



# **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. (X) 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 Randall Voth

Date 4/23/93

## **II. AGENT SECTION**

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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 \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

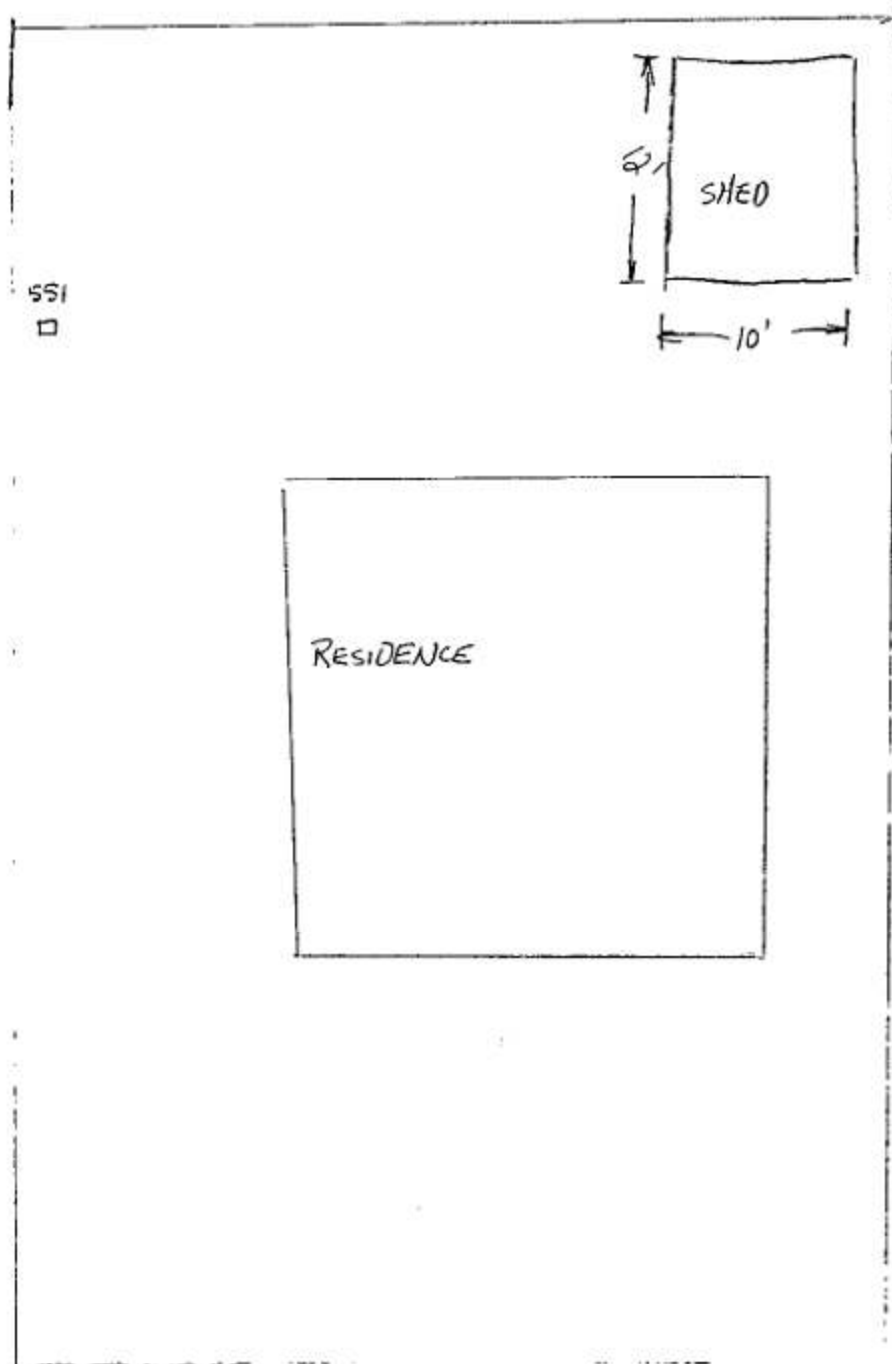
OFFICE DATE RECEIVED: \_\_\_\_\_

| 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"/> Planning Board                       |                   |                |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Zoning Board                         |                   |                |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Sewer Authority                      |                   |                |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Water Authority                      |                   |                |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Fire Department                      |                   |                |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Police Department                    |                   |                |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Health Department                    |                   |                |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Soil Conservation                    |                   |                |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Dept. of Community Affairs      |                   |                |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Transportation    |                   |                |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Dept. of Environmental Protect. |                   |                |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Utility Dig No.                      |                   |                |                   |            |                   |            |                   |            |          |
| <input checked="" type="checkbox"/> Other <i>2015</i>         | <i>SIC</i>        | <i>4/28/93</i> | <i>shd</i>        |            |                   |            |                   |            |          |
| <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)                    |           | DATE EXPIRED |
|-------------------------------------------------------------|-----------|--------------|
| <input type="checkbox"/> Temporary Certificate of Occupancy | No. _____ | _____        |
| <input type="checkbox"/> Temporary Certificate of Occupancy | No. _____ | _____        |
| <input type="checkbox"/> Continued Certificate of Occupancy | No. _____ | _____        |
| <input type="checkbox"/> Certificate of Occupancy           | No. _____ | _____        |
| <input type="checkbox"/> Certificate of Approval            | No. _____ | _____        |
| <input type="checkbox"/> None                               |           |              |

CALIFORNIA AVE.



LANES MILL ROAD



# CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

5/3/97  
754-93

IDENTIFICATION

Block

1406.5

Lot

1.2 3

Work Site Location

51 California Ave

Contractor

Self

Owner in Fee

R &amp; N Keith

Address

Hawthorne

Address

Tele. ( )

Tele. ( )

Lic. No. or Bldrs. Reg. No.

Exp. Date

\*\*00048

754

Federal Emp. No.

or Social Security No.

BLOCK

1406.5

I hereby granted permission to perform the following work:

☒ BUILDING☐ PLUMBING☐ OTHER☐ ELECTRICAL☐ FIRE PROTECTION

DESCRIPTION OF WORK:

Self

120  
1200

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 \$

1,200

CONSTRUCTION OFFICIAL

C.C. Form F-170A

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

Building

11

4.4

Plumbing

TOTAL PAID

Electrical

TOTAL PAID

Fire Protection

TOTAL PAID

Other

1100

TOTAL PAID

Other

TOTAL PAID

DCA Training Fee

TOTAL PAID

Cert. of Occ.

