



**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.ix:

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. 5:23-2.15(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(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 ABG Electric Co  
 Address 918 Highway 33 Ste 1  
Freehold NJ 07728  
 Telephone ( 732 ) 462-3232  
 Signature [Signature]

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

UCC/F-100  
 Professional Printing  
 (856) 468-7933

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)

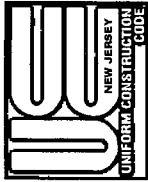
Name of Code & Edition

Name of Code & Edition

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



# ELECTRICAL SUBCODE TECHNICAL SECTION

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

Block 701 Lot 7 Qualification Code 744 pt. 10  
Work Site Location Shoptite Brick  
Owner in Fee: Saver Shoprite  
Tel. 732 244-2372 e-mail 922 Highway 33, Freehold  
Address 922 Highway 33, Freehold  
Contractor: ABG Electric Co. Inc. Tel. 732 462-3232  
Address 918 Highway 33, Ste. 1  
Freehold, NJ 07728

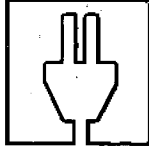
Contractor License No. 5304B e-mail george@abgelectric.com  
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):  
Federal Emp. ID No. 223 284-873/000 FAX: 732 462-3463

## B. ELECTRICAL CHARACTERISTICS

Use Group: Present \_\_\_\_\_ Proposed \_\_\_\_\_  
☐ Pole/Pad # \_\_\_\_\_ ☐ Temporary ☐ Other \_\_\_\_\_  
Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_  
Estimated Cost of Electrical Work \$ 68,850.00

| JOB SUMMARY (Office Use Only)                                                                                               |                               | INSPECTIONS                   |         | Dates (Month/Day) |          |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|---------|-------------------|----------|
| PLAN REVIEW                                                                                                                 | Type:                         | Failure                       | Failure | Failure           | Approval |
| <input checked="" type="checkbox"/> No Plans Required                                                                       | Rough                         |                               |         |                   | Initial  |
| <input type="checkbox"/> Partial-Underslab Utilities Approved                                                               | Barrier-Free                  |                               |         |                   |          |
| Date: _____ Approved by: _____                                                                                              | Trench                        |                               |         |                   |          |
| <input type="checkbox"/> Electric Plans Approved                                                                            | Temp. Serv.                   |                               |         |                   |          |
| Date: _____ Approved by: _____                                                                                              | Constr. Serv.                 |                               |         |                   |          |
| Joint Plan Review Required:                                                                                                 | TCO                           |                               |         |                   |          |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elev. | Other                         |                               |         |                   |          |
| SUBCODE APPROVAL for PERMIT                                                                                                 |                               | Service                       |         |                   |          |
| Date: <u>2-16-12</u>                                                                                                        | Final                         | Barrier-Free                  |         |                   |          |
| Approved by: <u>JS</u>                                                                                                      | Temp. Cut-in-Card Date Issued |                               |         |                   |          |
| SUBCODE APPROVAL for CERTIFICATE                                                                                            |                               | Final Cut-in-Card Date Issued |         |                   |          |
| <input type="checkbox"/> CO <input type="checkbox"/> CC0 <input type="checkbox"/> CA                                        | Annual Pool Inspection        |                               |         |                   |          |
| Date: _____                                                                                                                 | Date of Grounding and Bonding |                               |         |                   |          |
| Approved by: _____                                                                                                          | Certification                 |                               |         |                   |          |

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy



Date Received 12-04-16  
Date Issued \_\_\_\_\_  
Control # \_\_\_\_\_  
Permit # \_\_\_\_\_

## C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application, and perform the work listed on this application. Applicant sign/Contractor sign and seal here:

Print name here: George Beck  
☒ Licensed Elec. Contractor ☐ Certif'd Landscape Irrigation Contr'r ☐ Exempt Applicant

## D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Direct Replacement

FEE (Office Use Only)

ITEMS  
Lighting Fixture 41 - highbay fixtures  
Receptacles  
Switches 33 - 5' freezer lights  
Detectors  
Light Poles  
Motors—Fract. HP  
Emergency & Exit Lights  
Communications Points  
Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights  
Storable Pool/Spa/Hot Tub  
KW Elec. Rang./Receptacle  
KW Oven/Surface Unit  
KW Elec. Water Heater  
KW Elec. Dryer/Receptacle  
KW Dishwasher  
HP Garbage Disposal  
KW Central A/C Unit  
HP/KW Space Heater/Air Handler  
KW Baseboard Heat  
HP Motors 1/+ HP  
KW Transformer/Generator  
AMP Service  
AMP Subpanels  
AMP Motor Control Center  
KW Elec. Sign/Outline Light

Administrative Surcharge \$  
Minimum Fee \$  
State Permit Surcharge Fee \$  
TOTAL FEE \$

UCC/F-120  
(rev. 11/09)  
Professional Printing  
(856) 468-7933

COMMERCIAL



# CONSTRUCTION PERMIT

Date Issued 2/24/12  
Control # C-12-000441  
Permit # 12-0416

IDENTIFICATION Block: 701 Lot: 7 Qualifier \_\_\_\_\_  
Work Site Location: 744 ROUTE 70 Shop Rite electrical Brick Township, NJ Contractor ABG Electric Co., Inc.  
Address 918 HIGHWAY 33 Freehold NJ 07728  
Owner in Fee BRICKTOWN VF LLC %VORNADO REALTY  
210 ROUTE 4 EAST PARAMUS NJ 07652 Telephone: (732) 462-3232  
Telephone: (732) 294-2372 Lic. No. or Bldrs. Reg. No. 5304B  
Federal Employee No. \_\_\_\_\_

