

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:

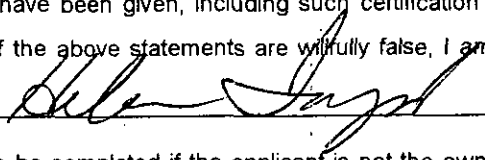
C.3. ☐ Electrical C.4. ☐ Plumbing

- 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

Aug 1998

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.

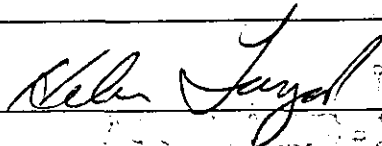
Agent Name

Address

Telephone ()

920-2060

Signature



III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17-2.1

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	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. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

0002
982927**

LOT	2 H	0.00
BUILDING		35.00
ZONE/LOT		15.00
ENG P.R.		15.00
TOTAL		65.00
CHECK		65.00
CHANGE		0.00

08/26/98 NO. 5 0023A005 11:24

Date Issued 08/26/98
Control #
Permit # 98-2927

IDENTIFICATION Block 1170 Lot 9 Qual

Work Site Location 912 RT 70 W
REPLACE FENCE

Contractor HOME OWNER
Address

Owner in Fee FAYAD, HELIN
Address 890 MANTOLOXING RD
BRICK, NJ 08723-

Telephone ()

Telephone (732)920-2060

Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

- | | | |
|--|---|--|
| ☒ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☐ OTHER |

(Subchapter 8 only)

DESCRIPTION OF WORK:
REPLACE FENCE

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 \$ 350

Construction Official

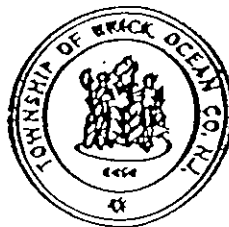
08/26/98
Date

U.C.C. #170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	30.00
Total	65.00
Check No.	65, 1915
Cash	
Collected By	WP

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



Joseph C. Scarpetti, Mayor

Township Council:

Mary Lou Powner, President
Stephen C. Acropolis
Victor Cantillo
Helen Fayad
Lee Hartman
Thomas G. Maione
Michael A. Thulen

Department of Engineering

Municipal Engineer
(908) 262-1038
Fax: (908) 920-4850

DATE: Aug / 98

Municipal Engineer
401 Chambers Bridge Road
Brick NJ 08723

RE: Block: 1170 Lot: 9

Dear Sir:

I, Helen Fayad of 898 Montebello Rd.
(Name) (Address)

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours

Helen Fayad
Applicant's signature

732/920-2060
Phone #

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.
2. Proof that the property is not located in a Flood Hazard Area.

NOTE: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved ☒

DATE: 8/21/98

BY: [Signature]

Rejected ☐

DATE: _____

BY: _____

REMARKS: _____

**OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE**

BLOCK 11710.09 LOT 2 SITE ADDRESS 911 State 76 West
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS Mobile Home
APPLICANT Helin FAYAD PHONE NUMBER (727) 920-8210
APPLICANT ADDRESS 890 HAWTHORNE RD CITY & STATE ELICU, MT
PERMIT # _____ NAME OF BUSINESS _____

INCLUSIONARY DEVELOPMENT

☐ Affordable	Fee Required _____	Date _____
	Down Payment _____	Date _____
	Balance _____	Date _____
	Paid In Full _____	Date _____
☐ Market Rate	No Fee Required	

MANDATORY DEVELOPER FEES

☐ Residential is .005 %
☐ Commercial is .01 %

Estimated Assessment \$ _____ Date 5.24.95
Estimated Required Fee \$ _____
Required Deposit on Estimate \$ _____ Date _____
Check # _____ Receipt # _____
Actual Assessment \$ _____ Date _____
Actual Required Fee \$ _____
Minus Deposit of Estimate \$ _____
Balance Due \$ _____ Date _____
Check # _____ Receipt # _____
Amount Paid In Full \$ _____

Fees Imposed To Date _____
Fees Reached \$15,000. _____ Date _____

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

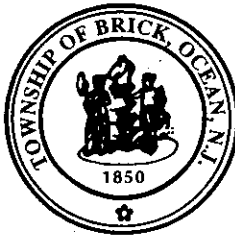
NO FEE REQUIRED

APPROVED BY [Signature] DATE 5/24/98

Carol A. Wolfe
Affordable Housing Administrator

TOWNSHIP OF BRICK

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



Joseph C. Scarpelli, Mayor

Township Council:

Michael A. Thulen, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Helen Fayad
Lee Hartman
Mary Lou Powner

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____

(Planning Board/BOA)

DATE: 8-21-98

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1170.09 LOT 5 SITE ADDRESS 914 LINDA 76 WEST

TYPE OF SITE 11670K LIDGE TYPE OF BUSINESS LIDGERIAN MOTOR CORP.
(Residential/Commercial)

APPLICANT Helen Fayad CITY & STATE FLORIDA NJ

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

\$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

\$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

NO FEE REQUIRED

APPROVED BY [Signature] DATE 8/24/98

OWNER IN FEE:

