



# 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 \_\_\_\_\_

4. Principal Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_  
 Address \_\_\_\_\_ 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: \_\_\_\_\_

**V. FEE SUMMARY (for office use only)**

		Update	Update
1. Building	\$		
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 \_\_\_\_\_

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 \_\_\_\_\_

(office use only)

**IIa. PROPOSED WORK**

Minor Work       New Building       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	FOR OFFICE USE ONLY (Optional)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<input type="checkbox"/> Building									
<input type="checkbox"/> Electrical									
<input type="checkbox"/> Plumbing									
<input type="checkbox"/> Fire Protection									
<input type="checkbox"/> Elevator									
<b>TOTAL COST</b>									

**VII. DESCRIPTION OF BUILDING USE**

**A. RESIDENTIAL (primary use)**

1. State Specific Use: \_\_\_\_\_

2. Use Group, Proposed: \_\_\_\_\_

3. Change in Use Group, Indicate Present: \_\_\_\_\_

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: \_\_\_\_\_

3. Change in Use Group, Indicate Present: \_\_\_\_\_

**C. MIXED USE** -List secondary use(s): \_\_\_\_\_

**D. Construct. Classification:** Present \_\_\_\_\_ Proposed \_\_\_\_\_

**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. <input type="checkbox"/> Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	4. <input type="checkbox"/> Refrigeration Systems	8. <input type="checkbox"/> Smoke Control Systems in Open Wells	12. <input type="checkbox"/> Fire Alarm
2. <input type="checkbox"/> High Pressure Boilers	5. <input type="checkbox"/> Cross-Connections/Backflow Preventers	9. <input type="checkbox"/> Underground Storage Tanks	
3. <input type="checkbox"/> Pressure Vessels	6. <input type="checkbox"/> Hazardous Uses/Places of Assembly	10. <input type="checkbox"/> Swimming Pools, Spas and Hot Tubs	
	7. <input type="checkbox"/> Sprinklers/Standpipes	11. <input type="checkbox"/> LPGas Tanks	

**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		Name of Code & Edition	
Building _____	Energy _____	Barrier Free _____	Flood Hazard _____	As Built Elevation Cert. _____	Other _____
Electrical _____	Other _____	Other _____	Other _____	Other _____	Other _____
Plumbing _____	Other _____	Other _____	Other _____	Other _____	Other _____
Fire Protection _____	Other _____	Other _____	Other _____	Other _____	Other _____
Mechanical _____	Other _____	Other _____	Other _____	Other _____	Other _____

**X. CERTIFICATES ISSUED** (office use only)

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

PLEASE PRINT CLEARLY (INK ONLY) <b>**WILL BE RETURNED IF ILLEGIBLE**</b>			
BLOCK: _____		LOT: _____	
UNIT/SUITE/APT. NO.:		FLOOR:	
WORK SITE LOCATION (Street Address)			
Rental? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ONE FAM? <input type="checkbox"/> TWO FAM?	
PROPERTY OWNER		OWNER PHONE NO.	
OWNER ADDRESS		STATE	ZIP
EMAIL ADDRESS:			
BUILDING SUBCODE		PLUMBING SUBCODE	
Contractor:		Contractor:	
Address:		Address:	
Phone No.: _____ Fax: _____		Phone No.: _____ Fax: _____	
<b>Builder Reg. No.</b>	<b>Exp. Date:</b>	<b>License No.:</b>	<b>Exp. Date:</b>
Home Improvement Contractors Reg. No.: <b>13VH</b>		Mechanical Contractors Reg. No.: <b>19HC</b>	
Federal Employee ID No.:		Federal Employee ID No.:	
TECHNICAL SITE DATA		TECHNICAL SITE DATE (LIST ALL FIXTURES)	
DESCRIPTION OF WORK:		FIXTURE / EQUIPMENT	QUANTITY
		Water Closet (Toilet)	
		Urinal / Bidet	
		Bath Tub	
		Lavatory (Bathroom Sink)	
		Shower	
		Floor Drain	
		Sink	
		Dishwasher	
		Drinking Fountain	
		Washing Machine	
		Hose Bibb	
		Water Heater	
TYPE OF WORK		Fuel Oil Piping	
<input type="checkbox"/> New Building	<input type="checkbox"/> Asbestos Abatement	Gas Piping	
<input type="checkbox"/> Addition	<input type="checkbox"/> Demolition	LP Gas Tank	
<input type="checkbox"/> Alteration / Rehabilitation	<input type="checkbox"/> Sign: _____ Sq. Ft:	Hot Water Boiler / Steam Boiler / Furnace	
<input type="checkbox"/> Roofing	<input type="checkbox"/> Pool (In Ground)	Sewer Pump	
<input type="checkbox"/> Siding	<input type="checkbox"/> Pool (Above Ground)	Interceptor / Separator	
<input type="checkbox"/> Other:	<input type="checkbox"/> Change of Contractor	Backflow Preventer	
BUILDING CHARACTERISTICS		Grease trap	
USE GROUP Present: _____ Proposed: _____	Residential A/C Unit		
CONST. CLASS Present: _____ Proposed: _____	Sewer Connection		
No. of Stories: _____ Height of Structure: _____	Water Service Connection		
Area - Largest Floor: _____	Stacks		
New Building Area / All Floors: _____	Ice / Coffee Machine		
Volume of Structure: _____	Roof Drains		
Maximum Live Load: _____	Chimney Liner _____-inch		
Maximum Occupancy Load: _____	Water Softener		
<b>*ESTIMATED COST OF BUILDING WORK*:\$</b>		Other	
New Building (1): \$ _____	Other		
Alteration (2): \$ _____	Other		
TOTAL (1+2): \$ _____	<b>*ESTIMATED COST OF PLUMBING WORK*:\$</b>		
Applicant		Applicant	
<b>Signature:</b> _____		<b>Signature:</b> _____	
Owner <input type="checkbox"/>	Contractor <input type="checkbox"/>	Owner <input type="checkbox"/>	Contractor <input type="checkbox"/>
SUBCODE APPROVAL		SUBCODE APPROVAL	
PLANS: Required <input type="checkbox"/> Approved <input type="checkbox"/>	PLANS: Required <input type="checkbox"/> Approved <input type="checkbox"/>		
Approved by: _____ Date: _____	Approved by: _____ Date: _____		

