



CONSTRUCTION PERMIT APPLICATION 012061000

C 12-001293

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

I. IDENTIFICATION

1. Proposed Work Site at: 1675 Wilford Ave

2. Name of Owner in Fee: Robert Beantley

Tel. _____ e-mail _____

Address Brick Top

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: _____ Tel. (_____) _____

Address _____ e-mail _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Home Imp

Federal Er NJR Plumbing Services
1415 NY 14155-2323

Architect's Office: 1415 Wyckoff Rd, Wall NJ 07719
 License No.: 00000

5. Architect c **License No. 9692** **Exp. Date 6/2013**

Address - **Federal Employee No** 22-3600806

Tel. (—

6. Responsit **EDWARD GLASHAN**

Tel. () **Tel. 732-938-1155** **Fax. 732-938-3010**

Fax. 732-938-3010

V. FEE SUMMARY (for office use only)

1.	Building	\$		
2.	Electrical		60.-	
3.	Plumbing			
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

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)

- ☐ Building
- ☐ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

TOTAL COST

FOR OFFICE USE ONLY (Optional)

[illegible]

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: | <u>Total Units</u> | <u>Income-restricted</u> |
| 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 | 4. ☐ Refrigeration Systems | 8. ☐ Smoke Control Systems in Open Wells | 12. ☐ Fire Alarm |
| 2. ☐ High Pressure Boilers | 5. ☐ Cross-Connections/Backflow Preventers | 9. ☐ Underground Storage Tanks | |
| 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly | 10. ☐ Swimming Pools, Spas and Hot Tubs | |
| | 7. ☐ Sprinklers/Standpipes | 11. ☐ LP Gas Tanks | |



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 3/19/2013
Control Number C-12-003474
Permit Number 13-0156
Permit Issue Date 1/9/2013
Certificate Number 13-0156

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1675 TILFORD BLVD Brick Township, NJ Block: 838 Lot: 33 Qual: _____
Owner in Fee: BRANTLEY, ROBERT J & JOAN T
Owner Address: 1675 TILFORD BLVD. BRICK NJ 08724
Telephone: _____
Contractor ROTO ROOTER
Address 1042 ATLANTIC CITY BLVD BAYVILLE NJ 08721
Telephone: (732) 477-4447 Fax: (732) 269-0046
License Number or Builders Registration Number: 9915 11980 Federal Emp. Number: 22-2902105

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: WATER SERVICE CONNECTION

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:

Daniel P. Newman Jr

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____



CONSTRUCTION PERMIT

Date Issued 4/24/12
Control # C-12-001293
Permit # 12-1089

IDENTIFICATION Block: 838 Lot: 33 Qualifier _____
Work Site Location: 1675 TILFORD BLVD Brick Township, NJ Contractor NJR PLUMBING SERVICES
Address 1415 WYCKOFF RD WALL NJ 07719
Owner in Fee BRANTLEY, ROBERT J & JOAN T
1675 TILFORD BLVD, BRICK NJ 08724 Telephone: (732) 938-1155
Lic. No. or Bldrs. Reg. No. 36BI00969200
Telephone: [REDACTED] Federal Employee No. 22-3609806

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 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 \$1,150

Construction Official _____

Date _____

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

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	\$0
Total	\$62
Check No. <u>22661</u>	
Cash	\$0
Credit	\$0
Collected By	

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.

04/24/12 11:54AM 001558#3903
\$60.00
\$2.00
\$62.00

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



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

Block 838 Lot 33 Qualification Code _____
Work Site Location: 1675 TILFORD BLVD Brick Township, NJ

Owner in Fee: BRANTLEY, ROBERT J & JOAN T
Address 1675 TILFORD BLVD. BRICK NJ 08724

Tel. _____ Email _____

Contractor: ROTO ROOTER
Address 1042 ATLANTIC CITY BLVD BAYVILLE NJ 08721

Tel. (732) 477-4447 Fax (732) 269-0046

Home Improvement Contractor Registration No. or Exemption Reason(s) applicable: _____
Contractor License No. 9915 Expiration Date: _____