Block 1170 LOT 9 SITE LOCATION

912 Rt 70 Buck

BUILDING INSPECTION

Contractor Sally Allen Royal
Address 820 Mulberry Phone ()
Town Buck State NC Zip 28604
LIC # 10000 FEDERAL EMP. NO. (or SSN#) 10000

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) \$ 0 ALTERATION (2) \$ 0
ADDITION (3) \$ 0 TOTAL (1+2+3) \$ 350

BUILDING CHARACTERISTICS

ADDITION or SINGLE FAMILY DWELLING
USE GROUP PRESENT PROPOSED
CONSTRUCTION CLASS PRESENT PROPOSED
NO. OF STORIES 1 HT. OF STRUCTURE 10 FT.
AREA: LARGEST FLOOR 100 SQ. FT.
TOTAL BLDG. AREA: ALL FLOORS 100 SQ. FT.
VOLUME OF STRUCTURE 1000 CU. FT.
TOTAL LAND AREA DISTURBED 100 SQ. FT.

TYPE OF WORK	COST	TYPE OF WORK	COST
NEW BLDG.		MISC.	
ADDITION		FENCE	444
ALTERATION		SIGN	350
ROOFING		POOL	
SIDING		ASBESTOS ABATEMENT	
DEMOLITION		DCA	
		TOTAL	350

DESCRIPTION OF WORK

COMMENTS

Replace old fence
same location - same size

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE WORK LISTED ON THIS APPLICATION.
SEAL & SIGNATURE Sally Allen Royal

PLUMBING INSPECTION

Contractor Sally Allen Royal
Address 820 Mulberry Phone ()
Town Buck State NC Zip 28604
LIC # 10000 FEDERAL EMP. NO. (or SSN#) 10000

ESTIMATED COST OF PLUMBING WORK

Sewer Size 12 Water Size 12

TECHNICAL SITE DATA (List all fixtures)

NO.	FIXTURE/EQUIPMENT	NO.	FIXTURE/EQUIPMENT
	Water Closet		Sicam Boiler
	Urinal/Bidet		Hot Water Boiler
	Bath Tub		Sewer Pump
	Lavatory		Interceptor/separator
	Shower		Backflow Preventer
	Floor Drain		Grease Trap
	Sink		Water Cooled A/C
	Dishwasher		or Refrigeration Unit
	Drinking Fountain		Sewer Connection
	Washing Machine		Water Service Connection
	Hose Bibb		Active Solar System
	Water Heater		Other
	Fuel Oil Piping		Other
	Gas Piping		Other

DESCRIPTION OF WORK

COMMENTS

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE WORK LISTED ON THIS APPLICATION.
SEAL & SIGNATURE (Contractor's Seal)

FIRE INSPECTION

Contractor Sally Allen Royal
Address 820 Mulberry Phone ()
Town Buck State NC Zip 28604
LIC # 10000 FEDERAL EMP. NO. (or SSN#) 10000

ESTIMATED COST OF FIRE PROT. WORK

Heating Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar
Heating System: ☐ New ☐ Existing
Location of Furnace / Boiler Basement

TECHNICAL SITE DATA (Description of)

WATER SUPPLY SOURCE	METHOD OF VALVE SUPERVISION	LOCATION OF VALVE SUPERVISION	GENERAL SUPERVISION	PROPRIETARY SUPERVISION	ITEM	NO.	ITEM
					Flammable Liquid Storage Tanks		
					Combustible Liquid Storage Tanks		
					L.P.G. Storage Tanks		
					L.N.G. Storage Tanks		
					Wet Sprinkler Heads		
					Dry Sprinkler Heads		
					TOTAL		
					Smoke Detectors		
					Heat Detectors		
					TOTAL		
					Stand Pipes		
					Kitchen Hood Exhaust System		

DESCRIPTION OF WORK

COMMENTS

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE WORK LISTED ON THIS APPLICATION.
SEAL & SIGNATURE (Contractor's Seal)

Applicable to Ordinance 728-92

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

TOWNSHIP OF 'BRICK

912 Rt 70 W 1170 9
Work Site Address Block Lot

HELEN FAYAD 890 Mantoloking Road, BRICK, NJ 08723
Owner's Name, Address, Phone 920-3060

Self
Contractor's Name, Address, Phone

Construction Commercial Bldg
Describe type (Single -family home, etc.)

Demolition Stockade Fence - Wood
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material Replace Existing Fence
@ Cost of Material \$350.00

Name, address and phone of party responsible for removal of debris:

Self & Dumpster

Size of dumpster: on premise - Biweekly serviced by Longview Waste

Destination of discarded debris:

Hauler's DEP Permit No.:

****Note:** Any recyclable material, including, but not limited to:
corrugated cardboard, vegetative waste, concrete, asphalt, clean wood,
etc., must be delivered to an approved recycling center, and receipts
provided to the Township of Brick along with tipping receipts for
non-recyclable material.

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

HELEN FAYAD 8/14/98
Printed/Typed Name Signature Date

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached?

Certified tipping receipts attached?

****Note:** Receipts must show certified weights, date of disposal and name and address
of disposal center.

DISTRIBUTION LIST:

1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant

