



## 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 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<br>(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 |          |
| <input type="checkbox"/> Planning Board                       |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Zoning Board                         |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Sewer Authority                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Water Authority                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Fire Department                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Police Department                    |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Health Department                    |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Soil Conservation                    |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Dept. of Community Affairs      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Transportation    |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Dept. of Environmental Protect. |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Utility Dig No.                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Other                                |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                      |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                      |                   |            |                   |            |                   |            |                   |            |          |

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

| Name of Code & Edition | Name of Code & Edition         |
|------------------------|--------------------------------|
| Building _____         | Energy _____                   |
| Electrical _____       | Barrier Free _____             |
| Plumbing _____         | Flood Hazard _____             |
| Fire Protection _____  | As Built Elevation Cert. _____ |
| Mechanical _____       | Other _____                    |

X. CERTIFICATES ISSUED (office use only)

DATE EXPIRED

|                                                             |           |       |
|-------------------------------------------------------------|-----------|-------|
| <input type="checkbox"/> Temporary Certificate of Occupancy | No. _____ | _____ |
| <input type="checkbox"/> Temporary Certificate of Occupancy | No. _____ | _____ |
| <input type="checkbox"/> Continued Certificate of Occupancy | No. _____ | _____ |
| <input type="checkbox"/> Certificate of Occupancy           | No. _____ | _____ |
| <input type="checkbox"/> Certificate of Approval            | No. _____ | _____ |
| <input type="checkbox"/> None                               |           |       |



# CONSTRUCTION PERMIT

Date Issued  
Control #  
Permit #

9/3/97

2630-97

IDENTIFICATION Block

835

Lot

37

Work Site Location

11609 Hwy 66 W

Contractor

AT Environmental

Address

Owner in Fee

K. H. HUN

Address

2200 S. 1st St. OK

Tele. ( )

Lic. No. or Bldrs. Reg. No.

Exp. Date

Tele. ( )

Federal Emp. No.

or Social Security No.

22 1534 5346

Is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ OTHER

☐ ELECTRICAL ☒ FIRE PROTECTION

☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

tank removal  
tank installation

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 \$

1375-

U.C.C. Form F-170C

CONSTRUCTION OFFICIAL

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

Building

Plumbing

Electrical

Fire Protection

132-

Other

Other

DCA Training Fee

1

Cert. of Occ.

Other

Total

133-

Check No.

2497

Cash

Collected By:

AT?

# 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 work installed conforms to the approved plans and 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 given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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 and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.



# FIRE 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 835

Work Site Location 1669 Hwy 88 West Lot 37

Owner in Fee Newton

Address 852 Somerset Drive

Tele. (908) 270-6586

Contractor N.J. Environmental

Address 50 N. Main St

Tele. (908) 534-4300

Fax (908) 223-3586

Lic. No. 22-3345346

Federal Emp. No. 22-3345346

## B. FIRE PROTECTION CHARACTERISTICS

Use Group Present 4-3 Proposed \_\_\_\_\_

Const. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_

Heating Systems ☐ Gas ☐ Oil ☐ Electric ☐ Solar

Type ☐ Other \_\_\_\_\_

Location: \_\_\_\_\_

Total Cost of Fire Protection Work \$ 1395.00

Location of Main Control Valve: \_\_\_\_\_

## JOB SUMMARY (Office Use Only)

### PLAN REVIEW

☒ No Plans Required

Joint Plan Review Required: \_\_\_\_\_

☐ Building ☐ Plumbing

☐ Electric ☐ Elevator

☒ Fire Plans Approved

Date: 6/28/97

Approved by: [Signature]

### SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

### INSPECTIONS

Type: \_\_\_\_\_

Alarm System: \_\_\_\_\_

Suppression Sys: \_\_\_\_\_

Standpipe: \_\_\_\_\_

Fire Pump: \_\_\_\_\_

Pre-Eng. System: \_\_\_\_\_

Mechanical: \_\_\_\_\_

Smoke Control: \_\_\_\_\_

ICD: \_\_\_\_\_

Final: \_\_\_\_\_

Other: \_\_\_\_\_

### Dates (Month/Day)

Failure: \_\_\_\_\_

Approval: \_\_\_\_\_

Initial: \_\_\_\_\_

## D. TECHNICAL SITE DATA



Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Control # \_\_\_\_\_  
Permit # \_\_\_\_\_

### DESCRIPTION OF WORK:

Water Removal / Installation

Water Supply Source: \_\_\_\_\_

Method of Alarm/Suppression System Supervision: \_\_\_\_\_

### Storage Tanks

Type: ☐ Flammable Liquid ☒ Combustible Liquid

☐ LPG ☐ LNG Capacity: 225 Fuel: 22

Alarm Systems ☐ 110V Interconnected ☐ System

Alarm Devices (i.e., smoke, heat, pulls, water/flow) \_\_\_\_\_

Supervisory Devices (i.e., tamper, low/high air) \_\_\_\_\_

Signaling Devices (i.e., horns/strobes, bells) \_\_\_\_\_

Other Devices: \_\_\_\_\_

TOTAL \_\_\_\_\_

### Suppression Systems

Fire Pump \_\_\_\_\_ GPM Type \_\_\_\_\_

Dry Pipe/Alarm Valves \_\_\_\_\_

Pre-action Valves \_\_\_\_\_

Sprinkler Heads (Dry and Wet) \_\_\_\_\_

Standpipes \_\_\_\_\_

### Pre-engineered Systems

Wet Chemical \_\_\_\_\_

Dry Chemical \_\_\_\_\_

CO<sub>2</sub> Suppression \_\_\_\_\_

Foam Suppression \_\_\_\_\_

Halon Suppression \_\_\_\_\_

Other: \_\_\_\_\_

Kitchen Hood Exhaust System \_\_\_\_\_

Smoke Control System \_\_\_\_\_

Gas ( ) or Oil ( ) Fired Appliances \_\_\_\_\_

Other: TANK REMOVAL \_\_\_\_\_

TANK REMOVAL \_\_\_\_\_

TANK REMOVAL \_\_\_\_\_

TANK REMOVAL \_\_\_\_\_

TANK REMOVAL \_\_\_\_\_

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TANK REMOVAL \_\_\_\_\_

TANK REMOVAL \_\_\_\_\_

TANK REMOVAL \_\_\_\_\_

### FEE (Office Use Only)

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

DCA Training Fee \$ \_\_\_\_\_

TOTAL FEE \$ 132

1 White = Inspector Copy

2 Canary = Office Co.

3 Pink = Office Copy

4 Hard = Applicant's Copy

5 Soft = Applicant's Copy

6 Soft = Applicant's Copy

7 Soft = Applicant's Copy

8 Soft = Applicant's Copy

TANK ABATEMENT OR  
ASBESTOS ABATEMENT NOTIFICATION  
TOWNSHIP OF BRICK

(Name or type)

Date: August 21, 1997

Project: Newton  
Street: 1669 Highway 88 West  
Town: Brick

Contractor: NJ Environmental Licence No: US000799  
Address: 5 CN Main St

OSHA Air Monitor: Manasquan, NJ 08736  
Address: Manasquan, NJ 08736

Building Owner:

Street:

Town:

Phone:

County:

Zip:

Engineer/Architect:

Street:

Town:

Phone:

County:

Zip:

Waste Hauler: Mercury Oil Recovery  
Town: 29 Springhouse Rd  
Ocean, NJ

License No:  
NJD 986621290

Job Size: (Circle one) Minor

Small

Large

Quantity of Waste Generated:  
(All Applicable)

Cu. Yds.:

Linear Footage:

Sq. Footage:

Proposed Start Date: 9/5/97

Proposed Finish Date:

Cost of Work: \$1395.00

Construction Permit No.: \_\_\_\_\_

Date Issued: \_\_\_\_\_