

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

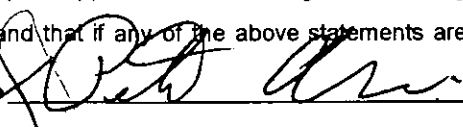
I further certify that I will perform the following work:

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

10/1/98

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 (_____) _____

Signature _____

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 _____

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
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 10/01/98
Control #
Permit # 98-3409

IDENTIFICATION Block 670 Lot 4 Qual _____

Work Site Location 2770 HOOPER AVE UNIT 31
DEMO

Owner in Fee ALISEO, PETER
Address 2770 HOOPER AVE
BRICK, NJ
Telephone (732) 929-4313

Contractor H O M E O H M E R
Address _____
Telephone () _____
Lic. No. or Bids. Reg. No. _____
Federal Edp. No. HQ- _____

Is hereby granted permission to perform the following work:

[X] BUILDING [] PLUMBING [] LEAD HAZARD ABATEMENT
[] ELECTRICAL [] FIRE PROTECTION [X] DEMOLITION
[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:
DEMO REMOVE RUGS BOOTHS KNEE WALLS

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 \$ 1,000

Construction official
[Signature]

O.C.C. FID (rev. 3/96)

10/01/98

NO.	10
DATE	10/01/98
CHANGE	00294005
CASH	0
TOTAL	66.00
BUILDING	66.00
LOT	0.00
BLCK	0.00
340988	
340988	

PAYMENTS (Office Use Only)

Building 66
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other _____
DCA Training Fee 0
Cert. of Occupancy 0
Other _____
Total 66
Check No. _____
Cash _____
Collected By _____ PA

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/01/98
Date Issued 10/01/98
Control #
Permit # 98-3409

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 HOOPER AVE UNIT 31

DEMO

Owner in Fee ALISEO, PETER

Address 2770 HOOPER AVE

BRICK, NJ

Tele. (732) 929-4313

Contractor

Address

Tele. () Fax ()

Lic. No. of Bldrs. Reg. No.

Federal Emp. No. HO-

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[] No Plans Req.

[] All

[] Footing

[] Foundation

[] frame

[] Other

Joint Plan Review Required:

[] Elect [] Plumb [] fire

SUBCODE APPROVAL [] Elev

[] CO [] CCQ [] CA

Date: 1-29-99

Approved By: [Signature]

INSPECTIONS

Type

Footing

Foundation

Slab

frame

Barrierfree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

Barrierfree

Dates (Month/Day)

Failure failure Approval Initial

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

DEMO REMOVE RUGS BOOTHS KNEE WALLS

TYPE OF WORK

[] New Building

[] Addition

[] Alteration

[] Roofing

[] Siding

[] Fence

[] Sign

[] Pool

[] Asbestos Abatement Subchapter 8

[] Lead Haz. Abatement NJAC 5:17

[] Other

Other

[X] Demolition

FEE (Office Use Only)

\$

Administrative Surcharge

Paid [X] Check # Cash

Collected by: PA

DCA Training Fee

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK

401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: 24 Kennedy Plaza Date Rec'd.: 90/1/98
Block: 670 Lot: 4 Date Issued:
Owner in Fee: Peter Aliseo Control #:
Address: 55 Gilford Ave Permit #:
Toms River NJ
State: NJ Zip: 08757 Phone: (732) 929-4313
SS #: [REDACTED] Provide only if Applicant is owner

PLUMBING SUBCODE	BUILDING SUBCODE
CONTRACTOR:	CONTRACTOR: <u>Peter Aliseo</u>
ADDRESS:	ADDRESS: <u>55 Gilford Ave</u> <u>Toms River NJ 08757</u>
PHONE:	PHONE: <u>(732) 929-4313</u>
LIC #:	LIC #:
LIC EXPIRATION DATE:	LIC EXPIRATION DATE: <u>[REDACTED]</u>
FEDERAL EMP. # (or S.S. #):	FEDERAL EMP. # (or S.S. #): <u>[REDACTED]</u>
TECHNICAL SITE DATA (LIST ALL FIXTURES)	TECHNICAL SITE DATA
NO. FIXTURE/EQUIPMENT	DESCRIPTION OF WORK:
<u>Water Closet</u>	<u>REMOVAL OF RUGS BOOTHS</u>
<u>Urinal / Bidet</u>	<u>KNOB WALLS</u>
<u>Bath Tub</u>	
<u>Lavatory</u>	
<u>Shower</u>	
<u>Floor Drain</u>	
<u>Sink</u>	
<u>Dishwasher</u>	
<u>Drinking Fountain</u>	
<u>Washing Machine</u>	
<u>Hose Bibb</u>	
<u>Gas Piping</u>	
<u>Fuel Oil Piping</u>	
<u>Water Heater</u>	
<u>Steam Boiler</u>	
<u>Hot Water Boiler</u>	
<u>Sewer Pump</u>	
<u>Interceptor / Separator</u>	
<u>Backflow Preventer</u>	
<u>Greasetrap</u>	
<u>Water Cooled AC or Refrig. Unit</u>	
<u>Sewer Connection</u>	
<u>Septic (Disposal System) Closure</u>	
<u>Water Service Connection</u>	
<u>Gas Service Connection</u>	
<u>Active Solar System</u>	
<u>Vent Through Roof</u>	
<u>Other</u>	
Estimated Cost of Plumbing Work: \$	TYPE OF WORK
Signature:	☐ New Building
Owner ☐ Contractor ☐	☐ Addition ☐ Fence: Height (6' or More)
SUBCODE APPROVAL:	☐ Alteration ☐ Sign: Sq. Ft.
PLANS: Required ☐ Approved ☐	☐ Roofing ☐ Pool (In Ground)
Approved by:	☐ Siding ☐ Pool (Above Ground)
Date:	☐ Other: ☐ Asbestos Abatement
CONTRACTOR AFFIX SEAL:	☐ Other: ☐ Demolition
	BUILDING CHARACTERISTICS
	USE GROUP Present: Proposed:
	CONSTR. CLASS Present: Proposed:
	No. of Stories:
	Height of Structure:
	Area - Largest Floor:
	New Building Area / All Floors:
	Volume of Structure: Total Land Disturbed:
	Signature: <u>Peter Aliseo</u>
	Estimated Cost of Building Work:
	New Building (1): \$
	Alteration (2): \$ <u>1,000</u>
	TOTAL (1+2): \$
	SUBCODE APPROVAL:
	PLANS: Required ☐ Approved ☐
	Approved by: <u>Frank Miano</u>
	Date:

