

LDS BR 10404812

## 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

*Anthony Quinn*

Date

7/22/96

### 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

Kennedy Mall

Assoc.

Address

641 Sharpie Rd.

Chatham, NJ

07923

Telephone

(201) 966-2500

Signature

*Anthony Quinn*

Date

8/22/96

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"/> 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 Protection |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Utility Dig No.                        |                   |            |                   |            |                   |            |                   |            |          |
| <input checked="" type="checkbox"/> Zoning                      |                   |            |                   |            |                   |            |                   |            |          |

*Approved 8/22/96 by Sean Kinney, Zoning Officer*

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition

Name of Code & Edition

Building \_\_\_\_\_  
Electrical \_\_\_\_\_  
Plumbing \_\_\_\_\_  
Fire Protection \_\_\_\_\_  
Mechanical \_\_\_\_\_

Energy \_\_\_\_\_  
Barrier Free \_\_\_\_\_  
Flood Hazard \_\_\_\_\_  
As Built Elevation Cert. \_\_\_\_\_  
Other \_\_\_\_\_

Other \_\_\_\_\_

X. CERTIFICATES ISSUED (office use only)

DATE ISSUED

DATE EXPIRED

DATE REISSUED

DATE EXPIRED

- ☐ Temporary Certificate of Occupancy  
☐ Temporary Certificate of Compliance  
☐ Continued Certificate of Occupancy  
☐ Certificate of Compliance  
☐ Certificate of Occupancy  
☐ Certificate of Approval

No. \_\_\_\_\_  
No. \_\_\_\_\_  
No. \_\_\_\_\_  
No. \_\_\_\_\_  
No. \_\_\_\_\_  
No. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# CERTIFICATE

Date Issued 10/28/96  
Control #  
Permit # 2249-96

## IDENTIFICATION

Block 670 Lot 4  
Work Site Location 2774 Hooper Ave/Kennedy Mall  
Brick, N.J.  
Owner in Fee Kennedy Mall Assoc.  
Address 641 Shunpike Rd  
Chatham N.J.  
Tele. (      )       
Contractor      Same       
Address       
Tele. (      )       
Lic. No. or Bldgs. Reg. No.       
Federal Emp. No.       
or Social Security No.     

Home Warranty No. N/A  
Use Group       
Maximum Live Load       
Description of Work/Use:  
Demo of Old Alan's Building  
Type of Warranty Plan: [    ] State [    ] Private  
Construction Classification       
Maximum Occupancy Load     

## CERTIFICATE OF OCCUPANCY/APPROVAL

### ☐ CERTIFICATE OF OCCUPANCY

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

### ☒ CERTIFICATE OF APPROVAL

### ☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

### ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than      19      or the owner will be subject to a fine or order to vacate:

CONSTRUCTION OFFICIAL *[Signature]*

Fee \$       
Paid [    ] Check No.       
Collected by:



# CONSTRUCTION PERMIT

Date Issued  
Control #  
Permit #

8/29/96

2249-96

IDENTIFICATION Block 670 Lot 4

Work Site Location Kennedy Mall/Albany Electric Contractor SOME (S) OWNER  
Cedarbridge Ave Address \_\_\_\_\_

Owner in Fee Kennedy Mall Assoc. Address \_\_\_\_\_  
111 Shick Ave 2B Tel. (\_\_\_\_) \_\_\_\_\_  
Cedarbridge Ave 2B Lic. No. or Bldrs. Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Tele. (201) 166 2800 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:

*demo*

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 \$ 12,500 -  
Ray Korkowski  
CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

## PAYMENTS (Office Use Only)

Building 85 -  
Plumbing \_\_\_\_\_  
Electrical \_\_\_\_\_  
Fire Protection \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_  
DCA Training Fee 10 -  
Cert. of Occ. \_\_\_\_\_  
Other \_\_\_\_\_  
Total 95 -  
Check No. 116p  
Cash \_\_\_\_\_  
Collected By: MS



**BUILDING  
SUBCODE  
TECHNICAL SECTION**



Date Received  
Date Issued  
Control #  
Permit #

8/29/96  
2249-96

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

Block 6790 Lot 1  
Work Site Location 2774 Kennedy Highway, Brick, N.J.  
Owner in Fee 641 Kennedy Rd. Chatham, N.J.  
Address 07928  
Tele. 201-966-2500  
Contractor Kennedy Mall Ed. Assoc.  
Address 641 Kennedy Rd. Chatham, N.J.  
Tele. 201-966-2500 07928  
Lic. No. or Bldg. Reg. No. 07928  
Federal Emp. No.                      or Social Security No.                     

**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 [Signature]

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

Demolition of  
OLD ALAN'S Florist

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW                                                                                  | Date           | Initial            | INSPECTIONS           | Dates (Month/Day) | Initial  |
|----------------------------------------------------------------------------------------------|----------------|--------------------|-----------------------|-------------------|----------|
| <input checked="" type="checkbox"/> No Plans Req.                                            | <u>8/27/96</u> | <u>[Signature]</u> | Type: <u>Footings</u> | Failure           | Approval |
| <input type="checkbox"/> All                                                                 |                |                    | Footings              |                   |          |
| <input type="checkbox"/> Footing                                                             |                |                    | Foundation            |                   |          |
| <input type="checkbox"/> Foundation                                                          |                |                    | Slab                  |                   |          |
| <input type="checkbox"/> Frame                                                               |                |                    | Frame                 |                   |          |
| <input type="checkbox"/> Other                                                               |                |                    | Insulation            |                   |          |
| Joint Plan Review Required:                                                                  |                |                    | Finishes:             |                   |          |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire |                |                    | Energy                |                   |          |
| SUBCODE APPROVAL                                                                             |                |                    | Mechanical            |                   |          |
| <input type="checkbox"/> CO <input type="checkbox"/> CO <input type="checkbox"/> CO          |                |                    | TCO                   |                   |          |
| Date: <u>10/1/96</u>                                                                         |                |                    | Other                 |                   |          |
| Approved By: <u>[Signature]</u>                                                              |                |                    | Final                 |                   |          |

**B. BUILDING CHARACTERISTICS**

Use Group Present                      Proposed                       
Constr. Class Present                      Proposed                       
No. of Stories 2  
Height of Structure 24 Ft.  
Area—Largest Floor 8,400 Sq. Ft.  
New Bldg. Area/All Floors                      Sq. Ft.  
Volume of New Structure                      Cu. Ft.  
Total Land Area Disturbed                      Sq. Ft.

Est. Cost of Bldg. Work: Demo

1. New Bldg. \$                       
2. Alteration \$                       
3. Total (1 + 2) \$ 812500.00

TYPE OF WORK:  
☐ New Building  
☐ Addition  
☐ Alteration

☒ Demolition  
☐ Roofing  
☐ Siding  
☐ Fence                      Height (6' or over)  
☐ Sign                      Sq. Ft.  
☐ Pool  
☐ Asbestos Abatement  
☐ Other                       
☐ Other                     

(Office Use Only)  
FEE  
\$                       
\$                       
\$                       
\$                       
\$                       
\$                       
\$                       
\$                       
\$                       
\$                     

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

# ALL-PRO Hauling, Inc.

HEAVY BULK SPECIALISTS  
DEMOLITION SPECIALISTS

Ph: (908) 928-4285  
Fax: (908) 928-6489

BILL OF LADING NO. 3308

PICKUP DATE:

9/7/96

PICKUP SITE #:

Job site

DROP DATE:

DROP SITE#:

MANIFEST #:

CUSTOMER:

Dig it

TRACTOR #

319

TRAILER #

DRIVER

Qdu

LOAD

DESCRIPTION OF LOAD

POUNDS

TONS

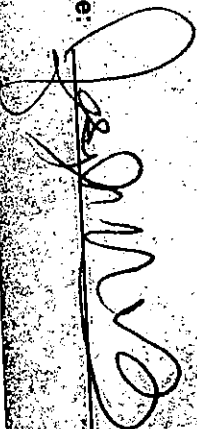
RATE

AMOUNT

Load Demo

COMMENTS:

Customer Signature:



Drop Facility Signature:

# ALL-PRO Hauling, Inc.

HEAVY BULK SPECIALISTS  
DEMOLITION SPECIALISTS

Ph: (908) 928-4285  
Fax: (908) 928-6489

BILL OF LADING NO. 3309

PICKUP DATE: 9/10/96

PICKUP SITE #: Job site

DROP DATE:

DROP SITE#:

MANIFEST #:

CUSTOMER:

TRACTOR #:

TRAILER #:

DRIVER:

LOAD:

DESCRIPTION OF LOAD

POUNDS

TONS

RATE

AMOUNT

COMMENTS:

Signature:

Drop Facility Signature:



**Drop Facility Signature**

# ALL-PRO Hauling, Inc.

HEAVY BULK SPECIALISTS  
DEMOLITION SPECIALISTS

Ph: (908) 928-4285  
Fax: (908) 928-6489

BILL OF LADING NO. 3127

PICKUP DATE: 9-6-96

PICKUP SITE #: \_\_\_\_\_

DROP DATE: 9-7-96

DROP SITE #: \_\_\_\_\_

MANIFEST #: \_\_\_\_\_

CUSTOMER: D.L.C. INC.

