



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: _____

2. Name of Owner in Fee: _____
 Tel: _____ e-mail: _____
 Address: _____
Street Municipality zip code

3. Ownership in Fee: Public _____ Private _____
 Address: _____ Tel: _____ e-mail: _____

4. Principal Contractor: _____
 Address: _____ Tel: _____ e-mail: _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason _____
 Federal Emp. ID No. _____ FAX: _____

5. Architect or Engineer: _____ Contact: _____
 Address: _____ e-mail: _____
 Tel: _____ FAX: _____

6. Responsible Person in Charge once Work has Begun: _____
 Tel: _____ FAX: _____

IIa. PROPOSED WORK

- Minor Work
- Repair
- Asbestos Abat. Subch. 8
- New Building
- Alteration
- Lead Hazard Abatement
- Addition
- Renovation
- Demolition
- Reconstruction
- Radon Remediation
- Annual Permit

IIb. SUBCODES

(Check all that apply)

Est. Cost	Plans Recd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Approval	Dates Rejection	Re-viewer
<input type="checkbox"/> Building								
<input type="checkbox"/> Electrical								
<input type="checkbox"/> Plumbing								
<input type="checkbox"/> Fire Protection								
<input type="checkbox"/> Elevator								
TOTAL COST	\$0							

III. PLAN REVIEW (optional)

DO YOU WANT:

1. Partial Releases

2. Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- 1. Elevators/Escalators/Lifts/
- 2. Dumbwaiters/Moving Walks
- 3. High Pressure Boilers
- 4. Refrigeration Systems
- 5. Cross-Connections/Backflow Preventers
- 6. Hazardous Uses/Places of Assembly
- 7. Pressure Vessels
- 8. Sprinklers/Standpipes
- 9. Smoke Control Systems in Open Wells
- 10. Underground Storage Tanks
- 11. Swimming Pools, Spas and Hot Tubs
- 12. LP Gas Tanks

V. FEE SUMMARY (for office use only)

1. Building	\$ _____	Update	Update
2. Electrical	\$ _____		
3. Plumbing	\$ _____		
4. Fire Protection	\$ _____		
5. Elevator Devices	\$ _____		
6. Subtotal	\$ _____		
7. Less 20% for State Plan Review	\$ _____		
8. Subtotal	\$ _____		
9. State Permit Surcharge Fee	\$ _____		
10. Subtotal	\$ _____		
11. Cert. of Occupancy	\$ _____		
12. Other	\$ _____		
13. TOTAL	\$ _____		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ (office use only)

2. Height of Structure _____ ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____ HUD _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands: yes _____ no _____

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: Select Group _____

3. Change in Use Group, Indicate Present, Select Group _____

4. No. of dwelling units: Total Units Income-restricted _____
 Gained, Sale _____
 Lost, Sale _____
 Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: Select Group _____

3. Change in Use Group, Indicate Present, Select Group _____

C. MIXED USE - List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

OFFICE DATE RECEIVED: _____

VII. 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. _____	_____	_____	_____

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.



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

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 _____ municipally _____ zip code _____

Contractor: _____ Tel. (_____) _____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (_____) _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ _____

PLAN REVIEW

No Plans Required

Partial -Under-slab Utilities Approved

Date: _____ Approved by: _____

Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required: _____

Bldg. Elec. Fire. Elev.

SUBCODE APPROVAL FOR PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL FOR CERTIFICATE

CO CCO CA

Date: _____

Approved by: _____

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.

Applicant's Signature/Contractor's Seal and Signature

Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	\$ _____
_____	Urnal/Bidet	\$ _____
_____	Bath Tub	\$ _____
_____	Lavatory	\$ _____
_____	Shower	\$ _____
_____	Floor Drain	\$ _____
_____	Sink	\$ _____
_____	Dishwasher	\$ _____
_____	Drinking Fountain	\$ _____
_____	Washing Machine	\$ _____
_____	Hose Bibb	\$ _____
_____	Water Heater	\$ _____
_____	Fuel Oil Piping	\$ _____
_____	Gas Piping	\$ _____
_____	LP Gas Tank	\$ _____
_____	Steam Boiler	\$ _____
_____	Hot Water Boiler	\$ _____
_____	Sewer Pump	\$ _____
_____	Interceptor/Separator	\$ _____
_____	Backflow Preventer	\$ _____
_____	Greasetrap	\$ _____
_____	Sewer Connection	\$ _____
_____	Water Service Connection	\$ _____
_____	Stacks	\$ _____
_____	Other	\$ _____
_____	Other	\$ _____
_____	Other	\$ _____

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

U.C.C. F130 (rev. 12/07)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS _____

Owner in Fee _____

Verifying Individual _____ Company _____

Address _____
Street City State Zip Code

Tel: (____) _____ Fax: (____) _____

Check the Appropriate Box(es):

Type of Replacement:	Existing Vent/Chimney:	Size
<input type="checkbox"/> Oil to Gas Conversion	<input type="checkbox"/> "B" Label Vent	<input type="checkbox"/> Chimney-Interior
<input type="checkbox"/> Gas to Oil Conversion	<input type="checkbox"/> "L" Label Vent	<input type="checkbox"/> Chimney-Exterior
<input type="checkbox"/> Gas Appliance Replacement	<input type="checkbox"/> Flexible Liner	<input type="checkbox"/> Masonry Chimney-Tile Lined
<input type="checkbox"/> Oil to Oil Replacement	<input type="checkbox"/> Power Vent/Exhauster	<input type="checkbox"/> Masonry Chimney-Unlined
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____

Type	Fuel Type	BTU Rating (input/hour)
Appliance 1: _____	Oil / Gas / Other: _____	_____
Appliance 2: _____	Oil / Gas / Other: _____	_____
Appliance 3: _____	Oil / Gas / Other: _____	_____

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? | Natural Draft | Fan-assisted | Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

Signature Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Signature Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

Signature Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

*All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.*

**CARBON MONOXIDE (CO) ALARMS/SMOKE DETECTOR
CERTIFICATION**

Please fill out and return this form with any permit applications submitted for one or two family dwellings which contain any fuel burning appliance or have an attached garage.

PROPERTY OWNER'S NAME _____

PROPERTY ADDRESS _____

BLOCK _____ LOT _____

HOMEOWNER

- () My home already complies with the requirements of Carbon Monoxide Alarms.
- () My home already complies with the requirements of Smoke Detectors.
- () I will install the required detectors prior to calling for final inspections.

(*NOTE: Hard wired alarms require a permit to be issued*)

Homeowner Signature _____ Date _____

CONTRACTOR/AGENT

- () This is to certify that required Carbon Monoxide (CO) alarms were installed by us.

(*NOTE: Hard wired alarms require a permit to be issued*)

Contractor/Agent Signature _____ Date _____

.....

Notice issued April 4, 2003, by NJ DCA Division of Codes & Standards requiring the installation of Carbon Monoxide (CO) alarms in one-and two family dwellings in the vicinity of all sleeping areas.