



# 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: \_\_\_\_\_ e-mail \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Address: \_\_\_\_\_ street \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_  
 3. Ownership in Fee: \_\_\_\_\_  
 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. Architect or Engineer \_\_\_\_\_ Contact \_\_\_\_\_ e-mail \_\_\_\_\_  
 Address: \_\_\_\_\_ 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
- Radon Remediation
- Demolition
- Reconstruction
- Annual Permit

### IIb. SUBCODES

- (Check all that apply)
- Building
  - Electrical
  - Plumbing
  - Fire Protection
  - Elevator

TOTAL COST \$0

### III. PLAN REVIEW (optional)

- DO YOU WANT:
  - Partial Releases
  - Prototype Processing

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

- Elevators/Escalators/Lifts/
- Refrigeration Systems
- Smoke Control Systems in Open Wells
- Fire Alarm
- Dumbwaiters/Moving Walks
- Cross-Connections/Backflow Preventers
- Underground Storage Tanks
- High Pressure Boilers
- Hazardous Uses/Places of Assembly
- Swimming Pools, Spas and Hot Tubs

### 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.



# ELECTRICAL 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 \_\_\_\_\_

**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.

Owner in Fee: \_\_\_\_\_ Applicant's Signature/Contractor's Seal and Signature \_\_\_\_\_  
Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ e-mail \_\_\_\_\_ [ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr' [ ] Exempt Applicant

Address \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_

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** Date Initial  
[ ] No Plans Required  
Joint Plan Review Required:  
[ ] Building [ ] Plumbing  
[ ] Fire [ ] Elevator  
[ ] Elec. Plans Approved  
Date: \_\_\_\_\_  
Approved by: \_\_\_\_\_

**INSPECTIONS** Dates (Month/Day)  
Type: Failure Failure Approval Initial  
Rough \_\_\_\_\_  
Barrier-Free \_\_\_\_\_  
Trench \_\_\_\_\_  
Temp. Serv. \_\_\_\_\_  
Constr. Serv. \_\_\_\_\_  
TCO \_\_\_\_\_  
Other \_\_\_\_\_  
Service \_\_\_\_\_  
Final \_\_\_\_\_  
Barrier-Free \_\_\_\_\_  
Temp. Cut-in-Card Date Issued \_\_\_\_\_  
Final Cut-in-Card Date Issued \_\_\_\_\_  
Annual Pool Inspection \_\_\_\_\_  
Date of Grounding and Bonding Certification \_\_\_\_\_

**SUBCODE APPROVAL**  
[ ] CO [ ] CCO [ ] CA  
Date: \_\_\_\_\_  
Approved by: \_\_\_\_\_

**D. TECHNICAL SITE DATA**

| 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 UW 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/+ 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 \$                   |                       |



# CONSTRUCTION PERMIT

Date Issued \_\_\_\_\_

Permit # \_\_\_\_\_

IDENTIFICATION Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_

Work Site Location \_\_\_\_\_ Contractor \_\_\_\_\_

Address \_\_\_\_\_

Owner in Fee \_\_\_\_\_

Address \_\_\_\_\_ Tel. (\_\_\_\_\_) \_\_\_\_\_

Lic. No. or Bldrs. Reg. No. \_\_\_\_\_

Tel. (\_\_\_\_\_) \_\_\_\_\_

**Is hereby granted permission to perform the following work:**

- BUILDING                       PLUMBING                       LEAD HAZARD ABATEMENT
- ELECTRICAL                       FIRE PROTECTION                       DEMOLITION
- ELEVATOR DEVICES                       ASBESTOS ABATEMENT                       OTHER \_\_\_\_\_  
(Subchapter 8 only)

**DESCRIPTION OF WORK:**

**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 \$** \_\_\_\_\_

\_\_\_\_\_  
Construction Official

\_\_\_\_\_  
Date

| PAYMENTS (Office Use Only) |       |
|----------------------------|-------|
| Building                   | _____ |
| Electrical                 | _____ |
| Plumbing                   | _____ |
| Fire Protection            | _____ |
| Elevator Devices           | _____ |
| Other                      | _____ |
| DCA State Permit Fee       | _____ |
| Cert. of Occupancy         | _____ |
| Other                      | _____ |
| Total                      | _____ |
| Check No.                  | _____ |
| Cash                       | _____ |
| Collected by               | _____ |

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT