

U.C.C. F100-1 (rev. 3/96)

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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 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	Other
Building _____	Energy _____	
Electrical _____	Barrier Free _____	
Plumbing _____	Flood Hazard _____	
Fire Protection _____	As Built Elevation Cert. _____	
Mechanical _____	Other _____	

X. CERTIFICATES ISSUED (office use only)

☐ Temporary Certificate of Occupancy	No	_____	DATE ISSUED	_____	DATE EXPIRED	_____	DATE REISSUED	_____	DATE EXPIRED	_____
☐ 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

Date Issued 01/14/2003
Control #
Permit # 03-0121

UCC NEW JERSEY
CONSTRUCTION
PERMITS

IDENTIFICATION Block 55E.01 Lot 19 Sublot _____

Work Site Location 2345 WOODER AVE
TORCH DOWN/ROOF

Owner in Fee BOTTICZKI RED LION

Address SAME
BRICK, NJ

Telephone ()

Contractor I K O CONGT
Address 1792 TOWN RD
TOWNS RIVER, NJ 08755-
Telephone (732) 255-6715
Lic. No. or Bldgs. Reg. No. _____
Federal Emp. No. _____

I hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ROOF/TORCH DOWN

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 \$2,000

Michael J. Conway
Construction Official
01/14/2003

U.C.C. F170 (rev. 3/96)

Date

PAYMENTS (Office Use Only)

Building 0
Electrical 0
Plumbing 0
Fire Protection 35
Elevator Devices 0
Other 0
OCA State Permit Fee 2
Cert. of Occupancy 0
Other 0
Total 37
Check No. _____
Cash 1
Collected By MC

01/14/03 9:07AM 00000007117

XX01 SERV.001

#030121

FIRE

DCR

XXXXXXXXXX

CASH

CHANGE

01/14/03 9:07AM 00000007117

XXXXXXXXXX

\$37.00

\$37.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION
Date Received 01/14/2003
Date Issued 01/14/2003
Control #
Permit # 03-0121

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

Block 552.01 Lot 19 Qual
Work Site Location 2545 HODDER AVE
TORCH DOWN/ROOF
Owner in Fee BOTIAZZI RED LION
Address SAME
BRICK, NJ
Tele. ()
Contractor T K Q CONST
Address 1792 TODD RD
TOMS RIVER, NJ 08753-
Tele. (732) 255-6716
Lic. No. or Bldg. No. "
Federal Emp. No. [REDACTED]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr Class Present Proposed
Heating Systems [] New [] Existing [] HVAC
Type: [] Gas [] Oil [] Elect [] Solar
[X] Other TORCH DOWN
Location: ROOF
Total Est Cost of Fire Prot Work \$ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Blgd [] Elect
[] Plumb [] Elevator
[] Fire Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[] CO [] CCO [] CA
Date:
Approved By:
INSPECTIONS
Type Failure Dates (Month/Day) Initial
Alarm Sys
Supr Test
Standpipe
Fire Pulp
Prefing Sys
Mechanical
Smoke Ctl
TCO
Final
Other

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks

Type: [] Flammable Liquid [] Combust Liquid
[] LPG [] LNG Capacity 0 Fuel
Alarm Systems [] 110v Interconnected NUMBER

FEE (Office Use Only)

Alarm Devices (Smoke, Heat, Pulls, Water/Flow) 0
Supervisory Devices (Tamper, Low/High Air) 0
Signalling Devices (Horn/Strobes, Bells) 0
Other Devices 0
TOTAL 0

Suppression Systems

Fire Pump 0 GPM Type
Dry Pipe/Alarm Valves 0
Pre-action Valves 0
Sprinkler Heads (Dry and Wet) 0
Standpipes 0
Pre-Engineered Systems
Wet Chemical 0
Dry Chemical 0

CO2 Suppression 0
Foam Suppression 0
Halon Suppression 0
Other TORCH DOWN 35

Kitchen Hood Exhaust System 0
Smoke Control System 0
Gas [] or Oil [] Fired Appliances 0
Other 0

Paid (X) Check # Cash
Collected by: DC
Administrative Surcharge \$ 0
Minimum Fee \$ 0
TOTAL FEE \$ 35
DCA State Permit Fee \$ 2

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and so authorized to make this application.

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION
Date Received 01/14/2003
Date Issued 01/14/2003
Control #
Permit # 03-0121

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

Block 552.01 Lot 19
Mort Site Location 2545 HOOPER AVE
TORCH DOWN/ROOF

Owner in Fee 801A221 RED LIGH
Address SAME
BRICK, NJ

Tele. ()
Contractor T K O CONST
Address 1792 1000 RD
TORCH DOWN/ROOF

Tele. (732) 235-5716
Tons River, NJ 08735-
Lic. No. or Bldg. Reg. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS
Use Group Present B Proposed B
Const Class Present Proposed
Heating Systems [] New [] Existing [] HVAC
Type: [] Gas [] Oil [] Elect [] Solar
[X] Other TORCH DOWN
Location: ROOF
Total Est Cost of Fire Prot Work \$ 2,000

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Elect
[] Plumb [] Elevator
[] Fire Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[] CO [] ECO [] CA
Date:
Approved By:
INSPECTIONS
Type Alarm Sys
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.

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks
Type: [] Flammable Liquid [] Combust Liquid
[] LPB [] LNG Capacity 0 Fuel

Alarm Systems [] 110V Interconnected NUMBER
[] System

Alarm Devices (smoke, heat, pull, water/flow)
Supervisory Devices (tamper, low/high air)
Signalling Devices (horn/strobes, bells)
Other Devices
TOTAL

Suppression Systems
Fire Pump () GPM Type
Dry Pipe/Alarm Valves
Pre-action Valves
Sprinkler Heads (Dry and Wet)
Standpipes
Pre-Engineered Systems
Wet Chemical
Dry Chemical
CO2 Suppression
Foam Suppression
Halon Suppression
Other TORCH DOWN

Kitchen Hood Exhaust System
Smoke Control System
Gas [] or Oil [] Fired Appliances
Other
Other

Paid (X) Check # Cash
Collected by: DC
Administrative Surcharge \$
Minutemen Fee \$
TOTAL FEE \$ 35
DCM State Permit Fee \$ 2

FEE (Office Use Only)

Counter Form
PLEASE PRINT

PLUMBING

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

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	_____
Urinals/Bidets	_____
Bath Tub (w/or w/out shower head)	_____
Lavatory (BR 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

FIRE

Edward Volkrath
Contractor: TKO Contr.
Address: 1792 Todd Rd
Tom River NJ
Phone #: 732 557-0485
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Description of Work: REPAIR TOUCH ROOF
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 \$2000

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: *Edward Volkrath*

Print Name: Edward Volkrath

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 2545 Hooper Ave.
Block: 552.0 Lot: 19
Owner's Name: 2545 Hooper Ave.
Owner's Mailing Address: _____
Phone: () _____

BUILDING

ELECTRICAL

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

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

Technical Data

Description of Work: _____

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	_____

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: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Structure: _____
Volume of New Structure: _____
Total Land Disturbed: _____

Cost of Alteration: \$ _____

Cost of New Building: \$ _____

Total Cost of New Building 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 _____

Pool (Receptacles, Switches, Lights, Motor 1HP)	_____
Spa/Hot Tub/Storable Pool	_____
Electric Range	_____ KW
Oven/Surface Unit	_____ KW
Electric Water Heater	_____ KW
Electric Dryer	_____ KW
Dishwasher	_____ KW
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