

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 CURTIS J. KRAMER

Address 110 Melick Rd.

Cranbury, N.J. 08512

Telephone (609) 395-6800

Signature Curtis J. Kramer Date 10/16/90

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	
☐ 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									
☐									
☐									

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	No. _____



CONSTRUCTION PERMIT

Date Issued

12/1/90

Control #

Permit #

2251-90

IDENTIFICATION Block

672

Lot

12

Work Site Location

Rt 70 & Chambers Bridge

Contractor

Reliable Fire Protection

Address

Owner in Fee

Wallace/ECJR Inc.

Address

401 E. 1st St.

Tele. ()

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

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:

Repair / Fire Suppression

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 \$

900-

PAYMENTS (Office Use Only)

Building

Plumbing

Electrical

Fire Protection

85-

Other

Other

DCA Training Fee

Cert. of Occ.

20-

Other

Total

105-

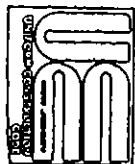
Check No.

X 1563

Cash

Collected By:

JL



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received 12/7/90
Date Issued
Control #
Permit # 2251-90

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

Block 672 Lot 12
Work Site Location Wall St. Restaurant
100 S. Charles St. (Bldg. 12)
Owner in Fee ICR INC.
Address above

Tele. (201) 820-3080
Contractor Solimar Fire Protection
Address 40 Mellick Rd.

Tele. (602) 385-6800
Lic. No. 60512
Federal Emp. No. 322 625 67622 Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A-3 Proposed A-3
Constr. Class. Present _____ Proposed _____
Heating Systems ☐ New ☐ Existing
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar
☐ Other _____

Location: _____
Total Est. Cost of Fire Prot. Work \$ 900.00 ☐ Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
☐ No Plans Required	Type: _____	Failure Failure Approval Initial
Joint Plan Review Required:		
☐ Bldg. ☐ Plumb. ☐ Elec.	Suppression Test _____	<u>12-10-90</u>
☒ Fire Plans Approved	Fire Alarm Test _____	
Date: <u>10-18-90</u>	Smoke Test _____	
Approved by: <u>[Signature]</u>	Mechanical _____	
SUBCODE APPROVAL:	TCO _____	
☒ CO ☐ CCO ☐ CA	Other _____	
Date: <u>12-10-90</u>	Other _____	
Approved by: <u>[Signature]</u>	Other _____	

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]
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Suppression
Expd.

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks () Capacity _____ Fuel _____
Combustible Liquid Storage Tanks () Capacity _____ Fuel _____
L.G. Storage Tanks () Capacity _____ Fuel _____
Dry Sprinkler Heads () Capacity _____ Fuel _____
TOTAL _____

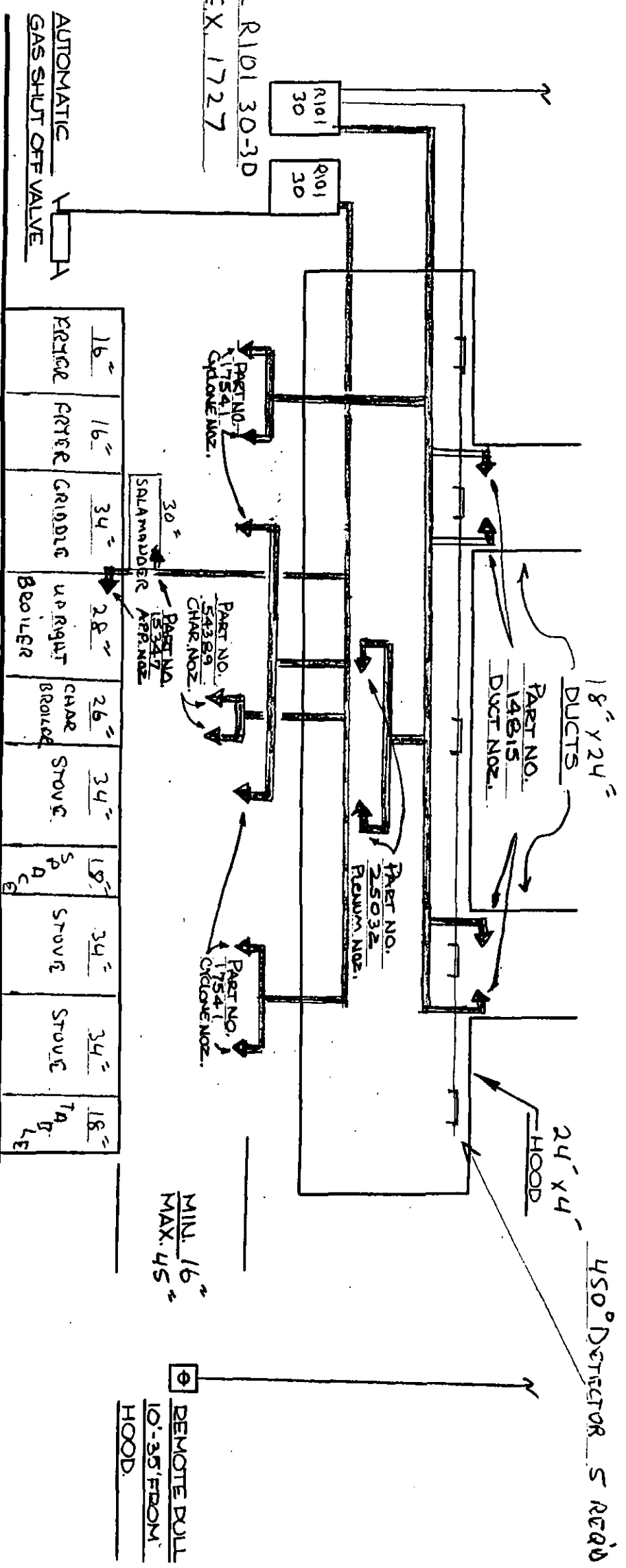
Smoke Detectors _____
Heat Detectors _____
TOTAL _____

