BLOCK 1170.07 LOT 9 QUALIFICATION CODE _____ ADDRESS (SITE) 163 Walter Rd Brick PERMIT NO. 13-0420

CONSTRUCTION PERMIT APPLICATION

C12-004581

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 163 Walter Rd Brick NJ 08724
2. Name of Owner in Fee: Anthie Jones
   Tel. [redacted] e-mail _____
   Address S.AA (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Tom Garon Tel. (732) 920-5721
   Address 409 Crestview Terr. e-mail _____
   Brick NJ 08723
   License No. OR, if new home, Builder Reg. No. 9677 Exp. Date 6/13
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 22 3767562 FAX: (732) 920-0334
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Tom Garon ✓
   Tel. (732) 920-5721 FAX: (732) 920-0334

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		60 ✓	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		2 -	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	62 -	

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		DEC 06 2012							
☐ Electrical									
☒ Plumbing	$1300.-				12/7/12				
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 03/05/2013
Control Number C-12-004581
Permit Number 13-0420
Permit Issue Date 01/24/2013
Certificate Number 13-0420

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 163 WALTER RD. Brick Township, NJ Block: 1170.07 Lot: 9 Qual:

Owner in Fee: JONES, BRIAN D & ANTHIE E

Owner Address: 163 WALTER RD BRICK NJ 08724

Telephone: [redacted]

Contractor GARCIN T PLUMBING LLC

Address 409 CRESTVIEW TERR BRICK NJ 08723

Telephone: (732) 920-5721 Fax:

License Number or Builders Registration Number: 10913 9677 Federal Emp. Number: 22-3767562

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: HOT WATER HEATER

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

Fee: $0.00
Check Number:
Collected By:

Date Printed: 03/05/2013 U.C.C. F260 (rev. 08/05)

LM 12-18-12

CONSTRUCTION PERMIT

New Jersey Uniform Construction Code

Date Issued 1/24/13
Control # C-12-004581
Permit # 13-0420

IDENTIFICATION Block: 1170.07 Lot: 9 Qualifier
Work Site Location: 163 WALTER RD., Brick Township, NJ

Contractor GARON T PLUMBING LLC
Address 409 CRESTVIEW TERR BRICK NJ 08723

Owner in Fee JONES, BRIAN D & ANTHIE E
163 WALTER RD BRICK NJ 08724

Telephone: (732) 920-5721
Lic. No. or Bldrs. Reg. No. 9677
Federal Employee. No. 22-3767562

Telephone: [redacted]

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:
HOT WATER HEATER

Note: If constuction 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 $1,300

Construction Official ____________ Date 12/11/12

PAYMENTS (Office Use Only)	
Building	$0
Electrical	$0
Plumbing	$60
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	5117 $0
Total	$62
Check No.	
Cash	$0
Credit	$0
Collected By	

01/24/13 ... 0015580123
X002 SERV.002
#0425
PLUMBING $60.00
DCA $2.00
CHECK $62.00

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☑ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #: 13-0420
Date Issued
Permit #: 1/24/13

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

Block 1170.07 Lot 9 Qualification Code

Work Site Location 163 Walter Rd
Brick NJ 08724

Owner in Fee: Anthie Jones

Tel [redacted] e-mail

Address S.A.A

Contractor: Tom Garon (street) (municipality) Tel. (732) 920-5721 (zip code)

Address 409 Crestview Terr. e-mail
Brick NJ 08723

Contractor License No. 9677 Exp. Date 6/13

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22 3767562 FAX: (732) 920-0334

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ $1300.-

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 sign/Contractor sign and seal here:

Print name here: Tom Garon

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
New 40 gal tall. nat. gas hwh

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: 2/7/12 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 12-11-12
Approved by: BJ

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 2-26-13
Approved by: BJ

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			2/25/13	

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater (gas)	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 1170.07 LOT 9 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 163 Walter Rd Brick NJ 08723

Owner in Fee Anthie Jones

Verifying Individual Thomas Caron Company Caron T Plumbing + Heating LLC

Address 409 Crestview Terrace (Street) Brick (City) NJ (State) 08723 (Zip Code)

Tel: (732) 920 5721 Fax: (732) 920-0334

Check the Appropriate Box(es):

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas to Oil Conversion
- [ ] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [X] Other hwh

Existing Vent/Chimney: Size 4"

- [ ] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster

- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [✓] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	40 gal tall hwh	Oil / (Gas) / Other:	
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Thomas Caron 1/26/12
Signature Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____
Signature Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

Residential Atmospheric Vent Gas Water Heater

Energy Saver Models

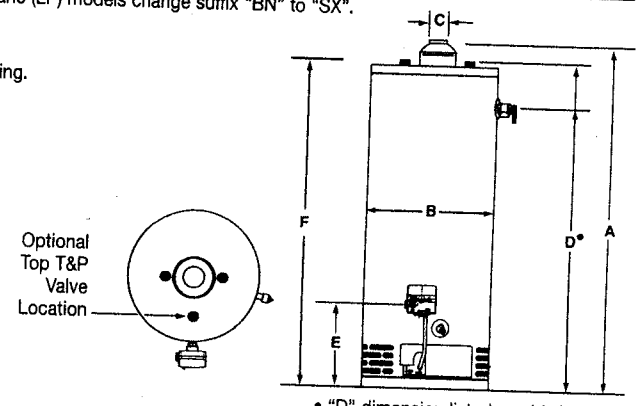
NATURAL GAS AND LIQUID PROPANE GAS

Meet or exceed ASHRAE 90.1b (current standard) C.E.C. Listed
79% Recovery Efficiency

