

Manchester Township  
1 Colonial Drive  
Manchester, New Jersey 08759

732-657-8121

**Filling Out Your Building Permit**

**Building Subcode Section**

1 → 2 → 3 → 4 → 5 → 6 → 7 → 8 → 9 → 10 → 11 →

**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 \_\_\_\_\_  
Work Site Location \_\_\_\_\_  
Owner in Fee \_\_\_\_\_  
Address \_\_\_\_\_  
Tel. (\_\_\_\_\_) \_\_\_\_\_  
Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
Tel. (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_  
Lic. No. or Bldgs. Reg. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_

**C. CERTIFICATION IN LIEU OF CATH**  
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 \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
<input type="checkbox"/> No Plans Required	____	____	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> All	____	____	Footings	____	____	____	____
<input type="checkbox"/> Footings	____	____	Foundation	____	____	____	____
<input type="checkbox"/> Foundation	____	____	Slab	____	____	____	____
<input type="checkbox"/> Frame	____	____	Frame	____	____	____	____
<input type="checkbox"/> Other	____	____	Barrier-Free	____	____	____	____
Joint Plan Review Required:			Insulation	____	____	____	____
<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire	Finishes	____	____	____	____
SUBCODE APPROVAL			Energy	____	____	____	____
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	Mechanical	____	____	____	____
Date:			TCO	____	____	____	____
Approved by:			Other	____	____	____	____
			Final	____	____	____	____
			Barrier-Free	____	____	____	____

**B. BUILDING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_ Est. Cost of Bldg. Work:  
Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_ 1. New Bldg. \$ \_\_\_\_\_  
No. of Stories \_\_\_\_\_ 2. Alteration \$ \_\_\_\_\_  
Height of Structure \_\_\_\_\_ Ft. 3. Total (1+2) \$ \_\_\_\_\_  
Area - Largest Floor \_\_\_\_\_ Sq. Ft.  
New Bldg. Area/All Floors \_\_\_\_\_ Sq. Ft.  
Volume of New Structure \_\_\_\_\_ Cu. Ft.  
Total Land Area Disturbed \_\_\_\_\_ Sq. Ft.

**TYPE OF WORK:**  
☐ New Building  
☐ Addition  
☐ Alteration  
☐ Roofing  
☐ Siding  
☐ Fence \_\_\_\_\_ Height (exceeds 6') \_\_\_\_\_  
☐ Sign \_\_\_\_\_ Sq. Ft. \_\_\_\_\_  
☐ Pool  
☐ Asbestos Abatement: Subchapter 8  
☐ Lead Haz. Abatement NJAC 5:17  
☐ Other \_\_\_\_\_  
☐ Demolition

**FEE (Office Use Only)**  
\$ \_\_\_\_\_  
Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
DCA Training Fee \$ \_\_\_\_\_  
TOTAL FEE \$ \_\_\_\_\_

U.C.C. F110 (rev. 3/96)  
Interim version

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

#1. The Block & Lot Number of the property goes here. This is unique a number assigned to your property by the township. You can find this number on your tax bill or ask one of the building dept. staff to look this number up for you.

#2. The address of building being worked on goes here.

#3. The property owner's name ( Owner in Fee ) Mailing address ( If different than the work address ) and telephone number go here.

#4 The contactors Name, Address, Phone Number, Builders Registration Number ( For new homes ) and Federal Employer I.D. number goes here. If you are doing the work yourself write "self" here.

#5. This section is for office use, please leave blank.

#6. Building characteristics go here. Single-family homes are Use Group "R-3", "R-4" or "R-5". Wood frame houses are Class "5-B". We will fill in the remaining information as we review your plans. Use groups and construction classes other than single family residential should be listed on your plans.

