

POSSIBLE FIRST NAME

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 WORKING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS, 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.vi: 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 Doug Conboy

Address 3324 Windsor Ave.

Toms River, N.J. 08753

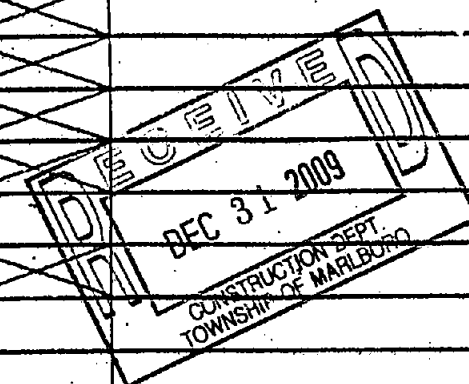
Telephone (732) 573-0027

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	Other
Building _____	Energy _____	_____
Electrical _____	Barrier Free _____	_____
Plumbing _____	Flood Hazard _____	_____
Fire Protection _____	As Built Elevation Cert. _____	_____
Mechanical _____	Other _____	_____

X. CERTIFICATES ISSUED (office use only)

	No.	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	_____	_____	_____	_____	_____

Marlboro Township
1979 Township Drive
Marlboro NJ 07746
732-536-0200

CERTIFICATE

IDENTIFICATION

Date Issued: 09/08/2010

Control #: 55729

Permit #: 20100034

Block: 143.04 Lot: 16 Qual: _____

Work Site Location: 43 WATERFORD AVENUE

TOWNSHIP OF MARLBORO

Owner in Fee: CHEN, TZU-HAO & HUI-CHIEH HE

Address: 43 WATERFORD AVENUE

MORGANVILLE NJ 07751

Telephone: [REDACTED]

Agent/Contractor: COASTAL SERVICE CO.

Address: 3324 WINDSOR AVENUE

TOMS RIVER, NJ 08753

Telephone: 732 573-0027

Lic. No./ Bldrs. Reg. No.: 12533

Federal Emp. No. 22-3334114

Social Security No.: _____

Home Warranty No: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5

Maximum Live Load: _____

Construction Classification: _____

Maximum Occupancy Load: _____

Certificate Exp Date: _____

Description of Work/Use:

REPLACEMENT WATER HEATER JP

Update Desc. of Wk/Use: _____

☐ 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.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate.

☐ CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

This serves notice that based on a written certification, lead abatement was performed as per NJAC 5:17 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 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.

☐ 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 _____

Joseph LaBruzza, Construction Official

Fees: \$0.00

Paid ☒ Check No: 5224

Collected by: VW



CONSTRUCTION PERMIT

Date Issued 1/11/10
Control # 55729
Permit # 2010 0034

IDENTIFICATION Block 143.04 Lot 16

Work Site Location 43 Waterford Ave.

Owner in Fee TZUHAO CHEN & HUICHIEH HF

Address 43 Waterford Ave.
Morganville, NJ 07751

Tele. [REDACTED]

Contractor COASTAL SERVICE CO. & SON

Address 3324 WINDSOR AVE.

TOMS RIVER, NJ 08753

Tele. (732) 573-0027 FAX 573-1149

Lic. No. or Bldrs. Reg. No. 12533 Exp. Date _____

Federal Emp. No. 223334114

or Social Security No. _____

is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ OTHER _____
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

**Direct Replacement of
Hot Water Heater**

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 \$ 485⁰⁰

U.C.C. Form F-170A

John P. ...
CONSTRUCTION OFFICIAL C.O.

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

PAYMENTS (Office Use Only)

Building _____

Plumbing 65

Electrical _____

Fire Protection _____

Other _____

Other _____

DCA Training Fee 1

Cert. of Occ. _____

Other _____

Total 66

Check No. 5724 1/11/10

Cash _____

Collected By: *[Signature]*

1/5/10

(see reverse side)

MTBD 1

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 work installed conforms to the approved plans and 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 given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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 and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

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

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



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received 1/11/10
Date Issued _____
Control # 55709
Permit # 20100034

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

Block 143.04 Lot 16
Work Site Location 43

Owner in Fee COASTAL SERVICE CO. & SON

Address 3324 WINDSOR AVE.

TOMS RIVER, NJ 08751

Tele. () _____

Contractor COASTAL SERVICE CO. & SON

Address 3324 WINDSOR AVE.