**CONTRACTOR AFFIX SEAL:**

ELECTRICAL SUBCODE			FIRE PROTECTION SUBCODE		
Contractor:			Contractor:		
Address:			Address:		
Phone No.:		Fax:	Phone No.:		Fax:
Telecom Exempt/Mechanical Contractor No.:			Alarm/Sprinkler/Fire Installer No.:		
<b>License No.:</b>		<b>Exp. Date:</b>	<b>License No.:</b>		<b>Exp. Date:</b>
Federal Employee ID No.:			Federal Employee ID No.:		
<b>DESCRIPTION OF WORK:</b>			<b>DESCRIPTION OF WORK:</b>		
<b>TECHNICAL SITE DATA</b>			<b>TECHNICAL SITE DATE (LIST ALL FIXTURES)</b>		
<b>ITEM</b>	<b>QUANTITY</b>	<b>SIZE</b>	Alarm Supervision: Central <input type="checkbox"/> Proprietary <input type="checkbox"/>		
Light Fixtures			LPG/LNG Tanks Capacity: Fuel:		
Receptacles			Flammable/Combustible Capacity: Fuel:		
Switches			<b>NUMBER</b>		
Smoke Detectors			<b>ALARM SYSTEMS</b>		
Light Poles			<input type="checkbox"/> System		
Motors-Fractional HP		HP	<input type="checkbox"/> 110V Interconnected		
Emergency/Exit Lights			<input type="checkbox"/> CO Detectors/110V		
Communication Points			Alarm Devices (i.e. smoke, heat, pulls, water/flow)		
Alarm Devices/FAC Panel			Supervisory Devices (i.e. tampers, low/high air)		
Burglar Alarms			Signaling Devices (i.e. horns/strobes, bells)		
Control Access Doors			Other Devices:		
Pool w/UW Lights			TOTAL		
Pool/Spa/Hot Tub			<b>SUPPRESSION SYSTEMS</b>		
Range/Receptacle		KW	Fire Pump	GPM TYPE	
Oven/Surface Unit		KW	Dry Pipe/Alarm Valves		
Water Heater		KW	Pre-action Valves		
Dryer/Receptacle		KW	Sprinkler Heads (Dry & Wet)		
Dishwasher		KW	Standpipes		
Garbage Disposal		HP	<b>PRE-ENGINEERED SYSTEMS</b>		
Central Air Conditioning		KW	Wet Chemical		
Space Heater/Air Handler		HP/KW	Dry Chemical		
Baseboard Heat		KW	CO2 Suppression		
Motors 1+ HP		HP	Foam Suppression		
Transformer		KW	FM-200 Suppression		
Generator			Other		
Service		AMP	<b>OTHER SYSTEMS</b>		
Subpanel		AMP	Kitchen Hood Exhaust System		
Motor Control Center		AMP	Smoke Control System		
Signs		KW	Fuel Fired Appliances Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid <input type="checkbox"/>		
Pool Bonding			Fireplace Venting/Metal Chimney		
Heat Pumps			Mag Locks		
Change of Contractor			Change of Contractor		
Other			Other		
Other			Other		
<b>*ESTIMATED COST OF ELECTRICAL WORK*:\$</b>			<b>*ESTIMATED COST OF FIRE WORK*:\$</b>		
Applicant			Applicant		
<b>Signature:</b>			<b>Signature:</b>		
Owner <input type="checkbox"/>		Contractor <input type="checkbox"/>	Owner <input type="checkbox"/>		Contractor <input type="checkbox"/>
<b>SUBCODE APPROVAL</b>			<b>SUBCODE APPROVAL</b>		
PLANS: Required <input type="checkbox"/>		Approved <input type="checkbox"/>	PLANS: Required <input type="checkbox"/>		Approved <input type="checkbox"/>
Approved by:		Date:	Approved by:		Date:

CONTRACTOR AFFIX SEAL: