



I. IDENTIFICATION

1. Proposed Work Site at: BRICK H.

2. Name of Owner in Fee: Brick Box Tel. (C) _____
Address Chambers Bridge Rd. _____
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: J. Strober & Sons Tel. (609) 397 0348
Address Box 177 Ringoes, NJ 08531

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. 221836486 FAX: (_____) _____

5. Architect or Engineer: Prezelle Group Tel. (609) 695-270
Address 205African Dr. Trenton NJ 08618

6. Responsible Person in Charge of Work: Mike Strober's Sons
Tel. (609) 397 0348 FAX (609) 397 0573

COMMERCIAL

1.	Building	\$		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Other (Specify)	\$		
7.	Less 20% for State Plan Review			
8.	Subtotal	\$		
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	\$		

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____
 no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

(office use only)

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☒ Alteration *Re-roof*
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. B
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

Est. Cost

[illegible]

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks

2. ☐ High Pressure Boilers

3. ☐ Pressure Vessels

4. ☐ Refrigeration Systems

5. ☐ Cross-Connections/Backflow Preventers

6. ☐ Hazardous Uses/Places of Assembly

7. ☐ Sprinklers

8. ☐ Smoke Control Systems in Open Wells

9. ☐ Underground Storage Tanks

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction

After Construction

Net Gain or Loss

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group. Indicate Former:

LDS BR-B 10677874

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 STEVE WOODS

Address Box 137

Rumors, NJ, 08551

Telephone (609) 397-5348

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	Other
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

Date Issued 06/20/2003
Control #
Permit # 03-2687

UDC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 701.37 Lot 12 Sub 1

Work Site Location 346 CHAMBERSBRIDGE RD
RE ROOF COULD APPLIED
Owner In Fee BRICK BD OF ED-HIGH SCHOOL
Address 101 HENDERSON ALYD
CITY, NJ
Telephone (732)265-2626
Contractor J STROBER & SONS
Address PO BOX 177
RINDEN, NJ 08551-
Telephone (609)390-0308
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. 22-1836485

Is hereby granted permission to perform the following work:
(X) BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 9 only)

DESCRIPTION OF WORK:

RE ROOF COULD APPLIED
EXEMPT

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 \$ 10

Construction Official

06/20/2003

Date

PAYMENTS (Office Use Only)

Building 0
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other 0
DCA State Permit Fee 0
Cert. of Occupancy 0
Other 0
Total 0
Check No. 0
Cash 0
Collected By 0

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

WCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/20/2003
Date Issued 06/20/2003
Control #
Permit # 03-2687

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

Contract No. 70.09
Work Site Location 344 CHAMBERSBRIDGE RD
NE ROOF FOLD APPLIED

Owner in Fee BRICK RD OF ED-HIGH SCHOOL (732) 262-2500

Address 101 HENRIKSON BLVD
BRICK, NJ
Joe - Supervisor of Bldg Maint

Phone (732) 262-2524
Contractor J. STROBER & SONS

Address PO BOX 177
KINROSS, NJ 08531

Phone (609) 398-0338 Fax ()

Lic. No. of Bldg. Reg. No.

Permit Exp. No. 22-182482

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[] No Plans Req.

[] All

[] Footing

[] Foundation

[] Frame

[] Other

Joint Plan Review Required

[] Eject [] Pinch [] Fire

SUBCODE APPROVAL [] Elev

[] CO [] CTD [] GA

Date: 3-30-07

Approved by: [Signature]

INSPECTIONS

Type

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Date (Month/Day)

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

Failure

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

DE TECHNICAL SITE DATA

DESCRIPTION OF WORK

RE ROOF FOLD APPLIED

EXHPT

W. H. B. D. past
Pumps/ Garage

FEE (Office Use Only)

[] New Building

[] Addition

[] Alteration

[] Roofing

[] Siding

[] Fence

[] Sign

[] Pool

[] Subsequent Attachment Subchapter B

[] Lead Haz. Abatement NJAC 5:17

[] Other

[] Other

[] Demolition

[] Demolition

[] Demolition

[] Demolition

[] Demolition

[] Demolition

[] Demolition

[] Demolition

[] Demolition

[] Demolition

[] Demolition

Administrative Surcharge

Miniature Fee

TOTAL FEE

DEA State Permit Fee

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UNC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/20/2003
Date Issued 06/20/2003
Control #
Permit # 03-2687

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

Block 701.29 Lot 12 Sub 1

Work Site Location 346 CHAMBERS BRIDGE RD

RE ROOF COLD APPLIED

Owner in Fee BRICK RD OF ED-HIGH SCHOOL

Address 101 HENDRICKSON BLVD

BRICK, NJ

Tele. (732) 262-2826

Contractor J STROBER & SONS

Address PO BOX 177

RHODES, NJ 08551-

Tele. (609) 398-0348 Fax ()

Lic. No. of Bldgs. Reg. No.