#7. Estimated cost of the work goes here. This amount should be the amount a contractor would charge to do the work, even if you're doing the work yourself. You may exclude from this amount items not covered by the building code like: painting, wallpapering, carpeting and the cost of kitchen cabinets. The State of New Jersey requires this amount to be as accurate as possible, if these numbers are not realistic your permit application will be refused.

#8 The signature of the owner or their agent ( anybody authorized by the owner to make this application ) goes here.

#9. A brief description of the work. Ie. "Roof", "Vinyl Siding", "16' x 24' Addition", "12' x 16' Deck", etc.

#10. Type of work gets checked off here. Note: Decks are alterations not additions. If in doubt leave this section blank.

#11. This section is for office use, please leave blank.

### Plumbing Subcode Section

**1** →

**2** →


**3** →

**4** →

**5** →

**6** ←

**7** ←

**PLUMBING  
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 \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Tel (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

Lic. No. \_\_\_\_\_

Federal Emp. No. \_\_\_\_\_

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 \$ \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
		Type:	Failure	Failure	Approval
<input type="checkbox"/> No Plans Required		Slab	_____	_____	_____
<input type="checkbox"/> Joint Plan Review Required:		Rough	_____	_____	_____
<input type="checkbox"/> Building <input type="checkbox"/> Electric		Water	_____	_____	_____
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator		Sewer	_____	_____	_____
<input type="checkbox"/> Plumbing Plans Approved		Fixtures	_____	_____	_____
Date: _____		Gas Equipment	_____	_____	_____
Approved by: _____		Gas Piping	_____	_____	_____
SUBCODE APPROVAL		Solar	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		TCO _____	_____	_____	_____
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.

Signature ~ Contractor's Seal \_\_\_\_\_

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

Date Received \_\_\_\_\_

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

Control # \_\_\_\_\_

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

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT
_____	Water Closet
_____	Urinal/Bidet
_____	Bath Tub
_____	Lavatory
_____	Shower
_____	Floor Drain
_____	Sink
_____	Dishwasher
_____	Drinking Fountain
_____	Washing Machine
_____	Hose Bibb
_____	Water Heater
_____	Fuel Oil Piping
_____	Gas Piping
_____	Steam Boiler
_____	Hot Water Boiler
_____	Sewer Pump
_____	Interceptor/Separator
_____	Backflow Preventer
_____	Greasetrap
_____	Sewer Connection
_____	Water Service Connection
_____	Stacks
_____	Other _____
_____	Other _____
_____	Other _____

**FEE (Office Use Only)**

\$ \_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

DCA Training Fee \$ \_\_\_\_\_

**TOTAL FEE** \$ \_\_\_\_\_

U.C.C.F130 (rev. 3/96)  
Internet version

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

#1. This section should be filled out the same way as explained for the Building Subcode on page 1.

#2. Plumbing Characteristics go here. "Use Group" is the same as the Building Subcode section.

#3. Estimated cost of plumbing work goes here. (see Building Subcode section item #7 for an explanation of estimated costs)

#4. This section for office use. Please leave blank.


#5. Owners or agents signature goes here. . If you are having a contractor do the plumbing work he/she must place seal here.

#6 List the quantity of each type of plumbing fixture here.


#7. This section for office use. Leave blank.

2

## Electrical Subcode Section



**ELECTRICAL  
SUBCODE  
TECHNICAL SECTION**



Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Control # \_\_\_\_\_  
Permit # \_\_\_\_\_

**A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.**

Block \_\_\_\_\_ Lot \_\_\_\_\_  
Work Site Location \_\_\_\_\_

Owner in Fee \_\_\_\_\_  
Address \_\_\_\_\_  
Tel (\_\_\_\_\_) \_\_\_\_\_  
Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
Tel (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_  
Lic. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_

**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	INSPECTIONS		Dates (Month/Day)	
<input type="checkbox"/> No Plans Required				Type:	Failure	Failure	Approval
Joint Plan Review Required:				Rough			
<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing			Temp. Serv.			
<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator			Const. Serv.			
<input type="checkbox"/> Elec. Plans Approved				TCO			
Date: _____				Other			
Approved by: _____				Service			
				Final			

