

U.C.C. F100-1 (rev. 3/96)

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 _____

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	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. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/16/2007
Tracking Number _____
Permit Number 03-2776
Permit Issue Date 06/25/2003
Certificate Number 03-2776

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1641 HARVARD AVE REROOF, NJ Block: 832 Lot: 14 Qual: _____
Owner in Fee: PAWLOWWICZ, JOHN
Owner Address: SAME BRICK NJ 08723-
Telephone: [REDACTED]
Contractor _____
Address _____
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____
Home Warranty Number: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-3 Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work Use: _____

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: 480

Collected By: _____

Date Printed: 02/16/2007

Page 1

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UTC NEW JERSEY

CONSTRUCTION
PERMITS

Date Issued 06/25/2003
Control #
Permit # 03-2776

IDENTIFICATION Block 232 Lot 14

Work Site Location 16-1 HARVARD AVE

PERMIT

Owner in Fee PAULOWICZ, JOHN

Address SAME
BRICK, NJ 08723-

Telephone

Contractor H O N E O H N E R
Address

Telephone
Lic. No. or State Reg. No.
Federal Emp. No. NO-

- 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 B only)

DESCRIPTION OF WORK:
PERMIT

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 \$ 400

Construction Official *D F Neumann* 06/25/2003

Date

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	0
Local State Permit Fee	0
Cert. of Occupancy	0
Other	0
Total	35
Check No.	180
Cash	
Collected By	JB

06/25/03 10:10AM 000000H1421
***06 SERV.006
#032776
BUILDING
CHECK
\$35.00
\$35.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/25/2003
Date Issued 06/25/2003
Control #
Permit # 03-2776

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE, CALL UTILITY DIS NO: 1-800-272-1006

Block 036 Lot 14
Work Site Location 1451 HARVARD AVE
RENOV

Owner in Fee PAULOWICZ, JOHN

Address SAME

BRICK, NJ 08723

Title

Contractor

Address

Tele. ()

Lic. No. of Dist. Reg. No.

Federal Eng. No. NO-

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plans Req.

☐ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required

☐ Elect ☐ Plant ☐ Fire

SUPPLEMENT APPROVAL ☐ Elev

☐ TCO ☐ CTO ☐ CA

Date: 8-13-07

Approved By: [Signature]

INSPECTIONS

Type

Failure

Failure Approval

Initial

Footings

Foundation

Slab

Frame

Barriers

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

Barriers

Barriers

DATES (Month/Day)

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

Initial

TYPE OF WORK

☐ New Building

☐ Addition

☐ Alteration

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Asbestos Abatement Subchapter B

☐ Lead Haz. Abatement NJAC 8:17

☐ Other

☐ Other

☐ Demolition

C. CERTIFICATION IN LIEU OF DATA

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

RENOV

FEE (Office Use Only)

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

Est. Cost of Bldg. Work: 1. New Bldg. \$ 0 2. Alteration \$ 400 3. Total (1+2) \$ 400

Administrative Surcharge \$ 0 Minimum Fee \$ 21 TOTAL FEE \$ 35

PAID BY Check # 490 COLLECTED BY: JM NCA State Permit Fee \$ 0

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UDC NEW JERSEY
BUILDING
SUSCODE
TECHNICAL SECTION

Date Received 06/25/2003
Date Issued 06/25/2003
Control #
Permit # 03-2776

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

Block 632 Lot 15 Parcel
Work Site Location 151 HARVARD AVE
RECORD

Owner in Fee PAUL QUINIZ, JOHN

Address SALT
BRICK, NJ 08723-

Tele. [REDACTED]

Contractor

Address

Tele. () Fax ()

Lic. No. of Bldgs. Reg. No.

Federal Exp. No. NO-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Date (Month/Day)	Initial
() No Plans Req.			Type	Failure	Failure Approval
() All			Footings		
() Footings			Foundation		
() Foundation			Slab		
() Frame			Frame		
() Other			Barrier-Free		
Joint Plan Review Required			Insulation		
() Elect () Plumb () Fire			Finishes		
SUBMITTAL APPROVAL () Elev			Energy		
() CO () CCO () CA			Mechanical		
Date:			TCO		
Approved by:			Other		
			Final		
			Barrier-Free		

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 400

3. Total (1+2) \$ 400

Industrialized Building?

() State Approved

C. CERTIFICATION IN LIEU OF DATA

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

RECORD

FEE (Office Use Only)

TYPE OF WORK	\$
() New Building	0
() Addition	0
() Alteration	14
() Roofing	0
() Siding	0
() Fence	0
() Sign	0
() Pool	0
() Asbestos Abatement Subchapter 8	0
() Lead Haz. Abatement NJAC 5:17	0
() Other	0
Other	0
() Demolition	0

Administrative Surcharge \$ 0
Planing Fee \$ 21
TOTAL FEE \$ 35
Paid () Check # 460
Collected by: JB
UCA State Permit Fee \$ 0

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 1641 HARVARD AVE, BRICK NJ
 Block: 832 Lot: 19
 Owner's Name: JOHN PAWLOWICZ
 Owner's Mailing Address: 1641 HARVARD AVE, BRICK
 Phone: [REDACTED]

BUILDING

Contractor: JOHN PAWLOWICZ
 Address: 1641 HARVARD AVE
BRICK NJ 08723
 Phone#: [REDACTED]
 Lis # _____
 Federal Emp # or SSN _____

Technical Data

Description of Work:

RE ROOF

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign _____ sq ft

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: \$ _____

Cost of New Building: \$ _____

Total Cost of New Building Work: \$ 400

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: [Signature]

Please Print Name _____

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: _____