Federal Emp. No. 22-1634486

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plans Req. _____

☐ All _____

☐ Footing _____

☐ Foundation _____

☐ Frame _____

☐ Other _____

Joint Plan Review Required:

☐ Eject ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CG ☐ CCO ☐ CA

Date: _____

Approved By: _____

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

Barrierfree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

Barrierfree

Dates (Month/Day)

Failure

Failure

Approval

Initial

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed B _____

Constr. Class Present _____ Proposed _____

No. of Stories _____

Height of Structure _____

Area Largest Floor _____

New Bldg. Area-All Floors _____

Values of New Structure _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____

2. Alteration \$ _____

3. Total (1+2) \$ _____

Industrialized Building:

☐ State Approved

☐ HUD

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

RE ROOF COLD APPLIED

EXEMPT

TYPE OF WORK

☐ New Building

☐ Addition

☐ Alteration

☐ Roofing

☐ Siding

☐ Fence _____

☐ Sign _____

☐ Pool _____

☐ Asbestos Abatement Subchapter B

☐ Lead Haz. Abatement NJAC 5:17

☐ Other _____

Other _____

☐ Demolition

FEE (Office Use Only)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Administrative Surcharge

Minimum Fee

TOTAL FEE

Collected by: _____

DCA State Permit Fee

\$ _____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/20/2003
Date Issued 06/20/2003
Control #
Permit # 03-2687

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

Block 701.35 Lot 12 Sub 1
Host Site Location 348 CHAMBERSBRIDGE RD
SE POOF COLD APPLIED

Owner in Fee BRICK SD OF ED-HIGH SCHOOL
Address 101 HENDRICKSON BLVD

BRICK, NJ

Tale. 17321252-2626

Contractor J STRIDER & SONS

Address PO BOX 177

RHODES, NJ 08551-

Tale. 5692398-0348 Fax 1

Lic. No. of Blare, Esq. He

Federal Exp. No. 22-1836586

JOE SHIMMITY (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 ☐ CCO ☐ CA _____

Dates: _____

Approved By: _____

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 so authorized to make this application.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SE POOF COLD APPLIED

ENERGY

FEE (Office Use Only)

☐ New Building _____

☐ Addition _____

☐ Alteration _____

☐ Roofing _____

☐ Siding _____

☐ Fence _____

☐ Sign _____

☐ Pool _____

☐ Asbestos Abatement Subchapter 8 _____

☐ Lead Haz. Abatement NJAC 5:17 _____

☐ Other _____

Other _____

☐ Denial _____

Est. Cost of Bldg. Work: _____

1. New Bldg. \$ _____

2. Alteration \$ _____

3. Total (1+2) \$ _____

Administrative Surcharge _____

Minima Fee _____

PAID () Check # _____

Collected by: _____

DCA State Permit Fee _____

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: Brick H.S
Block: 701-39 Lot: 12
Owner's Name: Brice Bore
Owner's Mailing Address: _____
Phone: (____) _____

BUILDING

Contractor: J. Strober & Sons
Address: Box 177
Ringers, N.J. 08551
Phone#: _____
Lis # _____
Federal Emp # or SSN _____

Technical Data

Description of Work: Remove roof stress
to deck then replace
insulation and install
Tremco Cold Applied
Built up roof w/insulation

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☒ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign _____ sq ft
☐ Fireplace wd/gas

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: \$ 530,000.00

Cost of New Building: \$ _____

Cost of Site Work \$ _____

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 Steve Weiss

ELECTRICAL

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

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	_____

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

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

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

Technical Data

Description of Work: _____
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 _____

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: _____

Print Name: _____

Applicable to Ordinance 720-92

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

TOWNSHIP OF BRICK
Debris Form

Work Site Address: Brick H.S. Chambersbridge, Rd

Block: 701.39 Lot: 12

Contractor: J. STROBER SONS.

Contractor's Address: Box 177 Ringoes, MT

Type of Construction (minor, new home): ve roof

Type of Debris (shingles, siding, wood, etc.): Built up roofing

Party responsible for removal: J. STROBER SONS

Dumpster size: -30

Destination of debris: Landfill or transfer sta.

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

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

Signature

Steve Lucas
Print Name

Date

6/20/03