

BLOCK _____ LOT _____ QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____



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: _____
 3. Ownership in Fee: Street Public _____ Municipality Private _____ Zip Code _____
 4. Principal Contractor: _____ Tel: _____ e-mail: _____
 Address: _____
 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. Architected or Engineer _____ Contact e-mail: _____
 Address: _____ FAX: _____
 Tel: _____
 6. Responsible Person in Charge once Work has Begun
 Tel: _____ FAX: _____

IIa. PROPOSED WORK

- Minor Work Addition Demolition
 Repair Alteration Renovation Reconstruction
 Asbestos Abat. -Subch. 8 Lead Hazard Abatement 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"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
TOTAL COST								

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

U.D.C. Form 1 (rev 8/05)

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 _____
 Gained, Rental _____
 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 _____

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

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 _____ Municipality _____ Zip code _____

Contractor _____ Tel (_____) _____
Address _____ e-mail _____

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					
SUBCODE APPROVAL for CERTIFICATE			Mechanical					
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			TCO					
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 _____

Const. Class Present _____ Proposed _____

If Industrialized Building: State Approved _____ HUD _____

Est. Cost of Bldg. Work:

- New Bldg. \$ _____
- Rehabilitation \$ _____
- Total (1+2) \$ _____

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 _____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:	Height (exceeds 6')	Sq. Ft.	FEE (Office Use Only)
<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			\$ _____
<input type="checkbox"/> Sign			\$ _____
<input type="checkbox"/> Pool			\$ _____
<input type="checkbox"/> Retaining Wall			\$ _____
<input type="checkbox"/> Asbestos Abatement Subchapter B			\$ _____
<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 \$ _____



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 _____ Lot _____ Qualification Code _____
Work Site Location _____

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____
City _____ State _____ Zip _____
Contractor: _____ Tel. (____) _____
Address _____ e-mail _____

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

Federal Emp. ID No. _____ FAX: (____) _____
B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
 Pole/Pad # _____ Temporary Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
<input type="checkbox"/> No Plans Required	Type: _____	Failure _____ Approval _____ Initial _____
<input type="checkbox"/> Partial -Understab Utilities Approved	Rough _____	
Date: _____ Approved by: _____	Barrier-Free _____	
<input type="checkbox"/> Electric Plans Approved	Trench _____	
Date: _____ Approved by: _____	Temp. Serv. _____	
	Constr. Serv. _____	
Joint Plan Review Required:	TCCO _____	
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.	Other _____	
	Service _____	
	Final _____	
SUBCODE APPROVAL for PERMIT	Barrier-Free _____	
Date: _____	Temp. Cut-in-Card Date Issued _____	
	Final Cut-in-Card Date Issued _____	
SUBCODE APPROVAL for CERTIFICATE	Annual Pool Inspection _____	
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Date of Grounding and Bonding Certification _____	

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 Elec. Contractor Certifd Landscape Irrigation Contr Exempt Applicant

D. TECHNICAL SITE DATA

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

DESCRIPTION OF WORK	QTY.	SIZE	ITEMS	FEE (Office Use Only)
Lighting Fixtures				
Receptacles				
Switches				
Detectors				
Light Poles				
Motors—Fract. HP				
Emergency & Exit Lights				
Communications Points				
Alarm Devices/F.A.C. Panel				
TOTAL NUMBERS				\$ _____
Pool Permit/with UV Lights				
Storable Pool/Spa/Hot Tub				
KW Elec. Range/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 1/4 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 \$ _____

The Borough Of Sayreville

CONSTRUCTION OFFICE

49 DOUGAN STREET • SAYREVILLE, NJ 08872
TEL 732-390-7077 • FAX 732-390-7458

**PLEASE SUBMIT WITH YOUR POOL
PACKAGE – 2 COPIES EACH:**

- 1. ALL MANUFACTURER
INSTALLATION INSTRUCTIONS.**
- 2. ALL BROCHURES REFERENCING
POOL FILTER.**

THANK YOU.

Succeed in Sayreville

Sayreville is an Equal Opportunity Employer

www.sayreville.com

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: _____

BOROUGH OF SAYREVILLE

FENCE PERMIT

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

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

PROPERTY: BLOCK ____ LOT(S) ____ WORK SITE LOCATION: _____

APPLICANT'S NAME: _____

ADDRESS: _____

TELEPHONE#: _____ FAX#: _____

DESCRIPTION OF LOT: Corner Lot: YES: ____ NO: ____

Frontage: _____ feet Depth: _____ feet

On an Improved Street: YES: ____ NO: ____ Total Lot Area: _____ sq. ft.

