

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

Address

Telephone ()

Signature

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.									
☐									
☐									

Indefinite

PAID

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 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. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued 5/3/2006
Control # C-06-101110
Permit # 06-1286

IDENTIFICATION Block: 853 Lot: 2 Qualifier _____
Work Site Location: 848 ROUTE 70 Brick Township, NJ Contractor BRAUN, LISA
Address 11 FARM LN EATONTOWN NJ 07724
Owner in Fee BRAUN, LISA
Address 11 FARM LN EATONTOWN NJ 07724 Telephone: (732) 206-9777
Telephone: (732) 206-9777 Lic. No. or Bldrs. Reg. No. _____
Federal Employee. No. _____

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:

TEMPORARY TENT TENT FOR TENT SLAE MAY 15TH - MAY 21ST.

Note: If construction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work \$100

Construction Official _____ Date 5/3/2006

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	\$0
Fire Protection	\$65
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$65
Check No.	12252
Cash	\$0
Credit	\$0
Collected By	Mary Jane Rinaldi

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.

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".

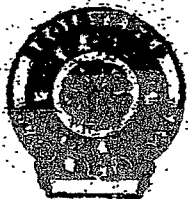
☐ A complete copy of released plans must be kept on the job site.

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

Certificate of Flame Resistance

REGISTERED
APPLICATION
NUMBER

F-222.02



ISSUED BY
ACE CANVAS & TENT CORPORATION

ROCKONKOMA, NEW YORK 11779
MANUFACTURERS OF THE FINISHED
TENT PRODUCTS DESCRIBED HEREIN

Date of Manufacture

Jan. 1995

This is to certify that the materials described have been flame-retardant treated (or are inherently nonflammable) and were supplied to:

NAME Big Top Tents

CITY Bricktown

STATE N.J.

Certification is hereby made that:

The articles described on this Certificate have been treated with a flame-retardant approved chemical and that the application of said chemical was done in conformance with California Fire Marshal Code, equal to or exceeds NFPA 701, CPA184

Method of application: Laminated

Type, color and weight of canvas/vinyl: Mardi-Gras White 13oz. Vinyl

Description of item certified: 30' x 30' White Tent.

**Flame Retardant Process Used Will Not Be Removed By
Washing And Is Effective For The Life Of The Fabric**

Bruin Plastic Co. Glendale, R.I.

Hand of Applicator of Flame Retardant Finish

Frank Cardillo
TENT DEPARTMENT - ACE CANVAS & TENT CORPORATION

TEL 6

SEP 19 10: 5:30

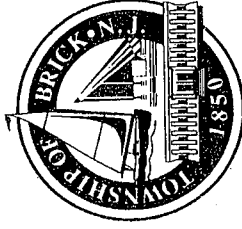
TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Joseph C. Scarpelli, Mayor

Township Council:

Anthony Matthews - President
Stephen C. Acropolis - Vice-President
Kathy M. Russell
Joseph Sangiovanni
Ruthanne Scaturro
Michael A. Thulen, Sr.
Dan Toth



Office of the Municipal Clerk
Virginia A. Lampman, RMC, CMR
Municipal Clerk
(732) 262-1004
vlampman@twp.brick.nj.us
Lynnette A. Iannarone, RMC, CMR
Assistant Municipal Clerk
(732) 262-1005
liannarone@twp.brick.nj.us
Fax: (732) 262-2839
http://www.twp.brick.nj.us

OUTDOOR SALE PERMIT

PERMIT NO. 04-06
FEE PAID \$15.00
DATE 4.18.06

Business Name: Bedroom War
Address: 848 Rt 70 Brick Block: Lot:
Dates of Sale: May 1st to 21st
Items to be Sold: Furniture

Sketch attached showing parking areas, inventory display areas and right of ways? yes

*Note: Sales are for a maximum of five consecutive days; two sales per year.



FIRE PROTECTION 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 818 Route 70 Qualification Code 8181734

Work Site Location 818 Route 70

Owner in Fee Wegmans

Address 818 Route 70

Tel (732) 800-911177

Contractor Big Top Tanks

Address Big Top Tanks

Fax (732) 800-911177

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fire Alarm System: New or Existing

Const. Class: Present Proposed Location of Panel:

Heating System: New or Existing HVAC Fire Suppression/Standpipe System:

Type: Gas Oil Electric Solar New or Existing

Location: Location of Main Control Valve:

Fuel Storage Tank: Location:

Fuel Type: Flammable or Combustible Capacity

Total Cost of Fire Protection Work \$ 100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required: ☐ Building ☐ Plumbing ☐ Electric ☐ Elevator

Date: 4-25-06

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

Dates (Month/Day)

Failure

Approval

Initial

TCO

Flam/Combust Tanks

Fireplace Venting

Final

Other



C. CERTIFICATION IN DEU OF OATH

I hereby certify that I am the (agent/an) owner of record and am authorized to make this application. [Signature]

Applicant's Signature/Contractor's Signature

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: NO. 1000

Water Supply Source Brookside

Method of Alarm/Suppression System Supervision NO CARRY UNDER

Flammable/Combustible Tanks

Alarm Systems

☐ System

☐ 110v Interconnected

☐ CO Detectors/110v

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

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fired Appliances Gas or Oil

Fireplace Venting/Metal Chimney

Other

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

Date Received

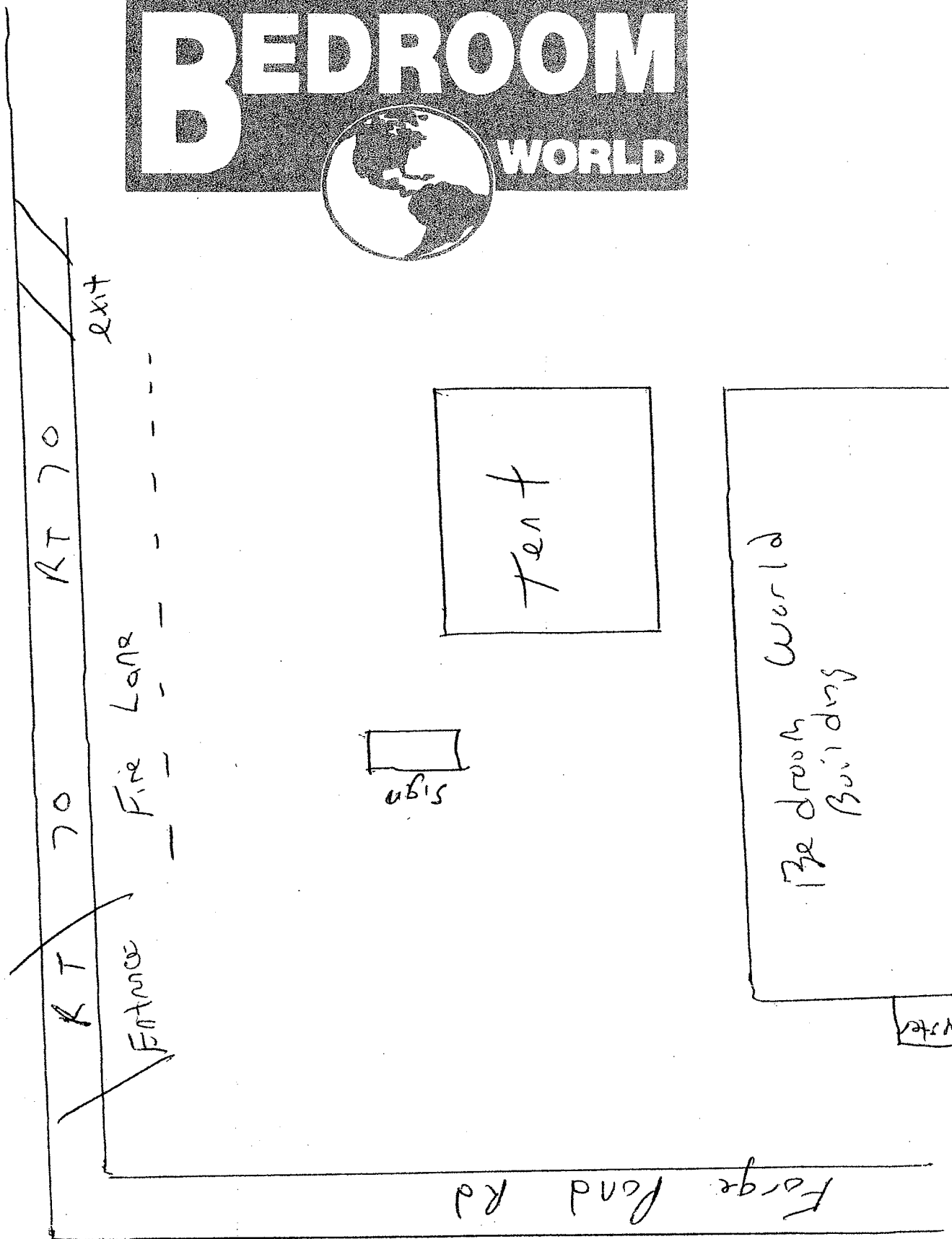
Control #

Date Issued

Permit #

06-1286
5-3-06

MAY 15th - 21st



DAV
4-17-06

The Bedroom SuperStore

Mattresses - Waterbeds - Futons - Platform Beds - Bedroom Furniture - Day Beds - Bunk Beds - Murphy Beds

STORE HOURS: Mon. - Fri. 10-9 - Sat. 10-6 - Sun. 12-5

848 Route 70 • Brick, NJ 08723 • (732) 206-9777 • (800) 851-7378 • (732) 206-9779 - Fax

2113 Route 35 • Oakhurst, NJ 07755 • (732) 493-5912 • (888) 211-7378 • (732) 493-5913 - Fax