Federal Employee No. 22-2902105

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____ R-5
Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic
Water Service Size _____ ☐ Public Water ☐ Private Well
Estimated Cost of Plumbing Work \$2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
☐ No Plan Required
Partial Underslab Utilities Approved
Date: _____ by: _____

☐ Plumbing Plans Approved
Date: _____ by: _____

Approved by: _____
Joint Plan Review Required
☐ Building ☐ Electrical
☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date: _____ by: _____
SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☒ CA
Date: 1-22-13
Approved by: RL

INSPECTIONS
Type: _____ Failure _____ Approval _____ Initial _____
Slab _____
Rough _____
Water _____
Sewer _____
Fixtures _____
Gas Equipment _____
LP Gas Piping _____
Fuel Oil Piping _____
Solar _____
TCO _____
Final _____

Applicant's Signature/Contractor's Seal and Signature and Printed Name
D. TECHNICAL SITE DATA (List of 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 _____

LP Gas Tank _____

Steam Boiler _____

Hot Water Boiler _____

Sewer Pump _____

Interceptor/Separator _____

Backflow Preventor _____

Greasetrap _____

Sewer Connector _____

Water Service Connection _____

Stacks _____

Other _____

Other _____

Other _____

Other _____

Other _____

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee _____ \$3

TOTAL FEE _____ \$63

Date Received 09/19/2012
Control # C-12-003474
Date Issued 01/09/2013
Permit # 13-0156

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

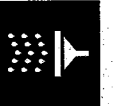
☐ Licensed Plumbing Contractor ☐ Exempt Applicant

U.C.C F130 (rev. 1/1/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.



PLUMBING SUBCODE TECHNICAL SECTION



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

Block 838 Lot 33 Qualification Code _____

Work Site Location 1675 Telford Rd
Brick

Owner in Fee: Robert Brantley

Tel: [REDACTED] e-mail _____

Address street municipality zip code

Contractor: NJR PLUMBING SERVICES Tel. (732) 938-1155

Address WALL NJ 07719 e-mail _____

Contractor License No. 9692 Exp. Date 6/13

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VHC0361500

Federal Emp. ID No. 22-3609806 FAX: (732) 938-3010

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed _____

Building Sewer Size _____ Public Sewer _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 1150.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
No. Plans Required	Type	Failure	Failure	Approval	Initial
☒ Partial - Under slab Utilities Approved	Slab				
Date: <u>4/11/13</u> Approved by: <u>PI</u>	Rough				
☐ Plumbing Plans Approved	Water				
Date: _____ Approved by: _____	Sewer				
Joint Plan Review Required: _____	Fixtures				
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.	Gas Equipment				
SUBCODE APPROVAL for PERMIT	Gas Piping				
Date: <u>4-11-13</u>	LP Gas Tank				
Approved by: <u>[Signature]</u>	Fuel Oil Piping				
SUBCODE APPROVAL for CERTIFICATE	Solar				
☐ CO ☐ CCO ☐ CA	TCO				
Date: _____	Final				
Approved by: _____					

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of, owner of, agent 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: _____

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DIRECT REPLACEMENT OF GAS WATER HEATER

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	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	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Grasestrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

JAN 17 2013



Roto-Rooter
1042 Atlantic City Blvd.
Bayville New Jersey 08721
A.W.K.®
Plumbing License Number 9910

1-800-GET-ROTO
www.rotorooter.com

FACSIMILE

13 LK 838
33

To: *Mark Hilbard*

Fax Number:

Company: *Brickway Construction Office* Date:

From: *Futhie*

Subject: *Ref: Sat @ 1675 Fairford Blvd.
Brick N.J.*

If You Do Not Receive *2* Pages Please Inform Our Office



Roto-Rooter
1042 Atlantic City Blvd.
Bayville New Jersey 08721
A.W.Krill
Plumbing License Number 9015

1-800-GET-ROTO
www.rotorooter.com

January 16, 2013

Brick Township Construction Office

Attn: Mark Hibbard

As per our phone conversation on or about January 15th 2013 in reference to permit #13-0156 customers name Brantley, address 1675 Tilford Blvd., Brick Twp. NJ. Lot # 33 Block 83.8.

