



LDS BR 10404814

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 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 Wayne J. [Signature] Date 4/29/97

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	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protection									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

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 EXPIRED

☐ Temporary Certificate of Occupancy

No. _____

☐ Temporary Certificate of Occupancy

No. _____

☐ Continued Certificate of Occupancy

No. _____

☐ Certificate of Occupancy

No. _____

☐ Certificate of Approval

No. _____

☐ None

OUTBACK
Rest.



CONSTRUCTION PERMIT

Date Issued 5-9-97
Control #
Permit # 1185-97

IDENTIFICATION Block 670 Lot 4

Work Site Location 2770 Harbor Ave

Contractor Wayne Gemit Plz
Address _____

Owner In Fee OUTBACK RESTAURANT
Address 2770 Harbor Ave
Tampa, FL

Tele. (____) _____

Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Tele. (____) 908 920 1222

Federal Emp. No. _____

or Social Security No. _____

Is hereby granted permission to perform the following work:

☐ BUILDING ☒ PLUMBING ☐ OTHER _____

☐ ELECTRICAL ☐ FIRE PROTECTION

☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

OUTBACK
SPRINKLER
System.

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 \$ 420

U.C.C. Form F-170C

CONSTRUCTION OFFICIAL

1 WHITE - OFFICE 2 CANARY - TAX ASSESSOR 3 PINK - JACKET 4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building _____

Plumbing 75

Electrical 75

Fire Protection _____

Other _____

Other _____

DCA Training Fee _____

Cert. of Occ. _____

Other _____

Total 95

Check No. 2538

Cash _____

Collected By: ang



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

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
Work Site Location 2770 Old Hopedale Ave.
Brick, N.J. 08723
Owner in Fee Outback Steak House Inc.
Address 550 North 120 St.
Tampa, FL 33609
Tele. (813) 283-1225
Contractor Wayne Grant Plumbing
Address 1091 Grace Drive
Toms River, N.J. 08753
Tele. (908) 240-6993
Lic. No. 8773
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present A-3 Proposed _____
Building Sewer Size 4" Public Sewer _____ Private Sewer _____
Water Service Size 2" Public Water _____ Private Well _____
Estimated Cost of Plumbing Work \$ 420

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS			
Type:		Dates (Month/Day)			
Failure		Approval			
Initial					
☐ No Plans Required	Slab				
☐ Joint Plan Review Required:	Rough				
☐ Bldg. ☐ Elec.	Water				
☐ Fire ☐ Elevator	Sewer				
☐ Plumb. Plans Approved	Fixtures				
Date: _____	Gas Equipment				
Approved by: _____	Gas Piping				
SUBCODE APPROVAL:	Solar				
☐ CO ☐ CCO ☐ CA	TCO				
Approved By: _____					
Date: _____					

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

D. TECHNICAL SITE DATA (List all fixtures.)

NO. FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Water Control Valve

Water Control Valve

or Refrigeration Unit

Sewer Connection

Water Service Connection

Active Solar System

Other

Any, but

FEE (Office Use Only)

Paid ☐ Check # _____ Minimum Fee \$ _____
DCA Training Fee \$ _____
Collected by: _____ TOTAL \$ _____



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

5-9-97
1185-97

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

Block 070 Lot 4
Work Site Location OUR BACK STEAK HOUSE -

Owner in Fee OUR BACK STEAK HOUSE
Address KENNEDY MAIL-

Tele. (908) 892-9043
Contractor PLUMBING TOUCH SITE WORK INC. 16 LANDSCAPING CORP
Address PO BOX 2047 BRICK NJ

Tele. (Plumber) Wayne Summit Plumbing & Heating
Lic. No. Plumbing Lic. # 8773
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS				
[] No Plans Required		Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:		Slab				
[] Bldg. [] Elec.		Rough				
[] Fire [] Elevator		Water				
[] Plumb. Plans Approved		Sewer				
Date: <u>5-9-97</u>		Fixtures				
Approved by: <u>[Signature]</u>		Gas Equipment				
SUBCODE APPROVAL:		Gas Piping				
[] CO [] CC [] CO		Solar				
Approved By: <u>[Signature]</u>		TCO				
Date: <u>5-14-97</u>						

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.

☒ Licensed Plumbing Contractor [] Exempt Applicant

Signature—Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C	
	or Refrigeration Unit	
	Sewer Connection	
	Aux. Water meter meter	
	Active Solar System	
	Other <u>20 HEATERS</u>	
	<u>Ignition system/Aux meter</u>	
	Administrative Surcharge	\$
	Paid [] Check # _____ Minimum Fee	\$
	Collected by: _____ DCA Training Fee	\$
	TOTAL	\$ <u>95</u>

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY
1551 Highway 88 West, Brick, New Jersey 08724-2399
(908)458-7000 • FAX (908)458-7725

APPLICATION FOR AUXILIARY WATER METER

DATE: 4/22/97

Applicant's Name: Outback Steak House Telephone No. 920-1222

Mailing Address: 2770 Hooper Ave. Kennedy Mall

Service Location: 2770 Hooper Ave.

Account Number: K450623 K450639 Block: 670 Lot: 4

Size of Existing Service: 2" Size of Existing Meter: 2"

Mark D. Bonner
Applicant's Signature

Mark D. Bonner
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 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.
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.

APPLICATION FOR AUXILIARY WATER METER

DATE: 10/17/96
Applicant's Name: OUT BACK STEAK HOUSE FINAL Touch SITEWORK, INC.
LANDSCAPING CO., INC. Telephone No. 908-892-9043
Mailing Address: KENNEDY MALL CHA
Service Location: Kennedy mall - Outback
Account Number: K450623 Block: 670 Lot: 4
Size of Existing Service: 1" Size of Existing Meter: 1"

[Signature]
Applicant's Signature

[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 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.
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.

BOCA® PLAN REVIEW RECORD

Valuation: _____

Plan Review # _____

Fee: _____

Date _____

NATIONAL BUILDING CODE
(All Articles except 24, 28, 29, 30, 31 and 32)

JURISDICTION Plumbing
(City, County, Township, etc.)

BUILDING LOCATION 2770 Old Hooper Ave
(Street address)

BUILDING DESCRIPTION Outback

REVIEWED BY DM

Numerals indicated in parenthesis are applicable code sections of the 1987 BOCA National Building Code.

CORRECTION LIST

No.	DESCRIPTION	Code Section
①	is it for sprinkler + hatch -?	
	called 4-30-97	
	DM	
	Sprinkler contractor will	
	come in with second tech	
	1011 free	
	Called 11 ⁵⁵	
	5-9-97	
	pls call back	
	Pager # 1-888-302-1970	
	Mark Bowman	
	W L Griffith	
	Gen'l Contractor	

The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. Copyright, 1987, Building Officials and Code Administrators International, Inc. Reproduction by any means is prohibited. BOCA® is a trademark of Building Officials and Code Administrators International, Inc., and is registered in the U.S. Patent and Trademark Office. NOTE: In order that we might develop other programs and provide additional services of benefit to the Code Administration profession, please re-order additional copies of this form from:



BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795