

LDS BR 10512396

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 X. Mike Rogers

Address 577 Martin Road Toms River

Telephone (732) 793-6564

Signature X. Mike Rogers

- 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 _____	Other _____
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. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

0010
3102*#
BLOCK 834 # 0.00
LOT 14 # 0.00
BUILDING 35.00
TOTAL 35.00
CHECK 35.00
CHANGE 0.00
08/16/99 0010A005 08:39

3102*#
BLOCK 834 # 0.00
LOT 14 # 0.00
BUILDING 35.00
TOTAL 35.00
CHECK 35.00
CHANGE 0.00
08/16/99 0010A005 08:39

Date Issued 08/16/99
Control # 99-3102
Permit #

IDENTIFICATION Block 834 Lot 14 Qual

Work Site Location 1651 FORGE POND RD
FIRE CLEAN OIL

Owner in Fee HEEREA, BOB

Address SAME

BRICK, NJ 08724-

Telephone

Contractor HALL A WAY
Address 577 MARTIN RD
TOMAS RIVER, NJ 08753-

Telephone (732) 793-6564

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.

Is hereby granted permission to perform the following work:

[X] BUILDING

[] ELECTRICAL

[] ELEVATOR DEVICES

[] PLUMBING

[] FIRE PROTECTION

[] ASBESTOS ABATEMENT

[] LEAD HAZARD ABATEMENT

[] DEMOLITION

[] OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:

FIRE CLEAN OIL

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

U.C.C. F170 (rev. 3/96)

08/16/99
Date

PAYMENTS (Office Use Only)

Building 35
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA Training Fee 0
Cert. of Occupancy 0
Other
Total 35
Check No.
Cash
Collected By LRT

2/6/99

Site Location: 561 Fodge Pond RD Date Rec'd: 8/16/99
Block: 834 Lot: 14 Date Issued:
Owner: J. R. Herrens Control:
Address: SAME Permit #:
State: NJ Zip: Provide only if Applicant is owner
SS #:

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723

COUNTER FORM
PLEASE PRINT

BUILDING
CONTRACTOR: HAN-A-WAY
ADDRESS: 577 Martin RD Toms River 08753
PHONE: [Redacted]
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):
TECHNICAL SITE DATA
DESCRIPTION OF WORK:

Partial Demo of upper
Floor out FIRE BURNED
Building on Fodge Pond
RD.

TYPE OF WORK
☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☒ Asbestos Abatement
☐ Other: ☒ Demolition
BUILDING CHARACTERISTICS
USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories: 3
Height of Structure: 30'
Area - Largest Floor: 20' x 20'
Ex. Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature: Mike Rogers
Estimated Cost of Building Work: 4500
New Building (1):
Addition (2):
TOTAL (1+2):
UBCODE APPROVAL:
PLANS: Required ☐ Approved ☐

Approved by:
Date:

ELECTRICAL
CONTRACTOR:
ADDRESS:
PHONE:
LIC #:
EXP. DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Exact HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/E.A.C. Panel		

TOTAL NUMBERS

Pool Permit w/UV Lights	
Scrubble Pool/Spa/Hot Tub	
KW Elec. Range / Receptacle	KW
KW Oven / Surface Unit	KW
KW Elec. Water Heater	KW
KW Elec. Dryer / Receptacle	KW
KW Dishwasher	KW
HP Garbage Disposal	HP
KW Central A/C Unit	KW
HP/KW Space Heater/Air Handler	HP/KW
KW Baseboard Heat	KW
HP Motors 1/2 HP	HP
KW Transformer/Generator	KW
AMP Service	AMP
AMP Subpanels	AMP
AMP Motor Control Center	AMP
AMP Elec. Sign/Outline Light	KW
Other	
Other	
Other	
Other	

Estimated Cost of Electrical Work: \$
Signature (print name):
Estimated Cost of Electrical Work: \$
Signature (print name):

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

COUNTER FORM
PLEASE PRINT

PLUMBING

CONTRACTOR:

ADDRESS:

PHONE:

LIC #:

LIC EXPIRATION DATE:

FEDERAL EMPL # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO. FIXTURE/EQUIPMENT

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 AC or Refrig. Unit
Sewer Connection
Septic (Disposal System) Closure
Water Service Connection
Gas Service Connection
Active Solar System
Vent Through Roof
Other

Estimated Cost of Plumbing Work: \$

Signature:

Owner ☐

Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Date:

CONTRACTOR AFFIX SEAL:

FIRE

CONTRACTOR:

ADDRESS:

PHONE:

LIC #:

EXP. DATE:

FEDERAL EMPL # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source

Method of Valve Supervision

Local Alarm Supervision

Central Supervision

Proprietary Supervision

Flammable Liquid Storage Tanks	Capacity	Fuel
Combustible Liquid Storage Tanks	Capacity	Fuel
L.G.P. Storage Tanks	Capacity	Fuel

DESCRIPTION NUMBER

Wet Sprinkler Heads

Dry Sprinkler Heads

Total

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

Other

Estimated Cost of Fire Protection Work: \$

Signature:

Owner ☐

Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Applicable to Ordinance 728-92

This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

1561 FORDGE POND ROAD 834 14
Work Site Address Block Lot

Robert Heerema SAME AS ABOVE
Owner's Name, Address, Phone

Mike Rogers 577 MARTIN RD TOMS RIVER 08733
Contractor's Name, Address, Phone

Construction Single
Describe type (Single -family home, etc.)

Demolition Removal of Roof + 2nd Floor.
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material wood + Roofing

Name, address and phone of party responsible for removal of debris: 793-6564
Haul-A-Way Mike Rogers 577 Martin Rd Toms River

Size of dumpster:

Destination of discarded debris: OCEAN County landfill

Hauler's DEP Permit No.: 14419AA

**Note: Any recyclable material, including, but not limited to:
corrugated cardboard, vegetative waste, concrete, asphalt, clean wood,
etc., must be delivered to an approved recycling center, and receipts
provided to the Township of Brick along with tipping receipts for
non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution,
for the making or submission of false statements, representations or omissions,
I declare, on behalf of the generator that the contents of this document are
fully and accurately described above and have been disposed or recycled in
accordance with all applicable State and Federal laws and regulations, and
that I have been authorized, in writing, to make such declarations by the
person in charge of the generator's operation.

Mike Rogers Mike Rogers 8/16/99
Printed/Typed Name Signature Date

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached?

Certified tipping receipts attached?

**Note: Receipts must show certified weights, date of disposal and name and address
of disposal center.

DISTRIBUTION LIST:

1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant