

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 _____ Date _____

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 Protect.									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

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

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	
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		



CONSTRUCTION PERMIT

Date Issued 12-1-92
Control #
Permit # 2444-92

IDENTIFICATION Block 701 Lot 7
Work Site Location At 70 & Chambers Bridge Rd. Fire Sprinkler Sys.
Owner in Fee South Unlimited / Bldg Brick
Address 107 27 & 166
Toms River, NJ
Tele. ()
Contractor
Address
Tele. ()
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No. 00000000
or Social Security No. 00000000

is hereby granted permission to perform the following work:

[] BUILDING [] PLUMBING [] OTHER
[] ELECTRICAL [x] FIRE PROTECTION

DESCRIPTION OF WORK:

anti freeze loop

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 \$ 3000.

[Signature]
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use-Only)		
Building	<u>701 #</u>	0.00
Plumbing	<u>25.00</u>	0.00
Electrical	<u>7 #</u>	
Fire Protection	<u>46.00</u>	26.00
Other	<u>FIRE</u>	4.00
Other	<u>D.C.A.</u>	2.00
DCA Training Fee	<u>257.00</u>	2.00
Cert. of Occ.	<u>20.00</u>	9.00
Other	<u>CHECK</u>	9.00
Total	<u>CASH</u>	2.00
Check No.	<u>2786</u>	1.00
Cash	<u>✓</u>	
Collected By:	<u>[Signature]</u>	



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received _____
Date Issued 12-1-92
Control # 2444-92
Permit # _____

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
Work Site Location Spirit's Unlimited - Caldor Shopping Center
Chambersbridge Rd. & Rt. 70, Bricktown, NJ 08723
Owner in Fee BC of Brick t/a Spirit's Unlimited
Address Routes 37 and 166
Toms River, New Jersey 08753
Tele. (908) 340-2710
Contractor Fire Sprinkler Systems, Inc.
1594 Route 9 - Suite 8
Address Toms River, New Jersey 08755
Tele. (908) 914-0307
Lic. No. 222-022-879
Federal Emp. No. 222-022-879 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems ☐ New ☐ Existing
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar
☐ Other _____
Location: _____
Total Est. Cost of Fire Prot. Work \$ _____ ☐ Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)	
☐ No Plans Required	Type:	Failure	Approval	Initial	
☐ Bldg. ☐ Plumb. ☐ Elec.	Suppression Test				
☒ Fire Plans Approved	Fire Alarm Test				<u>2/3/93</u>
Date: <u>12/1/92</u>	Smoke Test				
Approved by: <u>[Signature]</u>	Mechanical				
SUBCODE APPROVAL:	TCO				
☐ CO ☐ CGO ☒ CA	Other				
Date: <u>2/3/93</u>	Other				
Approved by: <u>[Signature]</u>	Other				

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

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks _____
Combustible Liquid Storage Tanks _____
L.P.G. Storage Tanks _____
L.N.G. Storage Tanks _____

() Capacity _____ Fuel _____
() Capacity _____ Fuel _____
() Capacity _____ Fuel _____

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
TOTAL _____

Smoke Detectors _____
Heat Detectors _____
TOTAL _____

Stand Pipes _____
Kitchen Hood Exhaust Systems _____

Pre-Engineered Systems

CO₂ Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas or Oil Fired Appliance _____
OTHER _____

FEE (Office Use Only)

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
Collected by _____ TOTAL FEE \$ _____



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

12-1-92
2444-92

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

Block 701
Work Site Location SPRINTS Unlimited
Owner in Fee Charles D. Hapley
Address 914-0307
Tele. 914-0307
Contractor 1594 Spruill St. Suite 200
Address 1594 Spruill St. Suite 200
Tele. 914-0307
Lic. No. 222-022-878
Federal Emp. No. 222-022-878 Social Security N [REDACTED]

B. PLUMBING CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)	
PLAN REVIEW:	INSPECTIONS:
	Type: Failure Failure Approval Initial
☐ No Plans Required	Slab _____
☐ Joint Plan Review Required:	Rough _____
☐ Bldg. ☐ Elec. ☐ Fire	Water _____
☐ Plumb. Plans Approved	Sewer _____
Date: <u>12-1-92</u>	Fixtures _____
Approved by: <u>[Signature]</u>	Gas Equipment _____
	Gas Final _____
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.

[] 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	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C	
	or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge \$ _____
Paid [] Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL \$ 25