TYPE OF FENCE TO BE INSTALLED: _____

HEIGHT OF FENCE: _____ Feet

CONTRACTOR: _____

ADDRESS: _____

TELEPHONE#: _____ FAX#: _____

SIGNATURE OF APPLICANT

DATE

.....
FOR OFFICE USE ONLY

Based upon the above application and the statements made thereof, the proposed usage is found to be in compliance with the Zoning Ordinance of the Borough of Sayreville and is hereby approved.

ZONE: _____ USE PERMITTED: YES: ____ NO: ____

~~\$\$\$~~ Fee Paid: _____ PERMIT#: _____

Zoning Officer, Borough of Sayreville

Date

****NOTE TO APPLICANT**** In accordance with the Zoning Ordinance within the Borough of Sayreville, the finished side of the fence MUST face the neighboring property. Fence MUST be 3" from the property lines. On corner lots, the fence is to be installed 1/2 the distance of the set back from side property line. A copy of the property survey must be included with this application showing location of proposed fence. Any questions please contact the Zoning Officer at (732) 390-7004.

ABOVE GROUND POOL

INSIDE WIRING 12-2 OR 12-3 ROMEX

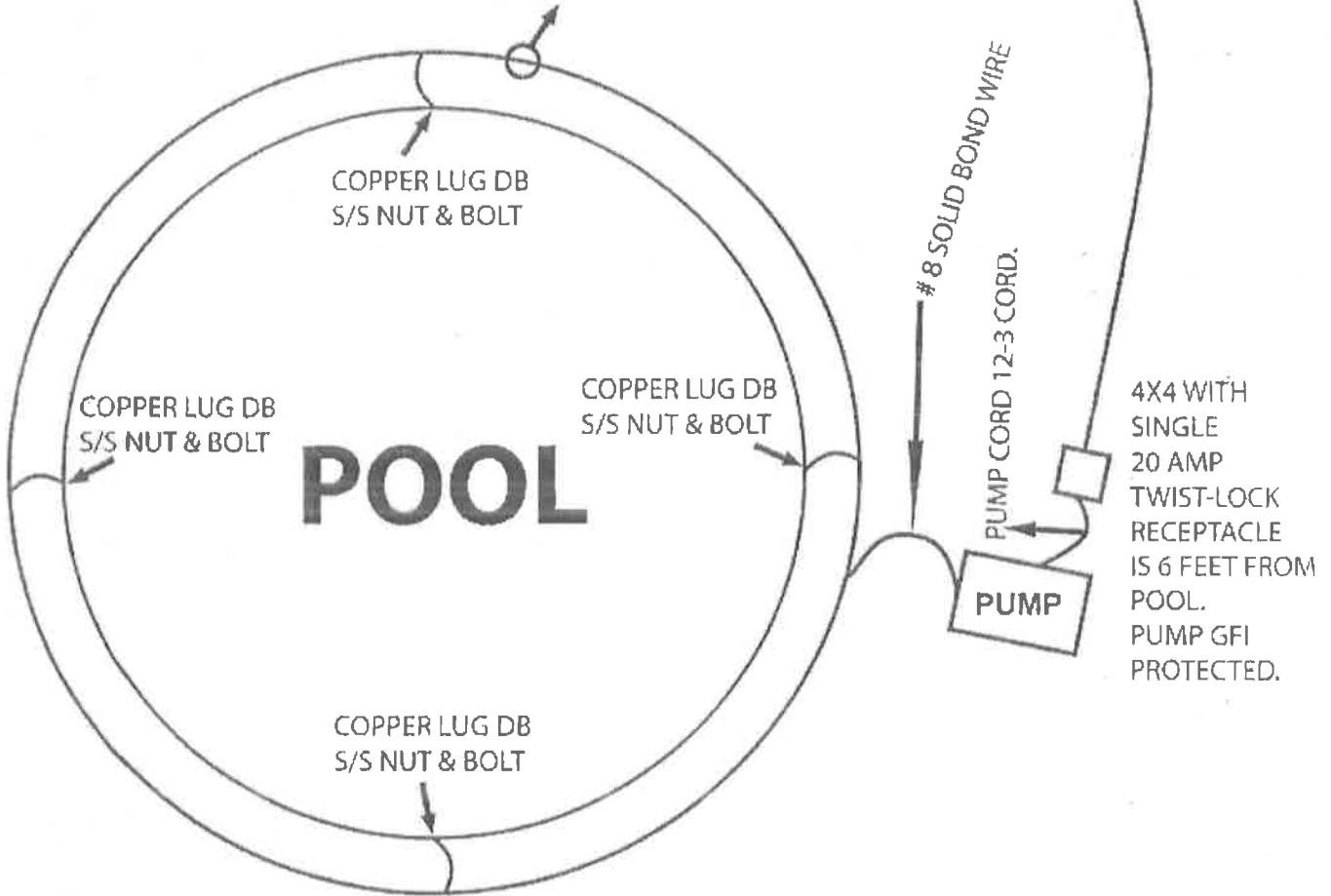
20 AMP BREAKER FOR CONVIENCE OUTLET
PANEL 20 AMP BREAKER FOR POOL PUMP

ALL WIRING OUTSIDE IN 1/2" CONDUIT
BURIED 18" DEEP. ALL CONDUCTORS
ARE #12 THHN COPPER.