300 C & O W 100

TRACTOR # 77 TRAILER # T177 DRIVER [Signature]

| LOAD # | DESCRIPTION OF LOAD | POUNDS | TONS | RATE | AMOUNT |
|--------|---------------------|--------|------|------|--------|
| 100    | WOOD TO BILKERS     |        |      |      |        |
|        |                     |        |      |      |        |
|        |                     |        |      |      |        |
|        |                     |        |      |      |        |
|        |                     |        |      |      |        |

COMMENTS:

Customer Signature: [Signature] Drop Facility Signature: \_\_\_\_\_

# HEAVY BULK SPECIALISTS DEMOLITION SPECIALISTS

Ph: (908) 928-4285

**Fax: (908) 928-6489**

**BILL OF LADING NO. 3155**

PICKUP DATE: 9/17/06

PICKUP SITE # \_\_\_\_\_

**DROP DATE:** \_\_\_\_\_

DROP SITE #: \_\_\_\_\_

MANIFEST # \_\_\_\_\_

**CUSTOMER:**

TRACTOR # 543 TRAILER # 1 DRIVEN

[illegible]

**COMMENTS:**

Paul D. Noe

10601 MRS

**Customer Signature:**

John W. Lee

**Drop Facility Signature:**

**R & S Sewer Contractors Inc.**

2679 Highway 70  
Manasquan, New Jersey 08736  
(908) 528-8555

August 22, 1998

Anthony Davino  
FIDELITY MANAGEMENT CO., INC.  
641 Shunpike Road  
Chatham, NJ 07928  
(201) 966-2800  
(201) 966-6161 fax

RE: KENNEDY MALL PLAZA  
2770 Hooper Ave, Brick

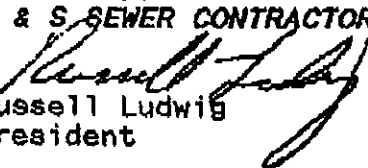
Dear Anthony,

Be advised that we have disconnected the water and sewer at the existing two-story building (formerly Alan's Florist) contiguous to the Mobile Station on Old Hooper Avenue

Also be advised that this disconnect work has been approved by the Brick Township Municipal Utilities Authority.

If you have any questions regarding the above, please feel free to contact me. Thank you for your consideration.

Sincerely,  
R & S SEWER CONTRACTORS, INC.

  
Russell Ludwig  
President

RL/dm



Jersey Central Power & Light Company  
417 New Jersey Avenue  
Point Pleasant Beach, New Jersey 08742

July 17, 1998

Alpha Engineering  
1309 Bridge Street  
New Cumberland, PA 17070

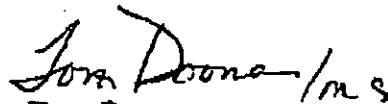
Dear Customer:

This letter confirms that Jersey Central Power and Light Company has performed a field inspection of the building listed below and determined that our electric service cables and meters have been removed.

2774 Hooper Ave  
Brick, New Jersey 08723

This notification is effective as of the above date, and certifies the referenced building is now electrically safe for demolition.

Sincerely,

  
Tom Doonan  
Project Specialist

TD/ms

democtr.pf1



NEW JERSEY  
NATURAL GAS  
COMPANY

People and Resources Dedicated to Service

775 VASSAR AVENUE, LAKEWOOD, NEW JERSEY 08701-6906

July 12, 1996

Alpha Consultant Engineers  
1309 Bridge Street  
New Cumberland, PA 17070

RE: 2774, Hooper Avenue - BrickTown  
Service already retired in 1992.

Dear Alpha Consultant Engineers:

Per your request, New Jersey Natural Gas company has investigated the above reference property for the presence of our natural gas facilities. The facilities (if any) have been permanently retired at the main, which may be in the road or behind the curb.

If you would like to have the gas service restored, you will need to contact one of our representatives at least six (6) weeks prior to the estimated reconnection date. This is necessary for us to obtain the permits required to restore service. The service will be installed in a straight line, perpendicular from the curb line to the meter location.

NEW JERSEY NATURAL GAS COMPANY  
775 VASSAR AVENUE  
LAKEWOOD, NJ 08701

CC: R. Gallo  
File

Fax- (717) 770-0516

Applicable to Ordinance 728-92  
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

Kennedy Mall - OLD ALAN'S Florist 670 4  
Work Site Address Block Lot

Kennedy Mall Assoc. 641 Shurpike Rd.  
Owner's Name, Address, Phone Chatham, N.J. 07925

Dig-it Excavation Box 354 Rd 3 Robbinsville, N.J. 08691  
Contractor's Name, Address, Phone (609) 259-0824

Construction \_\_\_\_\_  
Describe type (Single -family home, etc.)

Demolition 2 story wood/masonry / Felt roof - mop down  
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material \_\_\_\_\_

Name, address and phone of party responsible for removal of debris:

Dig - it Excavation (S.A.A.) ↑

Size of dumpster: \_\_\_\_\_

Destination of discarded debris: \_\_\_\_\_

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 submissin 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.

Anthony Davino Anthony Davino 8/22/96  
Printed/Typed Name Signature Date

\*\*\*\*\*

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