



U.C.C. F100-1 (rev. 3/86)

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 Robert C. P. [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 _____

Address _____

Telephone (973) 332-8588

Signature Robert C. P. [Signature]

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

1310-

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/19/2003
Date Issued 03/20/2003
Control #
Permit # 03-0877

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

Block 670 Lot 4 Qual
Work Site Location 2770 HOSPER AVE-THEATRE
REKOF & SIDING

Owner in Fee KENNEDY MALL ASSOC
Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-

Tele.(913)986-2800
Contractor KENNEDY ASSOCIATION

Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-

Tele.(913)986-2800 Fax ()
Lic. No. of Bldrs. Reg. No.
Federal Emp. No. 22-2882365

JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Initial

☐ No Plans Req.	Type	Dates (Month/Day)
☐ All	Footings	Failure Approval Initial
☐ Footing	Foundation	
☐ Foundation	Slab	
☐ Frame	Frame	
☐ Other	Barrierfree	
Joint Plan Review Required:		
☐ Elect ☐ Plumb ☐ Fire	Insulation	
☐ SUBCODE APPROVAL ☐ Elev	Finishes	
☐ CO ☐ CCO ☐ CA	Energy	
Date:	Mechanical	
Approved By:	TCO	
	Other	
	Final	
	Barrierfree	

B. BUILDING CHARACTERISTICS
Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ 0
2. Alteration \$ 50,000
3. Total (1+2) \$ 50,000
Industrialized Building:
☐ State Approved
☐ HUD

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.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REKOF AND SIDING

TYPE OF WORK

☐ New Building	FEE (Office Use Only)
☐ Addition	0
☒ Alteration	1,250
☐ Roofing	0
☐ Siding	0
☐ Fence	0
☐ Sign	0
☐ Pool	0
☐ Asbestos Abatement Subchapter 8	0
☐ Lead Haz. Abatement NJAC 5:17	0
☐ Other	0
☐ Demolition	0

Paid [x] Check # 003134 Administrative Surcharge \$ 0
Collected by: JB Minimum Fee \$ 0
DCA State Permit Fee TOTAL FEE \$ 1,250
50

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/19/2003
Date Issued 03/20/2003
Control #
Permit # 03-0817

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING
CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 520 Lot 4
Work site location 2710 MOORE AVE-THEATRE
PERMIT & SIDING

Owner in Fee KENNEDY MALL ASSOC
Address 641 SHURPIKE RD
CHAIRMAN, NJ 07928-
Tele. (973) 866-2800
Contractor KENNEDY ASSOCIATION
Address 641 SHURPIKE RD
CHAIRMAN, NJ 07928-
Tele. (973) 866-2800 Fax ()
Lic. No. of Bldgs. Reg. No.
Federal Emp. No. 22-2982385

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.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

RENOOF AND SIDING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Req.			Type	Failure	Failure Approval
☐ All			Footings		
☐ Footings			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Barrierfree		
Joint Plan Review Required:			Insulation		
☐ Elect ☐ Plumb ☐ Fire			Finishes		
SUBCODE APPROVAL ☐ Elev			Energy		
☐ CO ☐ CCO ☐ CA			Mechanical		
Date:			TCO		
Approved by:			Other		
			Final		
			Barrierfree		

B. BUILDING CHARACTERISTICS

Use Group	Present R-3	Proposed R-3	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ 0
No. of stories	0	0	2. Alteration \$ 50,000
Height of structure	0 ft.	0 ft.	3. Total (1+2) \$ 50,000
Area Largest floor	0 Sq. ft.	0 Sq. ft.	Industrialized Building:
New Bldg. Area/All floors	0 Sq. ft.	0 Sq. ft.	☐ State Approved
Volume of New structure	0 Cu. ft.	0 Cu. ft.	☐ HUD
Total Land Area Disturbed	0 Sq. ft.	0 Sq. ft.	