**SUBCODE APPROVAL**

CO \_\_\_\_\_ CCO \_\_\_\_\_ CA \_\_\_\_\_  
 Temp. Cut-in-Card Date Issued \_\_\_\_\_  
 Date: \_\_\_\_\_ Final Cut-in-Card Date Issued \_\_\_\_\_  
 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 Electrical Contractor ☐ Exempt Applicant

U.C.C. F120 (rev. 3/06)  
Internet version

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

**D. TECHNICAL SITE DATA**

QTY.	SIZE	ITEMS
_____	_____	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 Disposer
_____	_____	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

**FEE (Office Use Only)**

\$ \_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_  
 Minimum Fee \$ \_\_\_\_\_  
 DCA Training Fee \$ \_\_\_\_\_  
**TOTAL FEE \$ \_\_\_\_\_**

- #1. This section should be filled out the same way as explained for the Building Subcode on page 1.
- #2. Electrical Characteristics go here. "Use Group" is the same as the Building Subcode section.
- #3. Estimated cost of electrical work goes here. (see Building Subcode section item #7 for an explanation of estimated costs)
- #4. This section for office use. Please leave blank.
- #5. Owners or agents signature goes here. If you are having a contractor do the electrical work he/she must place seal here.
- #6 List the quantity of each type of electrical device here.
- #7. This section for office use. Please leave blank.

## Fire Subcode Section


1 →

2 →

3 →

4 →

5 →



**FIRE  
SUBCODE  
TECHNICAL SECTION**

Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Control # \_\_\_\_\_  
Permit # \_\_\_\_\_

**A. IDENTIFICATION—APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block \_\_\_\_\_ Lot \_\_\_\_\_

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

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

Address \_\_\_\_\_

Tele. (\_\_\_\_\_) \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Tele. (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Lic. No. \_\_\_\_\_

Federal Emp. No. \_\_\_\_\_

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group Present _____ Proposed _____	Fire Alarm System New <input type="checkbox"/> Existing <input type="checkbox"/>
Constr. Class Present _____ Proposed _____	Location of Panel: _____
Heating Systems <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> HVAC	Fire Suppression/Standpipe System New <input type="checkbox"/> Existing <input type="checkbox"/>
Type: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Solar	Location of Main Control Valve: _____
<input type="checkbox"/> Other _____	

Total Cost of Fire Protection Work \$ \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

<p><b>PLAN REVIEW</b></p> <p><input type="checkbox"/> No Plans Required</p> <p>Joint Plan Review Required:</p> <p><input type="checkbox"/> Building <input type="checkbox"/> Plumbing</p> <p><input type="checkbox"/> Electric <input type="checkbox"/> Elevator</p> <p><input type="checkbox"/> Fire Plans Approved</p> <p>Date: _____</p> <p>Approved by: _____</p>	<p><b>INSPECTIONS</b></p> <table border="0"> <tr> <td>Type:</td> <td>Failure</td> <td>Failure</td> <td>Approval</td> <td>Initial</td> </tr> <tr> <td>Alarm System</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Suppression Sys.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Standpipe</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Fire Pump</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Pre-Eng. System</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Mechanical</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Smoke Control</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>TCO</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Final</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Other</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Type:	Failure	Failure	Approval	Initial	Alarm System	_____	_____	_____	_____	Suppression Sys.	_____	_____	_____	_____	Standpipe	_____	_____	_____	_____	Fire Pump	_____	_____	_____	_____	Pre-Eng. System	_____	_____	_____	_____	Mechanical	_____	_____	_____	_____	Smoke Control	_____	_____	_____	_____	TCO	_____	_____	_____	_____	Final	_____	_____	_____	_____	Other	_____	_____	_____	_____	<p><b>DATES (Month/Day)</b></p> <table border="0"> <tr> <td></td> <td>Failure</td> <td>Failure</td> <td>Approval</td> <td>Initial</td> </tr> <tr> <td>Alarm System</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Suppression Sys.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Standpipe</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Fire Pump</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Pre-Eng. System</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Mechanical</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Smoke Control</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>TCO</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Final</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Other</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>		Failure	Failure	Approval	Initial	Alarm System	_____	_____	_____	_____	Suppression Sys.	_____	_____	_____	_____	Standpipe	_____	_____	_____	_____	Fire Pump	_____	_____	_____	_____	Pre-Eng. System	_____	_____	_____	_____	Mechanical	_____	_____	_____	_____	Smoke Control	_____	_____	_____	_____	TCO	_____	_____	_____	_____	Final	_____	_____	_____	_____	Other	_____	_____	_____	_____
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**SUBCODE APPROVAL**