GFCI RECEPTACLE
AT LEAST 6 FEET
FROM POOL &
NO FURTHER THAN
20 FEET.

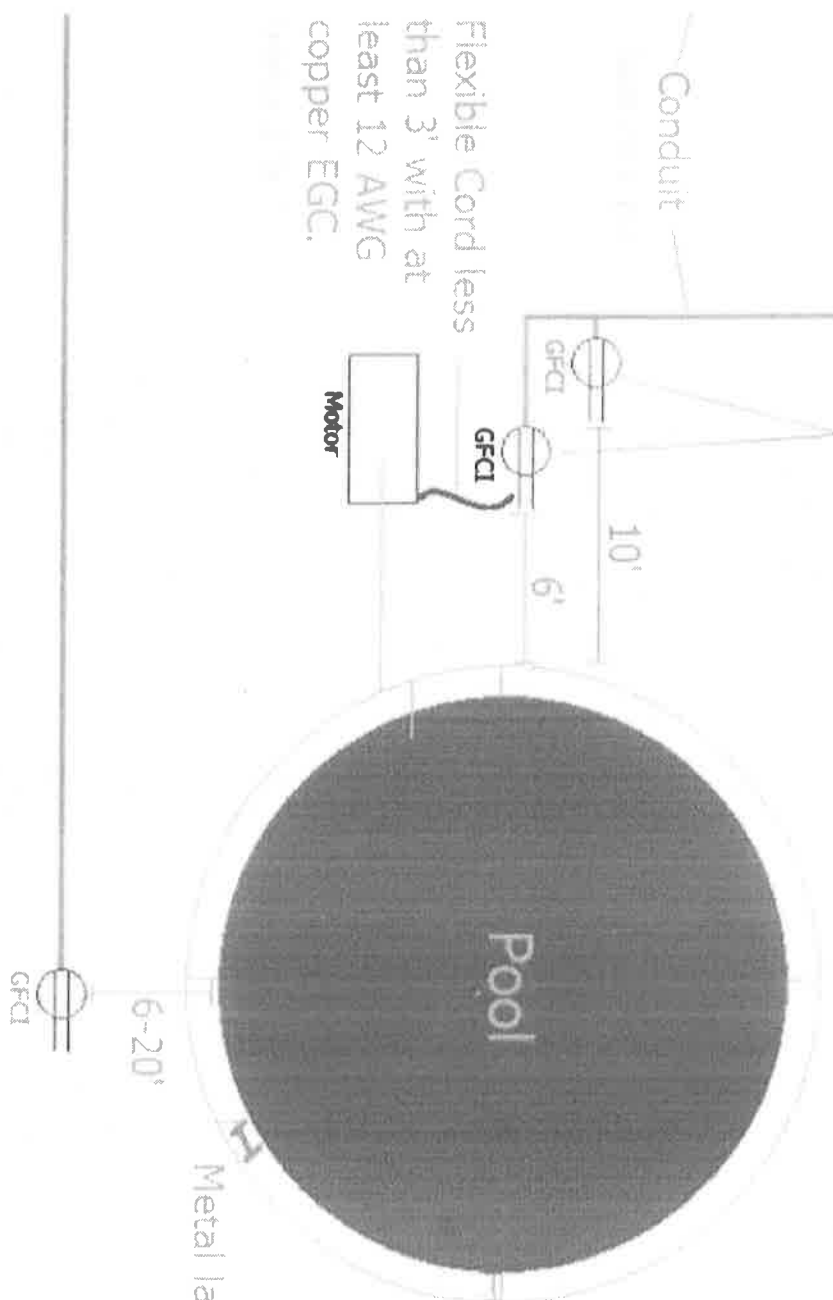
ALL METAL WITHIN 5 FEET
OF POOL IS BONDED WITH
#8 SOLID.

8 COPPER BARE WIRE
18" FROM POOL - 4-6" DEEP



NOTE: POOL PUMP IS ON A SEPARATE 20 AMP GFCI CIRCUIT THAN CONVIENCE OUTLET.

GFCI receptacle not less than 10', or not less than 6' if single, locking, grounding type receptacle is used.



8 AWG Solid Copper
4-6" below grade
18-24" From pool
MUST HAVE 4 POINTS OF BONDING

125 volt 15- or 20-ampere receptacle on general purpose branch circuit, more than 6', and less than 20' from inside wall of pool. Must be GFCI protected.