

LDS BR-B 10427388

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 EVS COMMUNICATION
Address 55 MAIN ST
GROVEVILLE NJ 08620
Telephone (609) 585 0577 x 13
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				
☐ Temporary Certificate of Compliance				
☐ Continued Certificate of Occupancy				
☐ Certificate of Compliance				
☐ Certificate of Occupancy				
☐ Certificate of Approval				
☐ Lead Abatement Clearance Certificate				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/08/2002
Control #
Permit # 02-2304

NEW JERSEY
CONSTRUCTION
PERMITS

IDENTIFICATION Block 672 Lot 0

Work Site Location 51 CHAMBERS BRIDGE RD

Owner in Fee EST BRY

Address 51 CHAMBERS BRIDGE RD

Telephone 732/504-1818

Contractor EUS COMMUNICATION

Address 35 MAIN STREET

Telephone 609/585-0577

Lic. No. or Dirs. Reg. No.

Federal Emp. No. 22-349733

Is hereby granted permission to perform the following work:
☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
 (Subchapter B only)
 DESCRIPTION OF WORK:
 ELECTRICAL

PAYMENTS (Office Use Only)
 Building _____ 0
 Electrical _____ 53
 Plumbing _____ 0
 Fire Protection _____ 0
 Elevator Devices _____ 0
 Other _____
 DCA Training Fee _____ 26
 Cert. of Occupancy _____ 0
 Other _____

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 \$ 32,000

Total _____ 111
 Check No. _____ 121114
 Cash _____
 Collected By _____ JB

De M...
 Construction Official 07/08/2002

Date

07/08/02 09:59 AM 000000003113
 2706 SEKV.006
 00225004
 ELECTRIC
 DCA
 CHECK
 485.00
 426.00
 485.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 07/03/2002
Date Issued 11
Control # ~~C02-67~~ 02-2504
Permit #

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

Block 672 Lot 8 Qual _____
Work Site Location 51 CHAMBERS BRIDGE RD
COMM PTS
Owner in Fee BEST BUY
Address 51 CHAMBERS BRIDGE RD
BRICK, NJ 08723-
Tele. (609) 585-0577 Fax () _____
Contractor EUS COMMUNICATIONS
Address 55 MAIN STREET
GROVEVILLE, NJ 08620-
Tele. (609) 585-0577
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group - Present _____ Proposed B
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work \$ 32,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
☒ No Plans Required
Joint Plan Review Required:
☐ Bldg ☐ Plumb
☐ Fire ☐ Elevator
☐ Elect Plans Approved
Date: 7-3-02
Approved By: [Signature]
SUBCODE APPROVAL
☐ CO ☐ CCO ☐ EA
Date: 9/10/02
Approved By: [Signature]

INSPECTIONS
Type Failure Failure Approval Initial
Rough _____
Temp Serv _____
Const Serv _____
TCO _____
Other _____
Service _____
Final 9/10/02
Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
255		Communications Points	
0		Alarm Devices/F.A.C. Panel	
255		TOTAL NUMBERS	85
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

E. 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
☐ Licensed Electrical Contractor ☐ Exempt Applicant

Administrative Surcharge \$ 0
Paid ☐ Check # _____ Minimum Fee \$ 0
Collected by: _____ TOTAL FEE \$ 85
DCA Training Fee \$ 26

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: _____

Township of Brick

Counter Form (PLEASE PRINT)

Site Location: 51 Chambers Bridge Rd. Brick, N.J. 08723
 Block: 672 Lot: 8
 Owner's Name: Best Buy
 Owner's Mailing Address: _____

Phone: (____) _____

BUILDING

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

Technical Data

Description of Work: _____

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: \$ _____

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: EUS COMMUNICATIONS
 Address: 55 MAIN ST
GROVEVILLE, N.J. 08620
 Phone#: 609-585-0577 x13
 Lis #: _____
 Federal Emp # or SSN 223499733

Technical Data

Item	Quantity
Lighting Fixtures	_____
Receptacles	_____
Switches	_____
Detectors	_____
Light Poles	_____
Motors w/ Fract. HP	_____
Emergency & Exit Lights	_____
Communication Points	<u>255</u>
Alarm Devices/FAC Panel	_____
Total	<u>255</u>

Pool (Receptacles, Switches, Lights, Motor 1HP) _____
 Spa/Hot Tub/Storable Pool _____
 Electric Range _____ K
 Oven/Surface Unit _____ KV
 Electric Water Heater _____ KV
 Electric Dryer _____ KV
 Dishwasher _____ KV
 Garbage Disposal _____ H
 A/C Unit - Central Air _____ K
 Space Heater/Air Handler _____ K
 Baseboard Heating _____ KV
 Motors 1+ HP _____
 Transformer/Generator _____ K
 Light Stander _____ AM
 Service _____ AM
 Subpanel _____ AM
 Motor Control Center _____ AM
 Sign/Outline Light _____ KV
 Furnace _____
 Steam Boiler _____
 Other: _____

Estimated Cost of Electrical Work: \$32,000

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: Tom Topolasky

Please Print Name TOM TOPOLASKY

CONTRACTOR'S SEAL

Fed TAX #

22 349 9733

State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

TELECOMMUNICATIONS

WIRING EXEMPTION

Issued to: Eastern Utility Service, Inc.
55 Main St., Groveville, NJ 08620
321 Address

Kenneth Lane Exemption No. _____
Signature of Holder