

552.01

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 H. Carlsen & Son
Address 7201 BMD
Marys Landing NJ 08830
Telephone (609) 625-5052
Signature Harry Carlsen

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	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. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued 5/31/2012
Control # C-12-001964
Permit # 12-1447

IDENTIFICATION Block: 552.01 Lot: 19 Qualifier _____
Work Site Location: 2545 HOOPER AVE., Brick Township, NJ Contractor H. CARLSON & SONS
Address 7201 BLACK HORSE PIKE MAYS LANDING NJ 08330
Owner in Fee BOTTAZZI'S RED LION TAVERN INC Telephone: (609) 625-5052
HOOPER AVE & DRUM PT RD BRICK NJ 08723 Lic. No. or Bldrs. Reg. No. _____
Telephone: _____ Federal Employee No. 22-3228655

Is hereby granted permission to perform the following work:

- | | | |
|--|--|--|
| ☒ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☒ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT
(Subchapter 8 only) | ☐ OTHER |

DESCRIPTION OF WORK:

DEMOLITION OF DETACHED GARAGE

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 \$1

PAYMENTS (Office Use Only)

Building	\$75
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$75
Check No.	30183
Cash	\$0
Credit	\$0
Collected By	Kim Bogan

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 8/03)

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.

- ☐ 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:

- ☒ 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".

- ☐ A complete copy of released plans must be kept on the job site.

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



BUILDING 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 2543 Lot Maple ave Qualification Code _____
Work Site Location Cur

Owner in Fee: Polubny & McBurney e-mail _____
Tel. (201) 488-7777

Address 120 MacArthur Pike Carroll NY 11508
street municipality zip code

Contractor: H. Caputo & Sons Tel. (609) 615-5000
Address 7201 ANA e-mail _____
Maple Landing Dr

Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 227278005 FAX: (609) 615-4877

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Date	Type	Failure	Approval	Initial
☐ No Plans Required		Footings			
☐ All		Footings/Bonding			
☐ Footings/Foundations		Foundation			
☐ Structural/Framework		Slab			
☐ Exterior		Frame			
☐ Interior		Truss Sys./Bracing			
		Barrier-Free			
Joint Plan Review Required:		Insulation			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator		Finishes -Base Layer			
SUBCODE APPROVAL FOR PERMIT		Finishes -Final			
Date:		Energy			
Approved by:		Mechanical			
SUBCODE APPROVAL FOR CERTIFICATE		TCO			
☐ CO ☐ CCO ☐ CA		Other			
Date:		Final			
Approved by:		Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Constr. Class	Present	Proposed
No. of Stories			If Industrialized Building:		
Height of Structure			State Approved		HUD
Area — Largest Floor			Est. Cost of Bldg. Work:		
New Bldg. Area/All Floors			1. New Bldg.	\$	
Volume of New Structure			2. Rehabilitation	\$	
Max. Live Load			3. Total (1+2)	\$	
Max. Occupancy Load					

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

Date Received
Control # 1221447
Date Issued
Permit # 5/31/12

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: Harry Caputo

Print name here: Harry Caputo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

D-100 Garage

FEE (Office Use Only)

☐ 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	

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

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



BUILDING 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 147 Lot 147 Work Site Location Highway 202 Qualification Code C-1
 Owner in Fee: McCarthy & McArthur e-mail _____
 Tel. (762) 499-7887 Address 1200 Morris Ave City Secaucus Zip code 07094
 Contractor: McCarthy & McArthur Tel. (609) 621-1000 e-mail _____
 Address 7701 Rte 1 City Secaucus Zip code 07094
 Contractor License No. or Builder Registration No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. 237278015 FAX: (609) 621-4827

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
No Plans Required	Initial	Type	Failure	Approval	Initial
☐	☐	Footings			
☐	☐	Footings/Bonding			
☐	☐	Foundation			
☐	☐	Slab			
☐	☐	Frame			
☐	☐	Truss Sys./Bracing			
☐	☐	Barrier-Free			
Joint Plan Review Required:					
☐	☐	Plumb.	☐	☐	☐
☐	☐	Fire	☐	☐	☐
SUBCODE APPROVAL for PERMIT					
Date:		Energy			
Approved by:		Mechanical			
SUBCODE APPROVAL for CERTIFICATE					
☐	☐	CO	☐	☐	☐
Date:		Other			
Approved by:		Final			
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 \$ _____

3. Total (1+2) \$ _____

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

Date Received
Control #
Date Issued
Permit #

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: Harvey McArthur

Print name here: Harvey McArthur

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Drainage

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Retaining Wall
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other
- ☒ Demolition

FEE (Office Use Only)

\$ _____

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

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



BUILDING 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 552-01 Lot 19 Qualification Code 176 Pump Pt.

Work Site Location Cus

Owner in Fee: Feichburg & McDevaney e-mail 489-8887

Address 180 Maclean Pike street Cherry Hill NJ 08037 zip code

Contractor: H. Carlson & Sons municipality Tel. (609) 625-5002

Address 7201 BND e-mail may loading nt

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

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

Federal Emp. ID No. 223238055 FAX: (609) 625-4827

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Date	Initial	Type:	Failure	Failure	Approval
☐ No Plans Required		Footings			Initial
☐ All		Footings Bonding			
☐ Footings/Foundations		Foundation			
☐ Structural/Framework		Slab			
☐ Exterior		Frame			
☐ Interior		Truss Sys./Bracing			
Joint Plan Review Required:		Barrier-Free			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator		Insulation			
SUBCODE APPROVAL for PERMIT		Finishes -Base Layer			
Date:		Finishes -Final			
Approved by:		Energy			
SUBCODE APPROVAL for CERTIFICATE		Mechanical			
☐ CO ☐ CCO ☐ CA		TCO			
Date:		Other			
Approved by:		Final			
		Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Constr. Class	Present	Proposed
No. of Stories			If Industrialized Building:		
Height of Structure			State Approved		HUD
Area — Largest Floor			Est. Cost of Bldg. Work:		
New Bldg. Area/All Floors			1. New Bldg.	\$	
Volume of New Structure			2. Rehabilitation	\$	
Max. Live Load			3. Total (1+2)	\$	
Max. Occupancy Load					

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

Date Received Control # 12.1447
Date Issued Permit # 5/31/12

W0006 ADDRESS @
LOT 2 BLOCK
CANT LOCATE

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: Henry Carlson

Print name here: Henry Carlson

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Demol Garage

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Retaining Wall
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other
- ☒ Demolition

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