

1911-91



IDENTIFICATION

3. Change In Use Group,
Indicate Former:

LDS BR 10208567

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

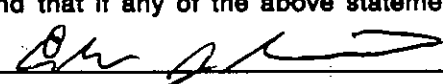
I further certify that I will perform the following work:

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 10/15/91

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 _____

Address _____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	
☐ 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.									
☐ Other									
☐									
☐									

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 EXPIRED

☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Continued Certificate of Occupancy	No. _____	_____
☐ Certificate of Occupancy	No. _____	_____
☐ Certificate of Approval	No. _____	_____
☐ None		



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

10/15/91

1911-91

IDENTIFICATION Block 825 Lot 38Work Site Location 1025 Treford Blvd Contractor SelfOwner in Fee Edward J. Simone Address 1911#Address same Tele. () BLOCK 0.00

Lic. No. or Bldrs. Reg. No. Exp Date 025 # 0.00

Tele. () Federal Emp. No. 38 #

or Social Security No. PLUMBING 40.00

Is hereby granted permission to perform the following work:

☐ BUILDING ☒ PLUMBING ☐ OTHER☐ ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

oil to gas

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 \$ 500

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	25.00
Plumbing <u>40</u>	20.00
Electrical	TOTAL 85.00
Fire Protection <u>25</u>	CHECK 85.00
Other	CHANGE 0.00
Other <u>10/15/91 NO. 5 0027A005</u>	09:23
DCA Training Fee	
Cert. of Occ. <u>20</u>	
Other	
Total <u>85</u>	
Check No. <u>X 546</u>	
Cash	
Collected By <u>[Signature]</u>	



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received 10/15/91
Date Issued
Control #
Permit # 1911-91

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

Block 825 Lot 38
Work Site Location 1625 TIFORD BLVD
BALICE NY

Owner in Fee Edwina J. Simare
Address 1625 TIFORD BLVD.
BALICE NY 08724

Tele. ()
Contractor SELF
Address

Tele. ()
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed
Constr. Class. Present
Heating Systems Gas New ☐ Existing
Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar
☐ Other
Location: BASEMENT
Total Est. Cost of Fire Prot. Work \$ [] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)	
☐ No Plans Required	Type:	Failure	Failure	Approval	Initial
☒ Joint Plan Review Required:					
☒ Bldg. ☐ Plumb. ☐ Elec.	Suppression Test				
☐ Fire Plans Approved	Fire Alarm Test				
Date: <u>10-15-91</u>	Smoke Test				
Approved by: <u>[Signature]</u>	Mechanical				
SUBCODE APPROVAL	TCO				
☐ CO ☐ CCO ☐ CA	Other				
Date: _____	Other				
Approved by: _____	Other				

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

645 FURNACES

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks
Combustible Liquid Storage Tanks
L.P.G. Storage Tanks
L.N.G. Storage Tanks

() Capacity _____ Fuel _____
() Capacity _____ Fuel _____
() Capacity _____ Fuel _____
() Capacity _____ Fuel _____

Wet Sprinkler Heads
Dry Sprinkler Heads
TOTAL

Number

FEE (Office Use Only)

Smoke Detectors
Heat Detectors
TOTAL

Stand Pipes
Kitchen Hood Exhaust Systems

Pre-Engineered Systems

CO₂ Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas or Oil Fired Appliance
OTHER oil furnace

Administrative Surcharge

Paid ☐ Check # _____ Minimum Fee \$

Collected by _____ TOTAL FEE \$



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

10/15/91
1911-91

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

Block 825 Lot 38
Work Site Location 1625 Telford Blvd.

Owner in Fee Edward S. Simon
Address 1625 Telford Blvd
Bklyn NY 08224

Tele. [REDACTED]
Contractor SELF
Address _____

Tele. () _____
Lic. No. _____
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)	
		Type:	Failure	Failure	Approval
					Initial
☐ No Plans Required		Slab			
☐ Joint Plan Review Required:		Rough			
☐ Bldg. ☐ Elec. ☐ Fire		Water			
☐ Plumb. Plans Approved		Sewer			
Date: <u>10-15-91</u>		Fixtures			
Approved by: <u>[Signature]</u>		Gas			
		Gas Final			
		Solar			
		TCO			
SUBCODE APPROVAL:					
☐ CO ☐ CCO ☒ CA					
Approved by: <u>[Signature]</u>					
Date: <u>10-24-91</u>					

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]
Signature-Contractor Seal

☐ 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	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C	
	or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other <u>all pipes</u>	
	Administrative Surcharge	\$
	Paid ☐ Check # _____ Minimum Fee	\$
	Collected by: _____ TOTAL	\$ <u>40-</u>



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

10/15/91
1911-91

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

Block 825 Lot 38
Work Site Location 1625 Tilden Blvd.

Owner in Fee Edward S. Simone
Address 1625 Tilden Blvd
Gutten NJ 08724

Telephone [REDACTED]
Contractor [REDACTED]
Address [REDACTED]

Tele. () [REDACTED]
Lic. No. [REDACTED]
Federal Emp. No. [REDACTED] or Social Security No. [REDACTED]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size [REDACTED]
Water Service Size [REDACTED]
Estimated Cost of Plumbing Work \$ [REDACTED]

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		
	Type:	Failure	Failure	Approval
☐ No Plans Required	Slab			
☐ Joint Plan Review Required:				
☐ Bldg. ☐ Elec. ☐ Fire	Rough			
☐ Plumb. Plans Approved	Water			
Date: <u>10-15-91</u>	Sewer			
Approved by: <u>[Signature]</u>	Fixtures			
	Gas Equipment			
	Gas Final			
	Solar			
	TCO			

SUBCODE APPROVAL:
☐ CO ☐ CCO ☐ CA
Approved by: [REDACTED]
Date: [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 and perform the work listed on this application.

[Signature]
Signature-Contractor Seal

☐ 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	
1	Gas Piping	15-
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
1	Hot Water Boiler	15-
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C	
	or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
1	Other <u>600 gpm</u>	10

Administrative Surcharge \$ [REDACTED]
Paid ☐ Check # [REDACTED] Minimum Fee \$ 40-
Collected by: [REDACTED] TOTAL \$ 40-