☐ 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.

Signature \_\_\_\_\_

U.C.C. F140  
(rev 3/05)

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK:**

Water Supply Source \_\_\_\_\_

Method of Alarm/Suppression System Supervision \_\_\_\_\_

**Storage Tanks**

Type: ☐ Flammable Liquid ☐ Combustible Liquid

☐ LPG ☐ LNG Capacity \_\_\_\_\_ Fuel \_\_\_\_\_

**Alarm Systems** ☐ 110v Interconnected **NUMBER** \_\_\_\_\_

☐ System \_\_\_\_\_

Alarm Devices (i.e., smoke, heat, pulls, water/flow) \_\_\_\_\_

Supervisory Devices (i.e., tamper, low/high air) \_\_\_\_\_

Signaling Devices (i.e., horn/strobes, bells) \_\_\_\_\_

Other Devices \_\_\_\_\_

**TOTAL**

**Suppression Systems**

Fire Pump \_\_\_\_\_ GPM Type \_\_\_\_\_

Dry Pipe/Alarm Valves \_\_\_\_\_

Pre-action Valves \_\_\_\_\_

Sprinkler Heads (Dry and Wet) \_\_\_\_\_

Standpipes \_\_\_\_\_

**Pre-engineered Systems**

Wet Chemical \_\_\_\_\_

Dry Chemical \_\_\_\_\_

CO<sub>2</sub> Suppression \_\_\_\_\_

Foam Suppression \_\_\_\_\_

Halon Suppression \_\_\_\_\_

Other \_\_\_\_\_

Kitchen Hood Exhaust System \_\_\_\_\_

Smoke Control System \_\_\_\_\_

Gas ☐ or Oil ☐ Fired Appliances \_\_\_\_\_

Other \_\_\_\_\_

**FEE (Office Use Only)**

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

DCA Training Fee \$ \_\_\_\_\_

**TOTAL FEE** \$ \_\_\_\_\_

6 ←

7 ←

8 ←

9 ←

10 ←

#1. This section should be filled out the same way as explained for the Building Subcode on page 1.

#2. Fire Protection Characteristics go here. "Use Group" is the same as the Building Subcode section.

#3. Estimated cost of Fire Protection work goes here. (see Building Subcode section item #7 for an explanation of estimated costs)

#4. This section for office use. Please leave blank.

#5. Owners or agents signature goes here.

#6 A brief description of the work goes here. ( New Home, Addition, Furnace Replacement, New Central Air-conditioning, etc.) Water Supply Source only needs to be filled in for Fire Sprinkler systems.

#7 Storage tanks are listed here. LPG ( Propane ) tanks are now inspected by the Plumbing Inspector and should be listed on the Plumbing Technical Section not here, list only Heating Oil, Gasoline or Diesel storage tanks here.


#8 Fire and Smoke alarm devices and quantity get listed here.

#9 Fire Suppression ( Fire Sprinkler Systems ) devices and quantity go here.

#10 This section for office use. Please leave blank.