TOTAL PAID

Other

30/97

NO. 5 - 0005A005

Total

1100

TOTAL PAID

Check No.

Cash

Collected By:

Self



**BUILDING  
SUBCODE  
TECHNICAL SECTION**



Date Received  
Date Issued  
Control #  
Permit #

5/3/93  
754-93

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

Block 1406.5 Lot 1-2-3  
Work Site Location 551 CALIFORNIA AV  
Owner in Fee RANDALL VIETH  
Address 551 CALIFORNIA AV.  
Tel. [REDACTED]  
Contractor SELF  
Address \_\_\_\_\_  
Tele (\_\_\_\_) \_\_\_\_\_  
Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_ or Social Security No. \_\_\_\_\_

| JOB SUMMARY (Office Use Only)                     |                                 |                               |             |                   |         |          |         |
|---------------------------------------------------|---------------------------------|-------------------------------|-------------|-------------------|---------|----------|---------|
| PLAN REVIEW                                       | Date                            | Initial                       | INSPECTIONS | Dates (Month/Day) |         |          |         |
|                                                   |                                 |                               | Type:       | Failure           | Failure | Approval | Initial |
| <input checked="" type="checkbox"/> No Plans Req. | 4/30/93                         | R/V                           | Footing     |                   |         |          |         |
| <input type="checkbox"/> All                      |                                 |                               | Foundation  |                   |         |          |         |
| <input type="checkbox"/> Footing                  |                                 |                               | Slab        |                   |         |          |         |
| <input type="checkbox"/> Foundation               |                                 |                               | Frame       |                   |         |          |         |
| <input type="checkbox"/> Frame                    |                                 |                               | Insulation  |                   |         |          |         |
| <input type="checkbox"/> Other                    |                                 |                               | Finishes:   |                   |         |          |         |
| Joint Plan Review Required:                       |                                 |                               | Energy      |                   |         |          |         |
| <input type="checkbox"/> Elec.                    | <input type="checkbox"/> Plumb. | <input type="checkbox"/> Fire | Mechanical  |                   |         |          |         |
| SUBCODE APPROVAL                                  |                                 |                               | TCO         |                   |         |          |         |
| <input type="checkbox"/> CO                       | <input type="checkbox"/> CCO    | <input type="checkbox"/> CA   | Other       |                   |         |          |         |
| Date: <u>5-24-93</u>                              |                                 |                               | Final       |                   |         |          |         |
| Approved By: <u>[Signature]</u>                   |                                 |                               |             |                   |         |          |         |

**B. BUILDING CHARACTERISTICS**

Use Group Present R 3 Proposed \_\_\_\_\_  
Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_  
No. of Stories \_\_\_\_\_  
Height of Structure \_\_\_\_\_ Ft.  
Area—Largest Floor \_\_\_\_\_ Sq. Ft.  
Total Bldg. Area/All Floors \_\_\_\_\_ Sq. Ft.  
Volume of Structure \_\_\_\_\_ Cu. Ft.  
Total Land Area Disturbed \_\_\_\_\_ Sq. Ft.