TOMS RIVER, NJ 08753

Tele. OFFICE 732-573-0027 FAX: 732-573-1149

Lic. No. 12533

Federal Emp. No. 223334114 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Estimated Cost of Plumbing Work \$ 485.- **DIRECT REPLACEMENT**

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

[] No Plans Required

Joint Plan Review Required:

[] Bldg. [] Elec.

[] Fire [] Elevator

[] Plumb. Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL:

[] CO [] CCO [] CA

Approved By: 9/8/10

Date: 9/8/10

INSPECTIONS

Type:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

Solar

TCO

Dates (Month/Day)

Failure

Failure

Approval

Initial

Signature—Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
<u>1</u>	Water Heater (Gas)	<u>65</u>
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Water Cooled A/C	_____
_____	or Refrigeration Unit	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Active Solar System	_____
_____	Other	_____

Administrative Surcharge \$ _____
Paid [] Check # _____ Minimum Fee \$ _____
DCA Training Fee \$ _____
Collected by: _____ TOTAL \$ 166

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.

Signature—Contractor Seal

☒ Licensed Plumbing Contractor [] Exempt Applicant



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received 1/11/10
Date Issued _____
Control # 55729
Permit # 2010 0034

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Owner in Fee TZUHAO CHEN

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Tele. [REDACTED]

Contractor COASTAL SERVICE CO. & SON

Address 3324 WINDSOR AVE.

TOMS RIVER, NJ 08753

Tele. OFFICE 732-573-0027 FAX: 732-573-1149

Lic. No. 12533

Federal Emp. No. 223334114 or Social Security No. _____

**EMERGENCY
WORK**

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Estimated Cost of Plumbing Work \$ 485.- **DIRECT REPLACEMENT**

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

☒ No Plans Required

Joint Plan Review Required:

☐ Bldg. ☐ Elec.

☐ Fire ☐ Elevator

☐ Plumb. Plans Approved

Date: 1/5/10

Approved by: [Signature]

SUBCODE APPROVAL:

☐ CO ☐ CCO ☐ CA

Approved By: _____

Date: _____

INSPECTIONS

Type:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

Solar

TCO

Dates (Month/Day)

Failure

Failure

Approval

Initial

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.

[Signature]
Signature—Contractor Seal

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
<u>1</u>	Water Heater (Gas)	<u>65</u>
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Water Cooled A/C	_____
_____	or Refrigeration Unit	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Active Solar System	_____
_____	Other	_____

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
DCA Training Fee \$ 1
Collected by: _____ TOTAL \$ 66

PLAN REVIEW COVERSHEET

CTL # 55729

DATE: 12/31/09

BLK 143.04 LOT 16

NAME: Chen

ADDRESS: 43 Waterford Ave

TYPE OF WORK: H.W.H.

BUILDING _____

RELEASED _____

DENIED _____

ELECTRIC _____

RELEASED _____

DENIED _____

PLUMBING [initials]

RELEASED 1/5/10

DENIED _____

FIRE/HEAT _____

RELEASED _____

DENIED _____

NOTES: _____

RESUBMITTED _____

☐ Building

☐ Electric

☐ Plumbing

☐ Fire

ZONING NOT REQUIRED

Zoning Official

Date

ENGINEERING

COAH _____

SITE PLAN _____

GRADING _____

Engineering Official

Date

CHECKLIST

3/10/09

FOLDER

- ☒ H/O PHONE NUMBER
- ☒ SIGNATURE INSIDE JACKET

TECHNICAL CARDS

- ☐ SIGNATURE OF CONTRACTOR/HOMEOWNER
- ☒ COST OF JOB & SQ FT
- ☒ COMPLETELY FILLED OUT

CONSTRUCTION PERMIT

- ☒ COMPLETELY FILLED OUT
- ☒ ACURATE DESCRIPTION OF WORK
- ☒ ACCURATE COST OF WORK

ADDITIONAL INFORMATION

- ☐ HOME IMPROVEMENT
CONTRACTOR REGISTRATION
- ☐ SEWER/SEPTIC
- ☐ COAH PAYMENT
- ☐ GRADING AND CLEARING FORM
- ☐ TWO SETS OF PLANS WITH ACCURATE
DESCRIPTION OF WORK AND
DETAILS of CONSTRUCTION

INITIALS

J. P.