

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 _____

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	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

Temp Const - Under 1st OK 4-23-90

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 EXPIRED

☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Continued Certificate of Occupancy	No. _____	_____
☐ Certificate of Occupancy	No. _____	_____
☐ Certificate of Approval	No. _____	_____
☐ None		



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

4/23/91
565-91

IDENTIFICATION Block

1170

Lot

18.02

Work Site Location

Clear County Medical Center

Contractor

Fitzpatrick & Assoc

Address

Owner in Fee

Buck Hospital

Address

Jack Trubbs Blvd

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

Tele. ()

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

4 Constructions Trailers
on Site

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 \$

200

A. J. Cierz
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	40 500 200 565 91
Plumbing	BLOCK 0.00
Electrical	1170 # 0.00
Fire Protection	LOT 0.00
Other	18 # 0.00
Other	BUILDING 200.00
DCA Training Fee	TOTAL 200.00
Cert. of Occ.	CHECK 200.00
Other	CHANGE 0.00
Total	200
Check No.	1978 0012A005 15:13
Cash	
Collected By:	JF



Date Received
Date Issued
Control #
Permit #

4/23/91
565-91

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

Block 1170 Lot 18

Work Site Location BRICK HOSPITAL, BECK TOWNSHIP

Owner in Fee _____

Address _____

Tele. () _____

Contractor FITZPATRICK & ASSOCIATES, INC.

Address P.O. BOX 1408

EATON TOWN N.J. 07724

Tele. () 542-6100

Lic. No. or Bldrs. Reg. No. 222013709 or Social Security No. _____

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ _____
No. of Stories			2. Alteration \$ _____
Height of Structure			3. Total (1+2) \$ _____
Area—Largest Floor			Sq. Ft. _____
Total Bldg. Area/All Floors			Sq. Ft. _____
Volume of Structure			Cu. Ft. _____
Total Land Area Disturbed			Sq. Ft. _____

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 Mark Grapentine

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

(4-) Construction TRAILERS on SITE

TYPE OF WORK:

☐ New Building	(Office Use Only)
☐ Addition	FEE
☐ Alteration	
☐ Roofing	
☐ Siding	
☐ Other	
☐ Demolition	
☐ Miscellaneous	
☐ Fence	Height
☐ Sign	Sq. Ft.
☐ Pool	
☐ Elevator	
☐ Asbestos Abatement	
☐ Other	

Administrative Surcharge	FEE
Paid ☐ Check # _____	\$ _____
Collected by: _____	\$ _____
TOTAL FEE	\$ _____



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

4/23/91
565-91

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

Block 1170 Lot 18
Work Site Location BRICK HOSPITAL
JACK MARTIN BLVD, BRICK TOWNSHIP
Owner in Fee _____
Address _____

Tele. () FITZPATRICK & ASSOCIATES, INC.
Contractor P.O. BOX 1408
Address EATON TOWN N.J. 07724
Lic. No. or Bldgs. Reg. No. 542-6100
Federal Emp. No. 222013709 or Social Security No. _____

JOB SUMMARY (Office Use Only)		PLAN REVIEW		Date		Initial		INSPECTIONS		Type:		Failure		Failure		Approval		Initial	
☐	No Plans Req.																		
☐	All																		
☐	Footings																		
☐	Foundation																		
☐	Frame																		
☐	Other																		
Joint Plan Review Required:																			
☐	Elec.																		
☐	Plumb.																		
☐	Fire																		
SUBCODE-APPROVAL																			
☐	CO																		
☐	CCO																		
Date:																			
Approved By:																			

B. BUILDING CHARACTERISTICS

Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
No. of Stories: _____
Height of Structure: _____ Ft.
Area—Largest Floor: _____ Sq. Ft.
Total Bldg. Area/All Floors: _____ Sq. Ft.
Volume of Structure: _____ Cu. Ft.
Total Land Area Disturbed: _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1+2) \$ _____

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.
Mark Grapentine
Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

(4) CONSTRUCTION TRAILERS
ON SITE

TYPE OF WORK:		(Office Use Only)	
☐	New Building		\$ _____
☐	Addition		\$ _____
☐	Alteration		\$ _____
☐	Roofing		\$ _____
☐	Siding		\$ _____
☐	Other		\$ _____
☐	Demolition		\$ _____
☐	Miscellaneous		\$ _____
☐	Fence	Height	\$ _____
☐	Sign	Sq. Ft.	\$ _____
☐	Pool		\$ _____
☐	Elevator		\$ _____
☐	Asbestos Abatement		\$ _____
☐	Other		\$ _____

Paid ☐ Check # _____
Collected by: _____
TOTAL FEE \$ _____

Administrative Surcharge \$ _____
Minimum Fee \$ _____