Stand Pipes _____
Kitchen Hood Exhaust Systems _____
Pre-Engineered Systems _____
CO₂ Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical 1 repair _____
Wet Chemical _____

Gas or Oil Fired Appliance _____
OTHER [Signature] _____

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
Collected by _____ TOTAL FEE \$ 85-

ANSUL R101 30-3D
UL EX. 1727



June 10-19-2012

NOT TO SCALE

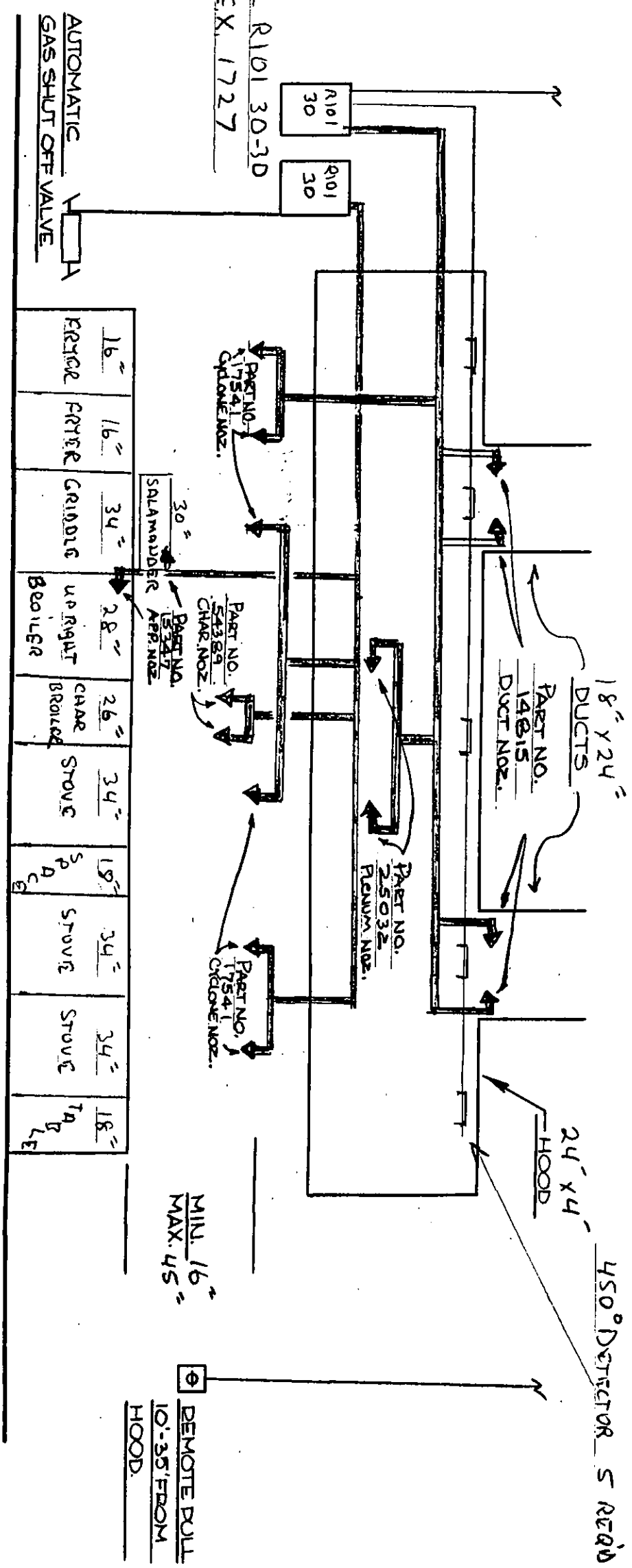
FIRE SYSTEM

ALL PIPE WILL BE SCHEDULE 40 BLACK PIPE
*ALL PIPE FITTINGS INSTALLED AS PER MANUFACTURING SPECIFICATIONS:

CUSTOMER	
WALL ST REST	
8170 + CHAMBERS BRIDGE	
BRACKTON MD	
RELIABLE FIRE PROTECTION	
110 MCKEIGH RD	
CRANBURY NJ 08512	

ANSUL R101 30-3D
UL EX. 1727

File 10-19-2018



NOT TO SCALE

FIRE SYSTEM

ALL PIPE WILL BE SCHEDULE 40 BLACK PIPE
*ALL PIPE FITTINGS INSTALLED AS PER MANUFACTURING SPECIFICATIONS:

CUSTOMER	WALL ST REST
WALL ST REST	RT 70 + CHAMBERS BRIDGE
CHAMBERS BRIDGE	BRICKTOWN HT
CELLAR FIRE PROTECTION	110 MSLRCH Rd
GRAB BURY WAT 108512	