

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.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.

ADT, LLC
 Agent Name _____
7895 BROWNING ROAD
 Address _____
PENNSAUKEN, NEW JERSEY 08109

 Telephone (**856 910-4625**) _____
 Signature *John E. Sullivan* _____

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

UCC/F-100
Professional Printing
(856) 468-7933

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	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. _____	_____	_____	_____



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**

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

Block 673 Lot 8 Qualification Code _____
Work Site Location 2796 HOOPER AVE.
BRICK, NJ 08723
Owner in Fee: MCGRATH CAPITAL PARTNERS
Tel. (732) 477-1564 e-mail N/A
Address 2796 HOOPER AVE. BRICK, NJ 08723
street municipality zip code
Contractor: ADT, LLC Tel. (856) 910-4625
Address 7895 BROWNING ROAD
PENNSAUKEN, NEW JERSEY 08109 e-mail _____

Contractor License No. 34BF00048300 Exp. Date 1/31/14
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (856) 661-4449

B. ELECTRICAL CHARACTERISTICS

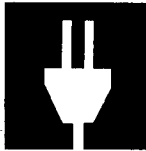
Use Group: Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work \$ 49

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
[] No Plans Required	Rough				
[] Partial-Under-slab Utilities Approved	Barrier-Free				
Date: _____	Trench				
[] Electric Plans Approved	Temp. Serv.				
Date: _____	Constr. Serv.				
Joint Plan Review Required:	TCO				
[] Bldg. [] Plumb. [] Fire [] Elev.	Other				
Service					
Final					
Barrier-Free					
Temp. Cut-in-Card Date Issued					
Final Cut-in-Card Date Issued					
Annual Pool Inspection					
Date of Grounding and Bonding					
Certification					

SUBCODE APPROVAL for PERMIT
Date: 8/30/12
Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE
[] CO [] CCO [] CA
Date: _____
Approved by: _____

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy



Date Received
Date Issued
Control #
Permit #

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent) of owner of record and I am authorized to make this application, and perform the work listed on this application.
Applicant sign/Contractor sign and seal here: John E. Sullivan

Print name here: JOHN E. SULLIVAN

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

SECURITY SYSTEM

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixture	
		Receptacles	
		Switches	
1		Detectors - MOTION	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices (F.A.C. Panel)	
3		PANEL + KEYPAD	
2		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Rang/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	

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

UCC/F-120
(rev. 11/09)
Professional Printing
(856) 468-7933



ELECTRICAL SUBCODE TECHNICAL SECTION

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

Block 673 Lot 8 Qualification Code _____
Work Site Location 2796 HOOPER AVE.
BRICK NJ 08723
Owner in Fee: MCGRATH CAPITAL PARTNERS
Tel. (732) 477-1564 e-mail N/A
Address 2796 HOOPER AVE. BRICK NJ 08723 zip code
Contractor: ADT, LLC municipality Tel. (856) 910-4625
Address 7835 BROWNING ROAD
PENNSAUKEN, NEW JERSEY 08109 e-mail _____
Contractor License No. 348F00048300 Exp. Date 1/31/14

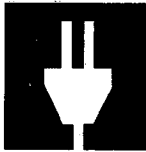
Home Improvement Contractor Registration Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (856) 661-4449

B. ELECTRICAL CHARACTERISTICS

Use Group: Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work \$ 49

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
[X] No Plans Required	Rough				
[] Partial-Underslab Utilities Approved	Barrier-Free				
Date: _____	Trench				
[] Electric Plans Approved	Temp. Serv.				
Date: _____	Constr. Serv.				
Joint Plan Review Required:	TCO				
[] Bldg. [] Plumb. [] Fire [] Elev. Service	Other				
SUBCODE APPROVAL for PERMIT		Final			
Date: <u>8/1/12</u>	Barrier-Free				
Approved by: <u>[Signature]</u>	Temp. Cut-in-Card Date Issued				
SUBCODE APPROVAL for CERTIFICATE		Final Cut-in-Card Date Issued			
[] CO [] CCO [] CA	Annual Pool Inspection				
Date: _____	Date of Grounding and Bonding Certification				
Approved by: _____					

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy



Date Received _____
Date Issued _____
Control # _____
Permit # _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application, and perform the work listed on this application. Applicant sign/Contractor sign and seal here: John E. Sullivan

Print name here: **JOHN E. SULLIVAN**

[X] Licensed Elec. Contractor [] Certified Landscape Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

SECURITY SYSTEM

FEE (Office Use Only)

QTY/SIZE

ITEMS

Lighting Fixture

Receptacles

Switches

Detectors - MOTION

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

PANEL + KEYPAD

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Rang/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

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

UCC/F-120

(rev. 11/09)

Professional Printing

(856) 468-7933



ELECTRICAL SUBCODE TECHNICAL SECTION

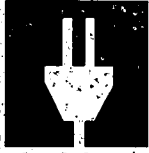
A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTORS; NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-272-1000.

Block 673 Lot 8 Qualification Code _____
Work Site Location 2791 HOOPER AVE
BRICK NJ 08723
Owner in Fee MCGRATH CAPITAL PARTNERS
Tel (332) 477-1564 e-mail N/A
Address 2791 HOOPER AVE BRICK NJ 08723
City BRICK State NJ Zip code 08723
Contractor ADT, LLC Municipality BRICK Tel (856) 910-4625
Address 7895 BROWNING ROAD e-mail _____
PENNSAUKEN, NEW JERSEY 08109

Contractor License No. 842F00048300 Exp. Date 1/31/14
Home Improvement Contractor Registration No. or Exemption Reason (if applicable) _____
Federal Emp. ID No. [REDACTED] FAX (856) 661-4449

B. ELECTRICAL CHARGES
Use Group Present Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work \$ 49

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
☒ No Plans Required	Rough				
☐ Partial-Underslab Utilities Approved	Barrier-Free				
Date: _____	Trench				
☐ Electric Plans Approved	Temp. Serv.				
Date: _____	Constr. Serv.				
Joint Plan Review Required:		TCO			
☐ Bldg. [] Plumb. [] Fire [] Elev	Other				
SUBCODE APPROVAL for PERMIT		Service			
Date: <u>8/1/12</u>	Final				
Barrier-Free					
Approved by: <u>[Signature]</u>	Temp. Cut-in-Card Date Issued				
SUBCODE APPROVAL for CERTIFICATE		Final Cut-in-Card Date Issued			
☐ CO [] CC0 [] CA	Annual Pool Inspection				
Date: _____	Date of Grounding and Bonding				
Approved by: _____	Certification				



Date Received _____
Date Issued _____
Control # _____
Permit # _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application, and perform the work listed on this application.
Applicant sign/Contractor sign and seal here: John E. Sullivan

JOHN E. SULLIVAN

Print name here: _____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

SECURITY SYSTEM

QTY./SIZE

ITEMS

Lighting Fixture

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

PANEL + KEYPAD

TOTAL NUMBERS

3

2

6

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

FEE (Office Use Only)

\$ _____

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

UCC/F-120

(rev. 11/09)

Professional Printing
(856) 468-7933