



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 W. C. Siding

Address 2124 20th Ave Texas River 08737

Telephone (732) 2940041

Signature [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
	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	Prelimn. 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	
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

0004
3551*#

BLOCK	830 #	0.00
LOT	4 #	0.00
BUILDING		73.00
D.C.A.		2.00
TOTAL		75.00
CHECK		75.00
CHANGE		0.00
	0031A005	12/25

UCC NEW JERSEY
RECORDS & CLERK
JAN 1 1999

IDENTIFICATION BLOCK 830 LOT 4

Work Site Location 1658 HUGENOT ST

V SIDING

Worked in Free Market

Address

SOFT

Telephone

Inspector G. E. SMITH
Address 2124 10TH AVE
TOWNSHIP OF BRICK

Telephone

110 500 01 1111 1111

Project No. 1111-1111

As hereby granted permission to perform the following work:
1. BUILDING 1. TYPING 1. LEAD HAZARD ABATEMENT
1. ELECTRICAL 1. FIRE PROTECTION 1. DEMOLITION
1. ELEVATOR DEVICES 1. ASBESTOS ABATEMENT 1. OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
V SIDING

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 \$ 7,500

Inspector (Official)

ALL FIRM (see 1981)

Date Issued 09/11/99
Control #
Permit # 99-3551

PAYMENTS (Utility Fee Only)

BUILDING	75
ELECTRICAL	0
PLUMBING	0
FIRE PROTECTION	0
ELEVATOR DEVICES	0
Other	0
INCA Training Fee	2
Cert. of Occupancy	0
Other	0
TOTAL	75
Check No. 11/18/99	999
Cash	0
Collected By	11

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/17/99
Date Issued 09/17/99
Control #
Permit # 99-3551

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

Block 839 Lot 4 Qual
Work Site Location 1658 HOFFMAN ST

V SIDING

Owner in fee KALAFAS C
Address SAME
BRICK, NJ 08724-

Tele. ()
Contractor M.C. SIDING

Address 2124 10TH AVE
TOMS RIVER, NJ 08753-

Tele. () Fax ()
Lic. No. of Bldgs. Reg. No.

Federal Emp. No. 24-40041

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

V SIDING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Type	Failure
☐ All			Footings	Failure Approval Initial
☐ Footing			Foundation	
☐ Foundation			Slab	
☐ Frame			Frame	
☐ Other			Barrierfree	
Joint Plan Review Required:			Insulation	
☐ Elect ☐ Plumb ☐ Fire			Finishes	
SUBCODE APPROVAL ☐ Elev			Energy	
☐ CD ☐ CCQ ☐ CA			Mechanical	
Date:			ICQ	
Approved By:			Other	
			Final	
			Barrierfree	

9/17/99 JKL

8. BUILDING CHARACTERISTICS

Use Group	Present R-3	Proposed R-3
Constr. Class	Present	Proposed
No. of Stories	0	
Height of Structure	0 ft.	
Area Largest Floor	0 Sq. Ft.	
New Bldg. Area/All Floors	0 Sq. Ft.	
Volume of New Structure	0 Cu. Ft.	
Total Land Area Disturbed	0 Sq. Ft.	

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0
2. Alteration \$ 2,500
3. Total (1+2) \$ 2,500

Industrialized Building:
☐ State Approved
☐ HUD

FEE (Office Use Only)

TYPE OF WORK		
☐ New Building		\$
☐ Addition		
☒ Alteration		73
☐ Roofing		
☐ Siding		
☐ Fence	0	Height (exceeds 6')
☐ Sign	0	Sq. Ft.
☐ Pool		
☐ Asbestos Abatement Subchapter 8		
☐ Lead Haz. Abatement NJAC 5:17		
☐ Other		
Other		
☐ Demolition		

Paid ☐ Check \$
Collected by: Administrative Surcharge \$
Minimum Fee \$
TOTAL FEE \$ 73
OCA Training Fee \$ 2

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK

401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: 1658 Hoffman	Date Rec'd.:
Block: 830 Lot:	Date Issued:
Owner in Fee: Costas Kaliafuz	Control #:
Address:	Permit #:
State: NJ Zip: 08707 Phone: ()	
SS #: 148542875	Provide only if Applicant is owner

