

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 _____

Address _____

Telephone _____

Signature _____

III. LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

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	
<input type="checkbox"/> Zoning Officer									
<input type="checkbox"/> Planning Board									
<input type="checkbox"/> Zoning Board									
<input type="checkbox"/> Sewer Authority									
<input type="checkbox"/> Water Authority									
<input type="checkbox"/> Police Department									
<input type="checkbox"/> Health Department									
<input type="checkbox"/> Soil Conservation									
<input type="checkbox"/> N.J. Department of Community Affairs									
<input type="checkbox"/> N.J. Department of Transportation									
<input type="checkbox"/> N.J. Department of Environmental Protection									
<input type="checkbox"/> Utility Dig No.									
<input type="checkbox"/>									
<input type="checkbox"/>									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition _____ Name of Code & Edition _____

Building _____ Energy _____ Other _____

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
<input type="checkbox"/> Temporary Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Temporary Certificate of Compliance	No. _____	_____	_____	_____
<input type="checkbox"/> Continued Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Compliance	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Approval	No. _____	_____	_____	_____
<input type="checkbox"/> Lead Abatement Clearance Certificate	No. _____	_____	_____	_____



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 _____ Lot _____ Qualification Code _____
Work Site Location _____

Owner in Fee: _____
Tel: (_____) _____ e-mail _____

Address _____
Street _____
City _____ State _____ Zip code _____

Contractor _____
Address _____
City _____ State _____ Zip code _____

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

JOB SUMMARY (Office Use Only)

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

if Industrialized Building:
 Constr. Class Present _____ Proposed _____
 State Approved _____ HUD _____

Est. Cost of Bldg. Work:
 1. New Bldg. \$ _____
 2. Rehabilitation \$ _____
 3. Total (1+ 2) \$ _____

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.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK	FEE (Office Use Only)
<input type="checkbox"/> TYPE OF WORK:	
<input type="checkbox"/> New Building	
<input type="checkbox"/> Addition	
<input type="checkbox"/> Rehabilitation	
<input type="checkbox"/> Roofing	
<input type="checkbox"/> Siding	
<input type="checkbox"/> Fence _____ Height (exceeds 6')	
<input type="checkbox"/> Sign _____ Sq. Ft.	
<input type="checkbox"/> Pool	
<input type="checkbox"/> Retaining Wall _____ Sq. Ft.	
<input type="checkbox"/> Asbestos Abatement Subchapter 8	
<input type="checkbox"/> Lead Haz. Abatement NJAC 5-17	
<input type="checkbox"/> Radon Remediation	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Demolition	

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

ZONING PERMIT APPLICATION

***** (EFFECTIVE 2012 WHEN WORK COMMENCES PLEASE CALL FOR INSPECTION)**

(732-390-7004)

The undersigned hereby applies for a Zoning Permit for the following to be issued on the basis of the representations contained herein, all of which applicant swears to be true.

A COPY OF THE CURRENT SURVEY REPRESENTING THE EXTENT OF THE PROPOSED WORK MUST BE ATTACHED.

ADDITIONAL DOCUMENTS MAY BE REQUIRED AS DEEMED NECESSARY BY THE ZONING OFFICER.

NOTE: ALL INFORMATION MUST BE FILLED OUT COMPLETELY BY THE APPLICANT

Work Site: _____ Block: _____ Lot(s): _____ Zone: _____

Owner: _____ Principle Use: _____ Corner Lot: _____

Address: _____ Telephone#: _____

Lot Dimensions: _____ Lot Size: _____ sq. ft. Bldg. Coverage: _____ % Total Paved & Bldg. Coverage _____ %

Are there any easements or buffers contained within the property? _____
If yes, the current survey must accurately show the easement(s) or buffer(s).

Principle Structure: (the following is information pertaining to the main structure(s) located on the Work Site):

Height: _____ Width: _____ Length: _____ #of Stories: _____ Total Building Footprint: _____

Front Setback: _____ (Corner Lot Front Setback: _____) Side Setbacks: _____ & _____ Rear Setback: _____

Accessory Structure(s): (the following is information pertaining to any additional structure(s) located on the Work Site):

Dimensions: _____ Front Setback: _____ Side Setbacks: _____ Rear Setback: _____

Proposed Work To Be Performed:

New Structure: _____ Addition: _____ Shed _____ Pool: _____ Deck: _____ Driveway: _____ Patio: _____ Garage: _____

Other: _____

Dimensions of Proposed Work (provide additional documents as necessary): _____

Description of Work (provide additional documents as necessary): _____

Applicant's Signature Date

APPROVED

Based on this Zoning Application and statements which are made a part hereof, the proposed work is found to be in accordance with the Borough of Sayreville Zoning Ordinance and is hereby approved.

Permit#: _____

Comments: _____

Prior Resolutions Pertinent to Application: _____

Zoning Officer's Signature Date

DENIED Application has been denied for the following reasons: _____