## Is hereby granted permission to perform the following work:

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

## DESCRIPTION OF WORK:

ELECTRICAL ALTERATIONS Highboy fixtures and freezer lights

**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 \$68,850

Construction Official [Signature]

Date 2-16-12

U.C.C. F170  
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

|                             |        |
|-----------------------------|--------|
| Building                    | \$0    |
| Electrical                  | \$90   |
| Plumbing                    | \$0    |
| Fire Protection             | \$0    |
| Elevator Devices            | \$0    |
| Other                       | \$0.00 |
| DCA Training Fee            | \$117  |
| CO Fee                      | \$0    |
| Other                       | \$0    |
| Total                       | \$207  |
| Check No. <u>0000873170</u> |        |
| Cash                        | \$0    |
| Credit                      | \$0    |
| Collected By                |        |

## REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

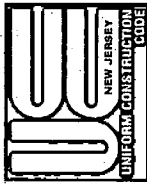
Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



# ELECTRICAL SUBCODE TECHNICAL SECTION

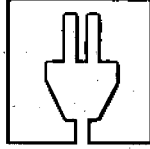
**A. IDENTIFICATION—APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 701 Lot 1 Qualification Code 744 et 10  
Work Site Location Shoptite Bldg  
Owner in Fee: Saver Shoprite  
Tel. 732 394-2372 e-mail Freehold  
Address 922 Highway 33, Freehold  
Contractor: ABG Electric Co. Inc. Tel. 732 462-3232  
Address 918 Highway 33, Ste. 1  
Freehold, NJ 07728  
Contractor License No. 5304B e-mail george@abgelectric.com  
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):  
Federal Emp. ID No. 223 284-873/000 FAX: 732 462-3463

## B. ELECTRICAL CHARACTERISTICS

Use Group: Present ☐ Pole/Pad # ☐ Temporary ☐ Other ☐  
Building Occupied as ☐ Utility Co. ☐  
Estimated Cost of Electrical Work \$ 68,850.00

| JOB SUMMARY (Office Use Only)                                                                                                       |                               | INSPECTIONS |          | Dates (Month/Day) |  |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------|----------|-------------------|--|
| PLAN REVIEW                                                                                                                         | Type:                         | Failure     | Approval | Initial           |  |
| <input checked="" type="checkbox"/> No Plans Required                                                                               | Rough                         |             |          |                   |  |
| <input type="checkbox"/> Partial-Underslab Utilities Approved                                                                       | Barrier-Free                  |             |          |                   |  |
| Date: <u>2-16-12</u>                                                                                                                | Trench                        |             |          |                   |  |
| <input type="checkbox"/> Electric Plans Approved                                                                                    | Temp. Serv.                   |             |          |                   |  |
| Date: <u>2-16-12</u>                                                                                                                | Constr. Serv.                 |             |          |                   |  |
| Joint Plan Review Required:                                                                                                         |                               |             |          |                   |  |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elev. Service | TCO                           |             |          |                   |  |
| SUBCODE APPROVAL for PERMIT                                                                                                         |                               |             |          |                   |  |
| Date: <u>2-16-12</u>                                                                                                                | Final                         |             |          |                   |  |
| Barrier-Free                                                                                                                        |                               |             |          |                   |  |
| Approved by: <u>JS</u>                                                                                                              | Temp. Cut-in-Card Date Issued |             |          |                   |  |
| SUBCODE APPROVAL for CERTIFICATE                                                                                                    |                               |             |          |                   |  |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA                                                | Final Cut-in-Card Date Issued |             |          |                   |  |
| Date: <u>2-16-12</u>                                                                                                                | Annual Pool Inspection        |             |          |                   |  |
| Approved by: <u>JS</u>                                                                                                              | Date of Grounding and Bonding |             |          |                   |  |
| Certification                                                                                                                       |                               |             |          |                   |  |



Date Received 12-04-16  
Date Issued 2/24/12  
Control # 744  
Permit # 744

## C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application, and perform the work listed on this application. Applicant sign/Contractor sign and seal here:

Print name here: George Beck

☒ Licensed Elec. Contractor ☐ Cert'd Landscape Irrigation Contr'r ☐ Exempt Applicant

## D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Direct Replacement

QTY SIZE 74

## ITEMS

Lighting Fixture 41- Highway  
Receptacles fixtures  
Switches 33-5' freezer  
Detectors lights  
Light Poles  
Motors—Fract. HP  
Emergency & Exit Lights  
Communications Points  
Alarm Devices/F.A.C. Panel

## TOTAL NUMBERS

Pool Permit/with UW Lights  
Storable Pool/Spa/Hot Tub  
KW Elec. Rang/Receptacle  
KW Oven/Surface Unit  
KW Elec. Water Heater  
KW Elec. Dryer/Receptacle  
KW Dishwasher  
HP Garbage Disposal  
KW Central A/C Unit  
HP/KW Space Heater/Air Handler  
KW Baseboard Heat  
HP Motors 1/+ HP  
KW Transformer/Generator  
AMP Service  
AMP Subpanels  
AMP Motor Control Center  
KW Elec. Sign/Outline Light

FEE (Office Use Only)

Administrative Surcharge \$  
Minimum Fee \$  
State Permit Surcharge Fee \$  
TOTAL FEE \$