Est. Cost of Bldg. Work:  
1. New Bldg. \$ \_\_\_\_\_  
2. Alteration \$ \_\_\_\_\_  
3. Total (1+2) \$ \_\_\_\_\_

**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.

Randall Vieth  
Signature

**D. TECHNICAL SITE DATA  
DESCRIPTION OF WORK**

CONSTRUCTION OF A SHED ON PROPERTY,  
SET ON P/T 4x4'S, TO BE USED FOR STORAGE.

**TYPE OF WORK:**

- ☐ New Building  
☐ Addition  
☐ Alteration  
☐ Roofing  
☐ Siding  
☐ Other \_\_\_\_\_  
☐ Demolition  
☐ Miscellaneous  
☐ Fence \_\_\_\_\_ Height \_\_\_\_\_  
☐ Sign \_\_\_\_\_ Sq. Ft. \_\_\_\_\_  
☐ Pool  
☐ Elevator  
☐ Asbestos Abatement  
☐ Other SHED

**(Office Use Only)  
FEE**

\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_  
Paid ☐ Check # \_\_\_\_\_ Minimum Fee \$ \_\_\_\_\_  
Collected by: \_\_\_\_\_ TOTAL FEE \$ \_\_\_\_\_

CALIFORNIA AVE.

155  
□

RESIDENCE

SHED

10'

6'

15'

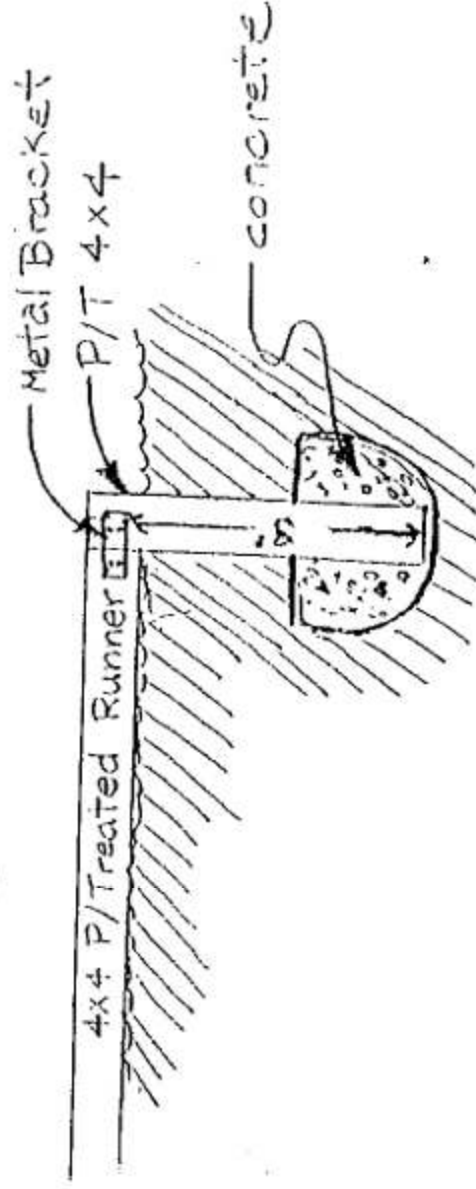
15'

DRAWN BY HOMEOWNER  
Randall Smith

APPROVED FOR RECORDING  
4/20/93 Stan King  
shd

LANES MILL ROAD

# Everlast Sheds Anchoring Systems



1000 1000 1000 1000

1000 1000 1000 1000

551 California Ave



# Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of  
Division of Inspections

## CHECK LIST

Re: Block

1406.5

Lot

1

Please be advised that your application for a construction permit for the subject property has been rejected due to deficiencies in the following areas:

Administrative

Zoning

Engineering

Building

Plumbing

Electric

Fire

Show setbacks on plot-plan

See attached review check list (s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a building permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection/(s) have been corrected and the application resubmitted.

4-27-93

Arthur J. Cierzo, Construction Official