COUNTER FORM

PLEASE PRINT

ELECTRICAL SUBCODE			FIRE PROTECTION SUBCODE		
CONTRACTOR:			CONTRACTOR:		
ADDRESS:			ADDRESS:		
PHONE:			PHONE:		
LIC. #:		EXP. DATE:	LIC. #:		EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):			FEDERAL EMPL. #: (or S.S. #):		
TECHNICAL DATA (LIST ALL FIXTURES)			TECHNICAL DATA (DESCRIPTION OF WORK)		
DESCRIPTION	QTY	SIZE			
ITEMS					
Lighting Fixtures					
Receptacles					
Switches					
Detectors					
Light Poles			Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar		
Motors - Fract. HP			Heating Sys: ☐ New ☐ Existing		
Emergency & Exit Lights			Location of Furnace / Boiler _____		
Communications Points					
Alarm Devices/E.A.C. Panel					
TOTAL NUMBERS					
Pool Permit w/UW Lights			Water Supply Source		
Storable Pool/Spa/Hot Tub			Method of Valve Supervision		
KW Elec. Range / Receptacle		KW	Local Alarm Supervision		
KW Oven / Surface Unit		KW	Central Supervision		
KW Elec. Water Heater		KW	Proprietary Supervision		
KW Elec. Dryer / Receptacle		KW			
KW Dishwasher		KW	Flammable Liquid Storage Tanks Capacity: Fuel:		
HP Garbage Disposal		HP	Combustible Liquid Storage Tanks Capacity: Fuel:		
KW Central A/C Unit		KW	L.G.P. Storage Tanks Capacity: Fuel:		
HP/KW Space Heater/Air Handler		HP/KW			
KW Baseboard Heat		KW	DESCRIPTION NUMBER		
HP Motors 1/+ HP		HP	Wet Sprinkler Heads		
KW Transformer/Generator		KW	Dry Sprinkler Heads		
AMP Service		AMP	Total		
AMP Subpanels		AMP			
AMP Motor Control Center		AMP	Smoke Detectors		
AMP Elec. Sign/Outline Light		KW	Heat Detectors		
Other			Total		
Other					
Other			Stand Pipes		
Other			Kitchen Hood Exhaust Systems		
Estimated Cost of Electrical Work: \$					
Signature (print name):			Pre-Engineered Systems		
Estimated Cost of Electrical Work: \$			Co2 Suppression		
Signature (print name):			Halon Suppression		
☐ Owner ☐ Contractor			Foam Suppression		
SUBCODE APPROVAL:			Dry Chemical		
PLANS: Required ☐ Approved ☐			Wet Chemical		
Approved by:					
Date:			Gas or Oil Fired Appliance		
CONTRACTOR AFFIX SEAL:			Other		
			Other		
			Estimated Cost of Fire Protection Work: \$		
			Signature:		
			☐ Owner ☐ Contractor		
			SUBCODE APPROVAL:		
			PLANS: Required ☐ Approved ☐		
			Approved by:		
			Date:		

Applicable to Ordinance 728-92

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

TOWNSHIP OF BRICK

24 Kennedy
Work Site Address Block Lot

Peter ALISEO 55 GILFORD Toms River NJ 929-4313
Owner's Name, Address, Phone

Peter ALISEO 55 GILFORD Toms River NJ 929-4313
Contractor's Name, Address, Phone

Construction RENOVATION OF RESTROOM
Describe type (Single-family home, etc.)

Demolition INSIDE RULES BOOTHS KNOCK WALLS
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material BOOTHS RIGS
KNOCK WALLS

Name, address and phone of party responsible for removal of debris:
PETER ALISEO 55 GILFORD AVE Toms River 929-4313

Size of dumpster: 30 yd.

Destination of discarded debris: MANALAPATTA LAND FILL

Hauler's DEP Permit No.:

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

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 or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

Peter ALISEO
Printed/Typed Name Signature Date 10/11/98

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached?

Certified tipping receipts attached?

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:

1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant