

Mette Pan

LDS BR 10206347

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

Dickson Elec

Address

503 Brick Blvd.
Brick NJ 08723

Telephone

(732) 920-6841

Signature

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

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 07/17/98
Control 0
Permit 0 98-2408

IDENTIFICATION Block 547.01 Lot 15 Qual

Work Site Location 399 BRICK BLVD DEGEORGE DR/
METER PAN
Owner in Fee DEGEORGE, JOHN
Address 249 BRICK BLVD
BRICK, NJ 08723-
Telephone (732) 477-6363

Contractor DIGGSON ELECT.
Address 503 BRICK BLVD.
BRICK, NJ 08723-
Telephone (908) 920-6441
Lic. No. of Bldg. [REDACTED]
Federal Emp. No. [REDACTED]

Is 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:

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 \$ 500

Construction Official

[Signature]

07/17/98
Date

U.C.C. 1710 (rev. 3/95)

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	0
DCA Training Fee	0
Cart. of Occupancy	0
Other	0
Total	35
Check No.	3953
Cash	
Collected By	TL



ELECTRICAL SUBCODE TECHNICAL SECTION

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-2900.

Block 547.01 Lot 399 Brick Blvd - Dumpt Plaza.

Work Site Location Pascades P-209 Brick US 08723

Owner in Fee/Occupant 3044 Degeose

Address 249 Brick Blvd.

Address Brick US 08723

Tele. (732) 477-6363

Contractor D-1600 13851

Address 503 Brick Blvd.

Address Brick US 08723

Tele. (732) 920-6441 Fax (732) 920-2944

Lic. No. 8193

Federal Emp. No. [REDACTED]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed Commercial

☐ Pole/Pad # 1 ☐ Temporary ☐ Other 1

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 500.

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial INSPECTIONS

☒ No Plans Required Type: Rough Failure Failure Approval Initial

Joint Plan Review Required: Temp. Serv. Const. Serv. TCO Other Service Final

☐ Building ☐ Plumbing ☐ Fire ☐ Elevator

☐ Elec. Plans Approved Date: 7-2-98

Approved by: Wm

SUBCODE APPROVAL

☐ CO ☐ CCO ☒ CA

Date: 2-17-98

Approved by: Wm

Temp. Cut-in-Card Date Issued 990717 Wm

Final Cut-in-Card Date Issued 990717 Wm

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.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Electrical Contractor ☐ Exempt Applicant



Date Received
Date Issued
Control #
Permit #

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Emergency Repair Meter

FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

DCA Training Fee \$

TOTAL FEE \$ 35



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Block 547.01 Lot 399 Brick Blvd - Drumpf Plaza -
Work Site Location Pascades P. 2290 Brick US 08723
Owner in Fee/Occupant 3044 DeGeorge
Address 249 Brick Blvd.
Tel: (732) 477-6363
Contractor DeGeorge Electric
Address Brick US 08723
Tel: (732) 920-6441 Fax (732) 920-2944
Lic. No. 8293
Federal Emp. No. Commercial
B. ELECTRICAL CHARACTERISTICS
Use Group Present Commercial Proposed Commercial
☐ Pole/Pad # 1 ☐ Temporary ☐ Other Commercial
Building Occupied as Commercial Utility Co. Commercial
Est. Cost of Elec. Work \$ 500.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type:	Failure	Failure	Approval	Initial
☒ No Plans Required			Rough				
☐ Joint Plan Review Required:			Temp. Serv.				
☐ Building ☐ Plumbing			Constr. Serv.				
☐ Fire ☐ Elevator			TCO				
☐ Elec. Plans Approved			Other				
Date: <u>7-2-94</u>			Service				
Approved by: <u>MM</u>			Final				
SUBCODE APPROVAL:				Temp. Cut-in-Card Date Issued			
☐ CO <u>1030311111</u>				Final Cut-in-Card Date Issued			
Date: <u>7-2-94</u>							
Approved by: <u>MM</u>							

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TOTAL NUMBERS

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Storable Pool/Spa/Hot Tub
KW Elec. Range/Receptacle
KW Oven/Surface Unit
KW Elec. Water Heater
KW Elec. Dryer/Receptacle
KW Dishwasher
HP Garbage Disposal
KW Central A/C Unit
HP/KW Space Heater/Air Handler
KW Baseboard Heat
HP Motors 1/+ HP
KW Transformer/Generator
AMP Service
AMP Subpanels
AMP Motor Control Center
KW Elec. Sign/Outline Light
Emergency Repair
Meter Box

FEE (Office Use Only)

Administrative Surcharge
Minimum Fee
DCA Training Fee
TOTAL FEE

\$
\$
\$
\$