

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 EMB REFRIGERATION

Address 2 Hedricks Pt. Rd.

Ocean Twp N.J. 07712

Telephone () _____

Signature Ed Bloomfield Date 4-11-95

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									
☐ 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.									
☐									
☐									

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 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. _____	_____	_____	_____

ORIGINAL
ILLEGIBLE



CONSTRUCTION
PERMIT

Date Issued

Control #

Permit #

4/11/95

750.95

IDENTIFICATION Block

704

Lot

1

Work Site Location

1000 Locust Street, Philadelphia, PA

Contractor

EMP. Registration

Address

Owner in Fee

1000 Locust Street, Philadelphia, PA

Address

1000 Locust Street

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ OTHER

☐ ELECTRICAL ☐ FIRE PROTECTION

☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

2. 1000 Locust Street, Philadelphia, PA

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 \$

150.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building

Plumbing

Electrical

Fire Protection

Other

Other

DCA Training Fee

Cert. of Occ.

Other

Total

Check No.

Cash

Collected By:



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

APR 25 95 00 33 94

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

Block 74 Lot 1
Work Site Location O.C.V.S. 350 CHAMBERLAIN BLVD
ROHR, BRICK 08724
Owner In Fee Deann De Vro-Tech
Address _____
Address _____
Address _____

Tele. () _____
Contractor David J. Ragard
Address 417 S. DE LAKE
ROHR, BRICK 08724
Tele. () 651-7261
Lic. No. 11168
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS	
Type:	Failure	Failure	Approval
☐ No Plans Required			
Joint Plan Review Required:			
☐ Bldg. ☐ Plumb.			
☐ Fire ☐ Elevator			
☐ Elec. Plans Approved			
Date: _____			
Approved by: _____			
SUBCODE APPROVAL		Final	
☐ CO ☐ CCO ☐ PCA			
Date: _____			
Approved By: _____			

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 Electrical Contractor ☐ Exempt Applicant

Signature—Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
1		Fixtures (1)
1		Receptacles (2) GFI
1		Switches (3)
Total 1 + 2 + 3		
		Kw Range
		Kw Oven(s)
		Kw Surface Unit
		hp Dishwasher
		hp Garbage Disposal
		Kw Dryer
		Kw A/C Unit
		Burglar Alarms
		Intercoms Panels
		Smoke Detectors (Duct)
		hp Whirlpool/spa
		Pool Bonding
		hp Pool Filter Motor
		Pool Lights
		Kw Water Heater(s)
		Kw Central heat:
		oil, gas or elec.
		Kw Baseboard Heat Units
		Thermostats
		hp Heat Pump
		hp Pump(s)
		Amp Motor Control Center/Sub Panels
		Signs
		Light Standards
		hp Motors—Fractional H.P.
		hp Motors—All Others
		Kw Transformers
		Kw Generators
		Amp Service Entrance
		Other

FEE (Office Use Only)

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

U.C.C. Form F-1208

1 White = Inspector Copy
3 Pink = Office Copy
2 Canary = Office Copy
4 Gold = Applicant Copy

5/8/95 (1) WROTE ALTERNATIVE
PROTECTION - MAX 50
5430

REC'D 10/10/95

7341



PLUMBING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

4/14/95
750-95

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

Block _____ Lot _____
Work Site Location Ocean County Vocational Building
Owner in Fee Ocean County Vocational School
Address Coast Hwy 100 St
Tele. (____) 508-693-0717
Contractor EMPB Construction
Address 24 Higgins Pt Rd
Tele. (____) 508-693-0717
Lic. No. _____
Federal Emp. No. _____ or Social Security No. _____
B. PLUMBING CHARACTERISTICS
Use Group _____ Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work \$ 150

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS	Dates (Month/Day)			
	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required	Slab				
☐ Joint Plan Review Required:					
☐ Bldg. ☐ Elec.					
☐ Fire ☐ Elevator					
☐ Plumb. Plans Approved					
Date: <u>4/1/95</u>					
Approved by: <u>[Signature]</u>					
SUBCODE APPROVAL:					
☐ CO ☐ CCO ☐ CA					
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.
Signature—Contractor Seal [Signature]
☐ Licensed Plumbing Contractor ☒ Exempt Applicant

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

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
DCA Training Fee \$ _____
Collected by: _____ TOTAL \$ _____

2 Refrigeration units on roof for Deli cases

EX-241