## Permit Folder Front

1 → BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ QUALIFICATION CODE \_\_\_\_\_ ADDRESS (SITE) \_\_\_\_\_ PERMIT NO. \_\_\_\_\_



### CONSTRUCTION PERMIT APPLICATION

**Application Completes: Sections I, II, III (optional), IV, VI, and VIII**

**I. IDENTIFICATION**

1. Proposed Work Site at: \_\_\_\_\_

2. Name of Owner in Fee: \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_

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

3. Ownership in Fee: Public \_\_\_\_\_ Private \_\_\_\_\_

4. Principal Contractor: \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Federal Employee No. \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

5. Architect or Engineer \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

6. Responsible Person in Charge of Work \_\_\_\_\_

Tel. (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

**II. PROPOSED WORK**

1. ☐ Minor Work

2. ☐ New Building

3. ☐ Addition

4. ☐ Alteration

5. ☐ Fire Protection

6. ☐ Plumbing

7. ☐ Electrical

8. ☐ Elevator Devices

9. ☐ Asbestos Abat. Subch. 8

10. ☐ Lead Hazard Abatement

11. ☐ Demolition

**TOTAL COSTS** \_\_\_\_\_

**OPTIONAL (for office use only)**

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Approval	Dates Rejection	Re-viewer

**III. DO YOU WANT: (optional)**

1. ☐ Partial Release

2. ☐ Prototype Processing

**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. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

**VI. BUILDING/SITE CHARACTERISTICS (office use only)**

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. Construction Classification \_\_\_\_\_

7. Total Land Area Disturbed \_\_\_\_\_ sq. ft.

8. Flood Hazard Zone \_\_\_\_\_

9. Base Flood Elevation \_\_\_\_\_ ft.

10. Wetlands yes \_\_\_\_\_ no \_\_\_\_\_

11. Max. Live Load \_\_\_\_\_

12. Max. Occupancy Load \_\_\_\_\_

**VII. DESCRIPTION OF BUILDING USE**

**A. RESIDENTIAL**

1. ☐ Hotels (R-1)

2. ☐ Multi-Family (R-2)

3. ☐ Two-Family (R-3) BOCA

4. ☐ Two-Family (R-4) CABO

5. ☐ One-Family (R-3) BOCA

6. ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction \_\_\_\_\_

After Construction \_\_\_\_\_

Net Gain or Loss \_\_\_\_\_

**B. NON-RESIDENTIAL**

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

2. Use Group: \_\_\_\_\_

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

2 →
3 →
4 →
5 →
6 →
7 →
8 →

#1 The Block & Lot Number of the property goes here. Leave Qualification Code and Permit Number lines blank.

#2 This section should be filled out the same way as explained for the Building Subcode on page 1.

#3 List types of work being applied for and estimated costs here, leave the rest blank.

#4 Check here if you want a Partial Release ( i.e. Foundation Only) or Prototype Processing (Large Developments)

#5 This section for office use. Please leave blank.

#6 This section for office use. Please leave blank.

#7 List Use Group and Code your using here.

#8 Check here if your building has any of these special characteristics.

## Permit Folder Inside

### **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(e)1.vii:

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 have been given, including such certification as the construction official may require.

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. 5:32-2.15(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 have been given, including such certification as the construction official may require.

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. 5:17.

U.C.C. F100-2 (rev. 3/96)

#1 Check here if you are building a home for yourself and are acting as the general contractor. If you check here you are waiving your right to a New Home Warranty required by the State of New Jersey if a contractor was building the home.

#2 Check here if you have prepared the construction drawings for your own home you live in.

#3 Check here if you are performing any of the work on your own home you live in.

#4 You must check here and advise all contractors that they must be registered with the State Taxation Division and comply with all New Jersey tax laws.

#5 Owner must sign here if any of the areas above in section I are checked.

#6 Fill in this section if you are the Agent or Contractor.