

DS BR-B 10677591

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 _____

4-26-05

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
Building _____	Energy _____
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. _____	_____	_____	_____

FOR OFFICE USE ONLY

Constituent Contact Report

[illegible]

☐ Zoning Application deemed complete

Initialed: _____

Date: _____

☐ Zoning Application approved

Initialed: _____

Date: _____

- Zoning permit updates:

[illegible]



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/13/2007
Tracking Number C-05-134414
Permit Number 05-1319
Permit Issue Date 04/26/2005
Certificate Number 05-1319

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1678 W. PRINCETON AVE. Brick Township, Block: 835 Lot: 9 Qual: NJ
Owner in Fee: CALIANESE, ALESSANDRO & JOAN
Owner Address: 1030 KENNEDY BLVD BAYONNE NJ 07002
Telephone: _____
Contractor: CALIANESE, ALESSANDRO & JOAN
Address: 1030 KENNEDY BLVD BAYONNE NJ 07002
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:

NEW ROOF

Certificate Comments:

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **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 Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: _____
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____

Conditions to be met:

Construction Official

Date Printed: 02/13/2007

Fee: \$0.00

Check Number: _____

Collected By: Mary Jane Rinaldi

Page 1



CONSTRUCTION PERMIT

Date Issued 04/26/2005
Control # C-05-134414
Permit # 05-1319

IDENTIFICATION Block: 835 Lot: 9 Qualifier _____
Work Site Location: 1678 W. PRINCETON AVE. Brick Township, NJ Contractor CALIANESE, ALESSANDRO & JOAN
Address 1030 KENNEDY BLVD BAYONNE NJ 07002
Owner in Fee CALIANESE, ALESSANDRO & JOAN
Address 1030 KENNEDY BLVD BAYONNE NJ 07002 Telephone: _____
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

NEW ROOF

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 \$1

Construction Official Date 04/26/2005

U.C.C. F170
equiv (rev 8/03)

INSPECTOR COPY

PAYMENTS (Office Use Only)

Building	\$50
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$50
Check No.	
Cash	\$50
Credit	\$0
Collected By	<u>Mary Jane Rinaldi</u>



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

05-1319
4-26-05

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

Block 835 Lot Q
Work Site Location 1678 W Princeton Ave.
Owner in Fee ALESSANDRO CALIANDRE
Address 1030 KENNEDY BLVD BAHAMAS CT 07003
Tel. [REDACTED]
Contractor [REDACTED]
Address [REDACTED]
Tele. () [REDACTED]
Lic. No. or Bids. Reg. No. [REDACTED]
Federal Emp. No. [REDACTED] or Social Security No. [REDACTED]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Approval
☐ No Plans Req.			Footings		
☐ All			Foundation		
☐ Footing			Slab		
☐ Foundation			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ CCO ☐ PCA			TCO		
Date: <u>4-13-07</u>			Other		
Approved By: <u>[Signature]</u>			Final		

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	<u>X</u>		1. New Bldg. \$ <u>500.00</u>
No. of Stories			2. Alteration \$ <u>500.00</u>
Height of Structure			3. Total (1+2) \$ <u>500.00</u>
Area - Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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

RE-ROOF HOUSE. CAN NEW SHINGLES OVER EXISTING SHINGLES

(Office Use Only)
FEE

TYPE OF WORK:	Height (6' or over)
☐ New Building	
☐ Addition	
☒ Alteration	
☒ Roofing	
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Asbestos Abatement	
☐ Other	
☐ Other	
☐ Demolition	

Paid ☐ Check #	Administrative Surcharge
Collected by: <u>DCA TRAINING FEE</u> <td>Minimum Fee \$ <u>500.00</u></td>	Minimum Fee \$ <u>500.00</u>
TOTAL FEE	\$ <u>500.00</u>



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

05-1319
4-26-05

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 835 Lot Q
Work Site Location 1678 W PINESTON AVE.

Owner in Fee ALESSANDRO CALIANDRE

Address 1035 KENNEDY BLVD, BIRMINGHAM AL 35202

Tele. [REDACTED]

Contractor [REDACTED]

Address [REDACTED]

Tele. [REDACTED]

Lic. No. or Bldgs. Reg. No. [REDACTED]

Federal Emp. No. [REDACTED] or Social Security No. [REDACTED]

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 [REDACTED]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

RE-ROOF HOUSE.

EXISTING SHINGLES

NEW SHINGLES U/S

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Approval
☐ No Plans Req.			Footings		
☐ All			Foundation		
☐ Footing			Slab		
☐ Foundation			Frame		
☐ Frame			Insulation		
☐ Other			Finishes:		
Joint Plan Review Required:			Energy		
☐ Elec. ☐ Plumb. ☐ Fire			Mechanical		
SUBCODE APPROVAL			TCO		
☐ CO ☐ CCO ☐ CA			Other		
Date:			Final		
Approved By:					

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	<u>X</u>		1. New Bldg. \$ <u>500.00</u>
No. of Stories			2. Alteration \$ <u>500.00</u>
Height of Structure			3. Total (1+2) \$ <u>500.00</u>
Area—Largest Floor		Sq. Ft.	
New Bldg. Area/All Floors		Sq. Ft.	
Volume of New Structure		Cu. Ft.	
Total Land Area Disturbed		Sq. Ft.	

(Office Use Only)
FEE

TYPE OF WORK:	(Office Use Only) FEE
☐ New Building	
☐ Addition	
☒ Alteration	
☒ Roofing	
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Asbestos Abatement	
☐ Other	
☐ Demolition	

Administrative Surcharge	Minimum Fee	DCA TRAINING FEE	TOTAL FEE
\$	\$	\$	\$