

LDS BR 10501149

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.

X Signature

Stuart A. Levine

Date

5-22-01

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.

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. _____	_____	_____	_____

GOVERNMENT OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 05/22/2001
Control #
Permit # 01-1660

IDENTIFICATION Block 524 Lot 20

Cost Site Location 957 HUNDELT AVE

SHEDS OVER EXISTING

Owner in Fee LARSEN.

Address 957

PHONE. 91 00723.

Telephone

Qual

Contractor H O R N O R H O R N

Address

Telephone

Lic. No. or Dir. Reg. No.

Federal Exp. No. No.

Is hereby granted permission to perform the following work:

- (X) BUILDING () PLUMBING () LEAD BASEMENT ABATEMENT
() ELECTRICAL () FIRE PROTECTION () DEMOLITION
() ELEVATOR SERVICES () ASBESTOS ABATEMENT () OTHER
(Subchapter a only)

DESCRIPTION OF WORK:
SHEDS OVER EXISTING

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 1,000

Construction Official

R.C.C. #170 (REV. 3/96)

Date

05/22/01 1:08PM 00000003901
\$02 SERV.002

#1660 BUILDING \$35.00
DCA \$1.00
***TOTAL \$36.00
CASH \$36.00
CHANGE \$0.00
05/22/01 1:08PM 00000003901 \$02
***TOTAL \$36.00

PAYMENTS (Office Use Only)
Building 35
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other 0
DCA Training Fee 1
Cert. of Occupancy 0
Other 0
Total 36
Check No. 1
Cash 1
Collected By EHR

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/22/2001
Date Issued 05/22/2001
Control #
Permit # 01-1660

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

Block 524 Lot 20 Qual
Work Site Location 957 MIDVALE AVE

SIDING OVER EXISTING

Owner in Fee LAFLORA,

Address SAME

BRICK, NJ 08723-

Tele

Contractor

Address

Tele () Fax ()

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. HO-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Req.			Type				
☐ All			Footings				
☐ Footing			Foundation				
☐ Foundation			Slab				
☐ Frame			Frame				
☐ Other			BarrierFree				
Joint Plan Review Required:			Insulation				
☐ Elect ☐ Plumb ☐ Fire			Finishes				
SUBCODE APPROVAL ☐ Elev			Energy				
☐ CO ☐ CCO ☐ CH			Mechanical				
Date: 6-23-99			TCO				
Approved By: [Signature]			Other				
			Final				
			BarrierFree				

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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

SIDING OVER EXISTING

FEE (Office Use Only)

TYPE OF WORK	Height (exceeds 6')	Sq. Ft.	FEE
☐ New Building			
☐ Addition			
☒ Alteration			35
☐ Roofing			
☐ Siding			
☐ Fence			
☐ Sign			
☐ Pool			
☐ Asbestos Abatement Subchapter 8			
☐ Lead Haz. Abatement NJAC 5:17			
☐ Other			
☐ Demolition			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	R-3	Est. Cost of Bldg. Work:
Constr. Class <td>Present</td> <td>Proposed</td> <td></td> <td>1. New Bldg. \$</td>	Present	Proposed		1. New Bldg. \$
No. of Stories	0	0		2. Alteration \$ 1,000
Height of Structure	0 Ft.	0 Ft.		3. Total (1+2) \$ 1,000
Area largest floor	0 Sq. Ft.	0 Sq. Ft.		
New Bldg. Area/All Floors	0 Sq. Ft.	0 Sq. Ft.		