Model Number	Capacity U.S. Gal.	Capacity Imp. Gal.	Nat. BTU/Hr. Input	LP BTU/Hr. Input	Recovery 90°F Rise* Nat. U.S. GPH	Recovery 90°F Rise* Nat. Imp. GPH	Recovery 90°F Rise* LP U.S. GPH	Recovery 90°F Rise* LP Imp. GPH	A Floor to Flue Conn. in.	B Jacket Dia. in.	C Vent Size in.	D Floor to T&P Conn. in.	E Floor to Gas Conn. in.	F Floor to Water Conn. in.	Approx. Shipping Weight lbs.
M-I-30T6FBN•	30	25	32,000	31,000	33	28	32	27	59¼	16	3x4	49¾ /56¾	13	57½	104
M-I-30S6FBN	30	25	30,000	26,000	31	26	27	23	48¾	18	3x4	38¾	13	46¾	100
M-I-303T6FBN•	29	24	40,000	35,000	42	34	37	31	58	16	3x4	49¾ /55¼	13	56½	109
M-I-40T6FBN•	40	33	40,000	36,000	42	34	38	32	59¾	18	3x4	50/56¾	13	57¾	120
M-I-403S6FBN•	40	33	40,000	38,000	42	34	40	33	50	20	3x4	41/47¼	13	48¼	128
M-I-404T6FBN•	40	33	50,000	48,000	53	44	50	42	60¾	18	4	51½/58	13	58½	127
M-I-5036FBN•	50	42	40,000	36,000	42	34	38	32	59¾	20	3x4	50/57	13	58	145
M-I-50L6FBN	48	40	40,000	38,000	42	34	40	33	49¾	22	3x4	40¼	13	48¼	153
M-I-504S6FBN•	50	42	50,000	48,000	53	44	50	42	58½	20	4	50/55¾	13	57	150
M-I-60T6FBN	60	50	40,000	38,000	42	34	40	33	60¾	22	3x4	50½	13	58¼	166

Model Number	Capacity Liters	Nat. kW Input	LP kW Input	Recovery 50°C Rise* Nat. Liters/ Hour	Recovery 50°C Rise* LP Liters/ Hour	A Floor to Flue Conn. mm.	B Jacket Dia. mm.	C Vent Size mm.	D Floor to T&P Conn. mm.	E Floor to Gas Conn. mm.	F Floor to Water Conn. mm.	Approx. Shipping Weight kg.
M-I-30T6FBN•	114	9.4	9.1	125	121	1502	406	76x102	1264/1432	330	1461	47
M-I-30S6FBN	114	8.8	7.7	117	102	1229	457	76x102	9841	330	1187	45
M-I-303T6FBN•	110	11.7	10.3	159	140	1473	406	76x102	1264/1403	330	1435	49
M-I-40T6FBN•	151	11.7	10.6	155	140	1508	457	76x102	1270/1438	330	1467	54
M-I-403S6FBN•	151	11.7	11.1	155	148	1270	508	76x102	1041/1200	330	1232	58
M-I-404T6FBN•	151	14.7	14.1	201	189	1543	457	102	1308/1473	330	1486	58
M-I-5036FBN•	189	11.7	10.6	159	144	1514	508	76x102	1270/1445	330	1473	66
M-I-50L6FBN	182	11.7	11.1	159	151	1264	559	76x102	1029	330	1226	69
M-I-504S6FBN•	189	14.7	14.1	201	189	1486	508	102	1270/1416	330	1448	68
M-I-60T6FBN	227	11.7	11.1	163	151	1543	609	76x102	1282	330	1480	75

Propane models feature a Titanium Stainless Steel propane burner. For Propane (LP) models change suffix "BN" to "SX".
For 10 year models, change suffix from "6" to "10".
*Based on manufacturers rated recovery efficiency.
•Models feature optional top T&P location and must be specified when ordering.
Note: M-I-30S, M-I-50L and M-I-60T do not have top T&P option.



• "D" dimension listed as side/top.

Meets NAECA Requirements

General

All gas water heaters are certified at 300 PSI test pressure (2068 kPa) and 150 PSI working pressure (1034 kPa). All water connections are ¾" NPT (19mm) on 8" (203mm) centers. All gas connections are ½" (13mm).

All models design certified by CSA International (formerly AGA/CGA), ANSI standard Z-21.10.1 and peak performance rated.

Dimensions and specifications subject to change without notice in accordance with our policy of continuous product improvement.

Suitable for Water (Potable) Heating and Space Heating.

Toxic chemicals, such as those used for boiler treatment, shall NEVER be introduced into this system. This unit may NEVER be connected to any existing heating system or component(s) previously used with a non-potable water heating appliance.

BRADFORD WHITE
WATER HEATERS
Ambler, PA

For U.S. and Canada field service, contact your professional installer or local Bradford White sales representative.
Sales 800-523-2931 • Fax 215-641-1670 / Technical Support 800-334-3393 • Fax 269-795-1089 • Warranty 800-531-2111 • Fax 269-795-1089
International: Telephone 215-641-9400 • Telefax 215-641-9750 / www.bradfordwhite.com

BRADFORD WHITE-CANADA* INC. Sales / Technical Support 866-690-0961 / 905-238-0100 • Fax 905-238-0105 / www.bradfordwhite.com

Built to be the Best™

101-B-0211-A

Printed in U.S.A.

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(f)1.ix:

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. 5:23-2.15(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 Tom Garon

Address 409 Crestview Terr.
Brick NJ 08723

Telephone ( )

Signature

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.