TCO	<u> </u>
Other	<u> </u>
Service	<u> </u>
Final	<u> </u>
Temp. Cut-in-Card Date Issued	<u> </u>
Final Cut-in-Card Date Issued	<u> </u>

C. CERTIFICATION IN LIEU OF OATH

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Applicant's Signature/Contractor's Seal and Signature
[] Licensed Electrical Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UM Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/4 HP	0
0	0	KW Transformer/Generator	0
1	200	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge	\$	0
Paid [] Check # <u> </u> Minimum Fee	\$	0
Collected by: <u> </u> TOTAL FEE	\$	40
OCA State Permit Fee	\$	2

Site Location: 366 17th Ave Back, N.S.
Block: 1294.66 Lot: 24
Owner's Name: Mr R. Jackson
Owner's Mailing Address: 366 17th Ave
Back, N.S.
Phone: ()

BUILDING

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

Description of Work: _____
Technical Data

ELECTRICAL

Contractor: CME Electric LLC
Address: 1146 Sylvan Dr.
Phone #: Toms River N.S. 08753
List #: 732-600-2927
Federal Emp # or SSN: 22-3768205

Item _____ Technical Data _____ 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 _____ sq ft
Addition _____ Fence _____
Alteration _____ Pool _____
Roofing _____ Demolition _____
Asbestos Abatement _____ Sign _____
Fireplace wd/gas _____

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: \$ _____
Cost of New Building: \$ _____
Cost of Site Work \$ _____

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: _____

Pool (Receptacles, Switches, Lights, Motor IHP) _____
Spa/Hot Tub/Storable Pool _____
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 _____ KW
Light Stander _____ KW
Service 260 Amp Service change AMP
Subpanel _____ AMP
Motor Control Center _____ AMP
Sign/Outline Light _____ AMP
Furnace _____ KW
Steam Boiler _____
Other: _____

Estimated Cost of Electrical Work: 1,800.00/100

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.

Contractor: _____
Address: _____
Phone #: _____
Lic #: _____
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

Contractor: _____
Address: _____
Phone #: _____
Lic #: _____
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:
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.