Industrialized Building:

Paid (X) Check \$ Cash	Administrative Surcharge	Minimum Fee	TOTAL FEE
Collected by: MUR			35
			1

DCA Training Fee

TOWNSHIP OF BRICK
401 CHARLES BRIDGE RD
DIVISION OF INSPECTIONS

BCC BRK JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/22/2001
Date Issued 05/22/2001
Control #
Permit # 01-1660

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG CO: 1-800-272-1000

Block 524 Lot 20 Cmtl
Work Site Location 951 MIDLAND AVE
SIDING OVER EXISTING

Owner in Fee LAUREL

Address 3488

NOTICE BY 98723-

Tele

Contractor

Address

Tele. () Fax ()

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. 10-

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Types	Failure	Failure Approval	Dates (Month/Day)	Initial
☐ No Plans Req.			☐ All	Roofing				
☐ Footing			☐ Foundation	Foundation				
☐ Foundation			☐ Slab	Slab				
☐ Frame			☐ BarrierFree	BarrierFree				
☐ Other			☐ Insulation	Insulation				
☐ Joint Plan Review Required:			☐ Finishes	Finishes				
☐ Rect ☐ Plumb ☐ Fire			☐ Energy	Energy				
☐ SUBCODE APPROVAL ☐ Elev			☐ Mechanical	Mechanical				
☐ CO ☐ CTO ☐ CA			☐ TCO	TCO				
Date:			☐ Other	Other				
Approved By:			☐ Final	Final				
			☐ BarrierFree	BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	P-3	Ret. Cost of Bldg. Work:
Constr. Class	Present	Proposed		1. New Bldg. \$
No. of Stories	0	0		2. Alteration \$ 1,000
Height of Structure	0 Ft.	0 Ft.		3. Total (1+2) \$ 1,000
Area Largest Floor	0 Sq. Ft.	0 Sq. Ft.		Industrialized Building:
New Bldg. Area/All Floors	0 Sq. Ft.	0 Sq. Ft.		

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

**D. TECHNICAL SITE DATA
DESCRIPTION OF WORK**

SIDING OVER EXISTING

TYPE OF WORK	PER (Office Use Only)
☐ New Building	0
☐ Addition	0
☒ Alteration	35
☐ Roofing	0
☐ Siding	0
☐ Fence	0
☐ Sign	0
☐ Pool	0
☐ Asbestos Abatement Subchapter 8	0
☐ Lead Haz. Abatement NMAC 5:17	0
☐ Other	0
☐ Demolition	0

Administrative Surcharge	Amount
Paid (X) Check # Cash	\$
Collected by: HJR	\$
Administrative Surcharge	\$
Minimum Fee	\$
TOTAL FEE	\$ 35
DC's Training Fee	\$ 1

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 957 MIDVALE AVE BRICK N.J. 08723
 Block: 524 Lot: 20
 Owner's Name: STEVEN LAFIURA
 Owner's Mailing Address: SAMS
 Phone: [REDACTED]

BUILDING

Contractor: HOME OWNER
 Address: _____
 Phone#: _____
 Lis #: _____
 Federal Emp # or SSN _____

Technical Data

Description of Work:

Siding over existing

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 Building: _____
 Volume of Structure: _____
 Total Land Disturbed: _____
 Cost of Alteration: _____
 Cost of New Building: _____

Total Cost of Building Work: \$1000

Signature: Steven LaFiura

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 _____
 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: _____

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

FIRE

Contractor: _____
Address: _____

Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Contractor: _____
Address: _____

Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Quantities
Bathrooms _____
Water Closets _____
Sinks/Bidets _____
Toilet Tub _____
Bathroom _____
Shower _____
Floor Drain _____
Sink _____
Dishwasher _____
Drinking Fountain _____
Washing Machine _____
Dose Bib _____
Gas Piping _____
Fuel Oil Piping _____
Water Heater _____
Steam Boiler _____
Hot Water Boiler _____
Sewer Pump _____
Interceptor/Separator _____
Backflow Preventer _____
Greasetrap _____
Water Cooled A/C or Refrig. Unit _____
Septic Tank Closure _____
Sewer Service Connection _____
Water Service Connection _____
Active Solar System _____
Auxiliary Meter _____
Sprinkler Heads _____
Sump Pump _____
Other: _____

Estimated Cost of Plumbing Work _____
Signature: _____
Please Print Name: _____

CONTRACTOR'S SEAL

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:
Number of gas/oil fired appliances _____

Furnace _____
Gas/Wood Fireplace _____
Gas Logs _____
Wood Burning Stove _____
Other: _____

Estimated Cost of Fire Work _____
Signature: _____
Print Name: _____