PLUMBING SUBCODE	BUILDING SUBCODE
CONTRACTOR:	CONTRACTOR: W.C. Siding
ADDRESS:	ADDRESS: 212 Y 102 AV Toms River
PHONE:	PHONE: 732 244 0541
LIC #:	LIC #: 148-54-2875
LIC. EXPIRATION DATE:	LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):	FEDERAL EMP. # (or S.S. #):
TECHNICAL SITE DATA (LIST ALL FIXTURES)	TECHNICAL SITE DATA
NO. FIXTURE/EQUIPMENT	DESCRIPTION OF WORK:
Water Closet	Installing vinyl Siding
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: \$	TYPE OF WORK
Signature:	☐ New Building
Owner ☐ Contractor ☐	☐ Addition ☐ Fence: Height (6' or More)
SUBCODE APPROVAL:	☐ Alteration ☐ Sign: Sq. Ft.
PLANS: Required ☐ Approved ☐	☐ Roofing ☐ Pool (In Ground)
Approved by:	☒ Siding ☐ Pool (Above Ground)
Date:	☐ Other: ☐ Asbestos Abatement
CONTRACTOR AFFIX SEAL:	☐ Other: ☐ Demolition
	BUILDING CHARACTERISTICS
	USE GROUP Present: Proposed:
	CONSTR. CLASS Present: Proposed:
	No. of Stories: 2
	Height of Structure: 16 Ft
	Area - Largest Floor:
	New Building Area / All Floors:
	Volume of Structure: Total Land Disturbed:
	Signature: Danyel [Signature]
	Estimated Cost of Building Work: 2,500
	New Building (1): \$
	Alteration (2): \$
	TOTAL (1+2): \$
	SUBCODE APPROVAL:
	PLANS: Required ☐ Approved ☐
	Approved by:
	Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE	FIRE PROTECTION SUBCODE
CONTRACTOR:	CONTRACTOR:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
LIC. #: EXP. DATE:	LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):	FEDERAL EMPL. # (or S.S. #):
TECHNICAL DATA (LIST ALL FIXTURES)	TECHNICAL DATA (DESCRIPTION OF WORK)
DESCRIPTION QTY SIZE	
ITEMS	
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Motors - Fract. HP	Heating Sys: ☐ New ☐ Existing
Emergency & Exit Lights	Location of Furnace / Boiler
Communications Points	
Alarm Devices/E.A.C. Panel	
TOTAL NUMBERS	
Pool Permit w/UW Lights	Water Supply Source
Storable Pool/Spa/Hot Tub	Method of Valve Supervision
KW Elec. Range / Receptacle KW	Local Alarm Supervision
KW Oven / Surface Unit KW	Central Supervision
KW Elec. Water Heater KW	Proprietary Supervision
KW Elec. Dryer / Receptacle KW	
KW Dishwasher KW	Flammable Liquid Storage Tanks Capacity: Fuel:
HP Garbage Disposal HP	Combustible Liquid Storage Tanks Capacity: Fuel:
KW Central A/C Unit KW	L.G.P. Storage Tanks Capacity: Fuel:
HP/KW Space Heater/Air Handler HP/KW	
KW Baseboard Heat KW	DESCRIPTION NUMBER
HP Motors 1/+ HP HP	Wet Sprinkler Heads
KW Transformer/Generator KW	Dry Sprinkler Heads
AMP Service AMP	Total
AMP Subpanels AMP	
AMP Motor Control Center AMP	Smoke Detectors
AMP Elec. Sign/Outline Light KW	Heat Detectors
Other	Total
Other	
Other	Stand Pipes
Other	Kitchen Hood Exhaust Systems
Estimated Cost of Electrical Work: \$	
Signature (print name):	Pre-Engineered Systems
Estimated Cost of Electrical Work: \$	Co2 Suppression
Signature (print name):	Halon Suppression
Owner ☐ Contractor ☐	Foam Suppression
SUBCODE APPROVAL:	Dry Chemical
PLANS: Required ☐ Approved ☐	Wet Chemical
Approved by:	
Date:	Gas or Oil Fired Appliance
CONTRACTOR AFFIX SEAL:	Other
	Other
	Estimated Cost of Fire Protection Work: \$
	Signature:
	Owner ☐ Contractor ☐
	SUBCODE APPROVAL:
	PLANS: Required ☐ Approved ☐
	Approved by:
	Date: