BLOCK 1170 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) 425 Jack Martin Blvd PERMIT NO. 12-3932

C12-003709

CONSTRUCTION PERMIT APPLICATION

Lt. Floor Radiology

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: Ocean Medical Center
2. Name of Owner in Fee: Ocean Medical Center
   Tel. (732) 836 4077 e-mail _____
   Address 425 Jack Martin Blvd Brick NJ (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: RDM Construction Corp Tel. (732) 859 1420
   Address PO Box 436 e-mail _____
   Atlantic Highlands NJ 07716
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 223629660 FAX: ( ) _____
5. Architect or Engineer Saphire & Albarran Contact Ed Albarran
   Address 12 N. Main St Pennington NJ e-mail _____
   Tel. (609) 737 5934 FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Richard Pickold
   Tel. (732) 859 1420 FAX: (732) 291 3437

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150 -	✓	
2. Electrical	40 -	✓	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	11 -		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 201 -		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area — Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ft.	
12. Wetlands yes ____ no ____	

IIa. PROPOSED WORK

- ☑ Minor Work
- ☐ New Building
- ☐ Addition
- ☑ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	5000.00	GW	10/4/12	10/11/12			10/23/12		KA
☑ Electrical	2000				10-11-12	JT			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	7000								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   - Gained, Sale
   - Gained, Rental
   - Lost, Sale
   - Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 1/18/2013
Control Number C-12-003709
Permit Number 12-3932
Permit Issue Date 12/27/2012
Certificate Number 12-3932

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ Block: 1170 Lot: 18 Qual:

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC

Owner Address: 1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753

Telephone: (732) 836-4077

Contractor RDM Construction Corp

Address PO Box 436 Atlantic Highlands NJ 07716

Telephone: (732) 859-1420 Fax: (732) 291-3437

License Number or Builders Registration Number: Federal Emp. Number: 22-3629660

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: H-1 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL 1st floor radiology

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Daniel J. Newman Jr.

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 1/18/2013 U.C.C. F260 (rev. 08/05)

12-3932

CONSTRUCTION PERMIT

Date Issued 12-27-12
Control # C-12-003709
Permit #

IDENTIFICATION Block: 1170 Lot: 18 Qualifier

Work Site Location: 425 JACK MARTIN BLVD. Brick Township, NJ

Owner in Fee: NORTHERN OCEAN HOSPITAL SYSTEM INC
1350 CAMPUS PKWY STE 1500 NEPTUNE NJ 07753

Telephone: (732) 836-4077

Contractor: RDM Construction Corp
Address: PO Box 436 Atlantic Highlands NJ 07716

Telephone: (732) 859-1420
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3629660

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATION - -COMMERCIAL 1st floor radiology

Note: If constuction 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 $7,000

Construction Official

10-25-12
Date

PAYMENTS (Office Use Only)

Building	$150
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$11
CO Fee	
Other	$0
Total	$201
Check No.	17023
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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.

- [x] 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:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

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

12-3932

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 12-27-12

Date Issued
Permit #

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

Block 1190 Lot 18 Qualification Code

Work Site Location Ocean Medical Center 1st Floor
425 Jack Martin Blvd Brick NJ Radiology

Owner in Fee: Ocean Medical Center

Tel. (732) 836 4077 e-mail

Address 425 Jack Martin Blvd Brick NJ
street municipality zip code

Contractor: RDM Construction Corp Tel. (732) 899 1420

Address PO Box 436 e-mail
Atlantic Highlands NJ 07716

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 273629660 FAX: (732) 291 3437

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [ ] All
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [X] Interior 10/23/12 AA

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] TCO [ ] CA
Date: 1/18/13
Approved by: AA

INSPECTIONS Type:	Failure	Failure (Dates Month/Day)	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	1-8-13 AA		1-15-13 AA	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present ✓ Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 5000.00
3. Total (1+ 2) $ 5000.00

U.C.C. F110
(rev. 11/09)

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.

Sign here: RDM
Print name here: Richard DiGold

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Removal of a section of Floor and Replace, Paint area, New chair Rail
Replace counter top

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [✓] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (exceeds 6')
- [ ] Sign ____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall ____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other ____
- [✓] Demolition

COMMERCIAL

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 12-3932

Date Issued
Permit # 12-27-12

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 Qualification Code

Work Site Location Ocean Medical Center (Nuclear Camera)
Jack Martin Boulevard, Brick

Owner in Fee: Ocean Medical Center

Tel. (732) 836 4027 e-mail

Address

Contractor: street R&A Electric, Inc., t/a municipality MIDDLETOWN ELECTRIC Tel. (732) 495-5050 zip code

Address 7 Debele Lane, Lincroft 07738 e-mail

Contractor License No. 7246 Exp. Date 03-31-15

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-3282269 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 10-11-12
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 1-10-13
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			1-8-13	DS
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

XX Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Installation of a new 30-amp receptacle and run (1) Cat6E cable for new data line.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
1		Communications Points	
		Alarm Devices/F.A.C. Panel	
2		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

COMMERCIAL

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

U.C.C. F120 (rev. 7/06) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

saphire + albarran
ARCHITECTURE LLC

Responses to Comments by Mr. Kenneth Anderson, Subcode Official, Township of Brick, NJ Ocean Medical Center, Nuclear Camera Equipment Upgrade Block: 1170 Lot: 18, 425 Jack Martin Boulevard, Permit Number: Control C-12-003709.

October 19, 2012

Mr. Kenneth Anderson
Subcode Official
Brick Township
401 Chambersbridge Road
Brick, NJ 08723

Project: Ocean Medical Center
Nuclear Camera Equipment Upgrade
Block: 1170, Lot: 18
425 Jack Martin Boulevard
Permit Number: Control Number: C-12-003709
S+A Project 1221

This is in response to your letter of October 11, 2012 on the above referenced project. The following responses are provided:

Comment:

1. Provide structure analysis for floor system at area of camera replacement. Verify as adequate for new equipment or submit detailed plan for upgrade.

Response: ***The existing area in question is a slab on grade that currently supports a Nuclear Camera that weighs approximately 6,400 lbs. The camera proposed to replace this older piece of equipment has a weight of approximately 3,900 lbs. with a similar weight distribution plan.***

Given this reduction of imposed weight by the new equipment we are comfortable that the structural characteristics of the existing slab will appropriately support this unit. We will also inspect the existing condition of the slab after the removal of the existing unit and confirm that the slab is in good condition and shows no sign of stress or failure.

Please feel free to contact this office should there be any further questions or concerns.

Sincerely,

Joseph E. Saphire, AIA, Principal
NJ License No. AI08932

JES/es

Encl.

twelve north main street
pennington, new jersey, 08534
t 609.737.5924 f 609.737.5929

e-mail sa@saphirealbarran.com
website www.saphirealbarran.com

State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO BOX 817
TRENTON, NJ 08625-0817

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

RICHARD E. CONSTABLE, III
Commissioner

August 3, 2012,

Mr. Edwin Albaran, AIA
Saphire & Albaran
12 North Main Street
Pennington, NJ 08534

Re: Local Plan Review
Ocean Medical center
Nuclear Camera Equipment Upgrade

Dear Mr. Albaran;

Currently, we are allowing local construction departments to perform the review of certain projects, as long as there are no State licensure or AIA Guidelines requirements to be met in those areas or if the work is very minor in nature. Having looked at the submitted information, **it has been determined that local review of this project is appropriate**. This is with the understanding that this is strictly limited to the review of the **Nuclear Camera Equipment Upgrade including minor cosmetic finish upgrades to the room such as replacing existing adjacent countertop and sink** and all work necessary to accomplish this project at the above referenced facility.

Prior to occupying the project area, a copy of the Certificate of Occupancy must be provided to the New Jersey Department of Health and Senior Services, Inspections, Compliance and Complaints (ICC) unit by mail or fax, (609) 943-3013. You must also contact that unit to arrange for an inspection of the completed work. The NJHSS ICC can be reached at (609) 292-9900.

Should you have any questions, you may call me at (609) 633-8151.

Sincerely,

Farivar Kiani

Farivar Kiani,
Supervisor
Health Care Plan Review
Construction Plan Approval

10/11/12 - fax 732-291-3437

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

resubmit 10/22/12

Subcode Official Review

Date: Thursday, October 11, 2012

To: 1350 CAMPUS PKWY STE 1500 NEPTUNE, NJ 07753

RE: Building Subcode
Block: 1170 Lot: 18 Qual:
425 JACK MARTIN BLVD.
Permit Number: Control Number: C-12-003709
Last Submit Date: Tuesday, October 09, 2012

Dear NORTHERN OCEAN HOSPITAL SYSTEM INC,

The following comments were made during the Plan Review process:

Provide structural analysis for floor system at area of camera replacement. Verify as adequate for new equipment or submit detailed plan for upgrade.

Sincerely,

K Anderson 10/11/12

Kenneth Anderson, Subcode Official

CC:

saphire + albarran
ARCHITECTURE LLC

FACSIMILE

DATE: 19 October 2012

TO: Mr. Kenneth Anderson
Subcode Official
Brick Township

FAX#: (732) 262-2941

FROM: Joseph E. Saphire, AIA

PAGES: 2 (including cover sheet)

Subject: Ocean Medical Center
Nuclear Camera Equipment Upgrade
Block: 1170 Lot: 18
425 Jack Martin Boulevard
Permit Number: Control Number: C-12-003709

Good afternoon,
Attached please find S+A Comment Response Letter. Originals signed & sealed copies will be delivered to your office.
Thank-you.

twelve north main street
pennington, new jersey, 08534
t 609.737.5924 f 609.737.5929

e-mail sa@saphirealbarran.com
website www.saphirealbarran.com

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(f)1.ix:

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. 5:23-2.15(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 RDM Construction Corp

Address PO Box 436 Atlantic Highlands NJ 07716

Telephone (732) 291 3435

Signature _____

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

1-8-13 w/ Final Rg —

> Not Ready —
Work in Progress