

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 SBN ENT

Address 1 ROBBINS PKW

TOMS RIVER

Telephone (732) 244-7200

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
	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
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. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 03/31/2003
Control #
Permit # 03-1048

IDENTIFICATION Block 1170.09 Lot 3.04 Qual
Work Site Location 906 ROUTE 70
INTERIOR CLEANOUT
Owner In Fee OCEAN QUEEN DINER
Address SAME
BRICK, NJ 08724-
Telephone (732)458-7022
Contractor SBN ENTERPRISES
Address 1 ROBBINS PKWY
TOMS RIVER, NJ 08753-
Telephone (732)244-9790
Lic. No. of Bldrs. Reg. No.
Federal Emp. No. 22-3529405

Is hereby granted permission to perform the following work:

EX] BUILDING [] PLUMBING [] LEAD HAZARD ABATEMENT
[] ELECTRICAL [] FIRE PROTECTION [] DEMOLITION
[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
INTERIOR CLEAN OUT

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 \$ 2,000

Construction Official

03/31/2003
Date

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

CHANGE
CHECK XXXTOTAL
DCA
BUILDING #1048

\$37.00
\$37.00
\$2.00
\$35.00

XX04 SERV.004
03/03 12:04PM 0000000118666

PAYMENTS (Office Use Only)

Building 35
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA State Permit Fee 2
Cert. of Occupancy 0
Other
Total 37
Check No. 1518
Cash
Collected By TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/31/2003
Date Issued 03/31/2003
Control #
Permit # 03-1048

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

Block 1170.09 Lot 3.04 Qual
Work Site Location 906 ROUTE 70

INTERIOR CLEANOUT

Owner in Fee OCEAN QUEEN DINER

Address SAME

BRICK, NJ 08724-

Tele. (732) 458-7022

Contractor SBN ENTERPRISES

Address 1 ROBBINS PKWY

TOWNS RIVER, NJ 08753-

Tele. (732) 244-9790 Fax ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-3529405

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

INTERIOR CLEAN OUT

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
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. \$ 2,000

2. Alteration \$ 2,000

3. Total (1+2) \$ 2,000

Industrialized Building:

☐ State Approved

☐ HUD

TYPE OF WORK

☐ New Building
☐ Addition
☒ Alteration
☐ Roofing
☐ Siding
☐ Fence 0 Height (exceeds 6')
☐ Sign 0 Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter B
☐ Lead Haz. Abatement NJAC 5:17
☒ Other INTER. CLEANOUT
Other
☐ Demolition

FEE (Office Use Only)

Paid ☒ Check # 999 Administrative Surcharge \$ 0
Collected by: TL Minimum Fee \$ 0
TOTAL FEE \$ 35
DCA State Permit Fee \$ 2

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 906 Rt 70
Block: 868 1170.09 Lot: # 304
Owner's Name: OCEAN QUEEN DINER
Owner's Mailing Address: 906 RT 70

Phone: (732) 458-7022

BUILDING

Contractor: SBN ENTERP
Address: _____
Phone#: _____
Lis # _____
Federal Emp # or SSN 22 3529405

Technical Data

Description of Work:

INTERIOR CLEAN-OUT
DUE TO FIRE

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 Structure: _____
Volume of New Structure: _____
Total Land Disturbed: _____

Cost of Alteration: \$ _____

Cost of New Building: \$ _____

Total Cost of New Building Work: \$ 2,000

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

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 (Receptacles, Switches, Lights, Motor 1HP) _____
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: _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

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

Technical Data

Fixtures	Quantity
Water Closets (Toilet) _____	
Urinals/Bidets _____	
Bath Tub (w/or w/out shower head) _____	
Lavatory (BR Sink) _____	
Shower _____	
Floor Drain _____	
Sink _____	
Dishwasher _____	
Drinking Fountain _____	
Washing Machine _____	
Hose Bib _____	
Gas Piping _____	
Fuel Oil Piping _____	
Water Heater _____	
Steam Boiler _____	
Hot Water Boiler _____	
Sewer Pump _____	
Interceptor/Separator _____	
Backflow Preventer _____	
Greasetrap _____	
Air Conditioner (Condensate Drain) _____	
Septic Tank Closure _____	
Sewer Service Connection _____	
Water Service Connection _____	
Active Solar System _____	
Auxiliary Meter _____	
Sprinkler Heads _____	
Sump Pump _____	
Pool Heater _____	
Other: _____	

Estimated Cost of Plumbing Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____
Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

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

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:	
Gas Stove _____	
Gas Dryer _____	
Furnace (Gas or Oil) _____	
Gas Fireplace _____	
Gas Logs _____	
Total Appliances _____	
Wood Burning Stove _____	
Wood Fireplace _____	
Other: _____	

Estimated Cost of Fire Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____
Print Name: _____

Applicable to Ordinance 720-92

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

TOWNSHIP OF BRICK
Debris Form

1170.09

3.04

Work Site Address: 906 RT 70 BRICK

Block: ~~868~~ 1170.09 Lot: ~~F~~ 3.04

Contractor: S B N ENTERPRISES Inc

Contractor's Address: ~~868~~ 1 ROBBINS PLW

Type of Construction (minor, new home): _____

Type of Debris (shingles, siding, wood, etc.): _____

Party responsible for removal: EAST COST

Dumpster size: 30 YD

Destination of debris: OCEAN CTY LANDFILL

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

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 of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.


Signature

3/31/03
Date

CHRIS KARANADOS
Print Name