We arrived on the job site September 19th 2012. We were digging to replace a main water line going from the curb to the house. This was an emergency main water line replacement. We applied for a permit that day. As we were doing the job we were approached by a Brick Twp Road Department Inspector who stopped our work.

He informed us that we needed to apply for a road opening permit, even though we were not within 5' from the curb. We were approximately 7 to 8' away from the curb line. I personally called the Inspector and spoke to him and he informed me that because of the fact we were so close to an easement we did need a road opening permit. I went to the Twp. and applied for road opening permit within 30 minutes of time. He did not stop the work from continuing, our technicians continued there work replacing the water line.

Apparently the Road Dept. Inspector initiated a phone call for an inspection from the construction dept. An Inspector arrived shortly after, he watched the technicians as they finished job. Inspector inspected line at the street and also in the basement and gave the approval for back fill. Since that time I have received a phone call on January 7, 2013 telling us there was a permit for the installation of that water line was ready to be picked up. I brought a check into the Twp. On January 8, 2013 and picked up our permit and set inspection up for January 10, 2013. I then received a phone call on January 10, 2013 and was told job failed inspection because the Inspector was not able to see the connections at the street. As per our phone conversation I explained at the time that this job was inspected.

I believe you will find when you follow up on your paperwork you will see your Inspector was there prior to the permit being issued. He did inspect the line at the curb and in the basement and it was approved and got the OK to backfill.

If you have any questions please feel free to contact my office.

Respectfully

A handwritten signature in black ink, appearing to read 'Albert W. Krill Jr.', is written over a horizontal line.

Albert W. Krill Jr
Master Plumber



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 838 LOT 33 QUALIFICATION CODE _____ PERMIT # _____
WORK SITE ADDRESS 1675 Tilted Rue
Owner in Fee Robert Brantley
Verifying Individual Edward Glashan Company NJR Plumbing Services
Address 1415 Wyckoff Rd Wall NJ 07719
City State Zip Code
Tel: (732) 938-1155 Fax: (732) 938-3010

Check the Appropriate Box(es):

Type of Replacement:

- ☐ Oil to Gas Conversion
☐ Gas to Oil Conversion
☒ Gas Appliance Replacement
☐ Oil to Oil Replacement
☐ Other _____

Existing Vent/Chimney: Size _____

- ☐ "B" Label Vent ☒ Chimney-Interior
☐ "L" Label Vent ☐ Chimney-Exterior
☐ Flexible Liner ☐ Masonry Chimney-Tile Lined
☐ Power Vent/Exhauster ☐ Masonry Chimney-Unlined
☐ Other _____

Type	Fuel Type	BTU Rating (input/hour)
Appliance 1: _____	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.

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.

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED
BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

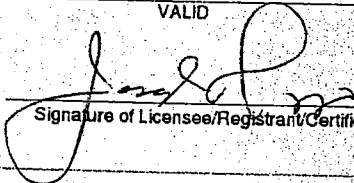
HAS REGISTERED

NJR Home Services Company
Joseph Marazzo
1415 Wyckoff Road
Wall NJ 07719

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

11/10/2011 TO 12/31/2012
VALID

13VH00361500
LICENSE/REGISTRATION/CERTIFICATION #


Signature of Licensee/Registrant/Certificate Holder


DIRECTOR

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.

NJR Plumbing Services

1415 Wyckoff Rd, Wall NJ 07719

License No. 9692

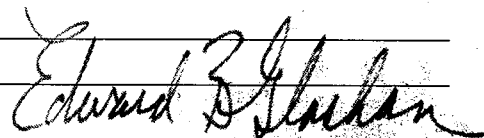
Exp. Date 6/2013

Federal Employee No. 22-3609806

EDWARD GLASHAN

Tel. 732-938-1155

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- III. ☐ LEAD HAZARD ABATEMENT: Include homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.