FEE (Office Use Only)

Paid [X] Check # 003128	Administrative Surcharge	\$ 0
Collected by: JS	Minimum fee	\$ 0
	TOTAL FEE	\$ 1,200
	OCA State Permit fee	\$ 50

TOWNSHIP OF BRICK
401 CRAMERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMITS

Date Issued 03/20/2003
Control #
Permit # 03-0877

IDENTIFICATION Block 570 Lot 4 Qual
Work Site Location 2770 MOORE AVE-TRENTON
REAR & SIDING
Owner in Fee KENNEDY MALL ASSOC
Address 641 SHADPIKE RD
CHAIRMAN, NJ 07928-
Telephone (973) 986-2800
Contractor KENNEDY ASSOCIATION
Address 641 SHADPIKE RD
CHAIRMAN, NJ 07928-
Telephone (973) 986-2800
Lic. No. of Bldgs. Reg. No.
Federal Emp. No. 22-2982365

Is hereby granted permission to perform the following work:
☒ BUILDING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
REAR & SIDING

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 \$ 50,000

Construction Official

U.C.C. 1770 (rev. 3/96)

Date

PAYMENTS (Office Use Only)

Building 1,360
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA State Permit Fee 50
Cert. of Occupancy 0
Other
Total 1,410
Check No. 002134
Cash
Collected By JS

03/20/03 9:10AM 0000008386
XX06 SERV.006

NO30877 BUILDING \$1260.00
DCA \$50.00
CHECK \$1310.00

Applicable to Ordinance 720-92

This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK
Debris Form

Work Site Address 2770 Hoegaan av

Block 670 Lock 4

Contractor Kenny Mall ASS

Contractor's Address 641 Shumpit RD. Chatham NJ

Type of Construction (minor, new home) _____

Type of Debris (shingles, siding, wood, etc.) _____

Party Responsible for removal Kenny Mall ASS

Dumpster Size 30y

Destination of Debris Discard Dump

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Robert G. Russo
Signature

3/19/03
Date

Print Name

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 2770 Hopper Ave
 Block: 670 Lot: 4
 Owner's Name: KENNEDY MALL ASS.
 Owner's Mailing Address: 641 SHUNPIKE RD CHATHAM NT 07929
 Phone: (973) 966-2800

BUILDING

Contractor: KENNEDY MALL ASS.
 Address: 641 SHUNPIKE RD.
CHATHAM NT 07929
 Phone#: 973-966-2800
 Lis # _____
 Federal Emp # or SSN 22-2982315

Technical Data

Description of Work:

Type of Work

☐ New Building ☒ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☒ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign _____ sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
 No of Stories: 1
 Height of Structure: _____
 Area of the largest floor: _____
 Area of New Structure: _____
 Volume of New Structure: _____
 Total Land Disturbed: _____

Cost of Alteration: \$ ~~100,000~~ 50,000

Cost of New Building: \$ _____

Total Cost of New Building Work: \$ ~~100,000~~ 50,000

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: Robert C. Frodel
 Please Print Name ROBERT C. FRODEL

ELECTRICAL

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

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	_____

Pool (Receptacles, Switches, Lights, Motor HP) _____
 Spa/Hot Tub/Storable Pool _____
 Electric Range _____ KW
 Oven/Surface Unit _____ KW
 Electric Water Heater _____ KW
 Electric Dryer _____ KW
 Dishwasher _____ HP
 Garbage Disposal _____ HP
 A/C Unit - Central Air _____ KW
 Space Heater/Air Handler _____ KW
 Baseboard Heating _____ KW
 Motors 1+ HP _____
 Transformer/Generator _____ KW
 Light Stander _____ AMP
 Service _____ AMP
 Subpanel _____ AMP
 Motor Control Center _____ AMP
 Sign/Outline Light _____ KW
 Furnace _____
 Steam Boiler _____
 Other: _____

Estimated Cost of Electrical 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

Counter Form
PLEASE PRINT

PLUMBING

FIRE

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

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 (DR 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

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.

Signature: _____

Print Name: _____