BLOCK

Applicant Completes: IIb. SUBCODES IIa. PROPOSED WORK Ownership in Fee: Responsible Person in Charge once Work has Begun Principal Contractor: 2. Name of Owner in Fee: 1. Proposed Work Site at: I. IDENTIFICATION (Check all that apply) III. PLAN REVIEW (optional) DO YOU WANT: Tel. (\_ Architect or Engineer Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Address <u>e</u> Federal Emp. ID No. License No. OR, if new home, Builder Reg. No. 듗 Building Plumbing Elevator Electrical Fire Protection OTAL COST Asbestos Abat -Subch. 8 Repair Minor Work Sections I, II, III (optional), IV, VI, and VII Public Est. Cost APPLICATION CONSTRUCTION PERMIT  $\Box$ IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? Plans Rec'd by Private e-mail Elevators/Escalators/Lifts/ ξ X municipality Lead Hazard Abatement New Building Alteration Date Rec'd Contact e-mail FAX: ( e-mail <u>@</u> Rejection Date FOR OFFICE USE ONLY (Optional) Exp. Date Approval Date Refrigeration Systems ☐ Radon Remediation □ Addition ☐ Renovation zip code Re-viewer Resubmission Dates
Approval Reject VI. BUILDING/SITE CHARACTERISTICS V. FEE SUMMARY (for office use only) Plumbing Fire Protection TOTAL Wetlands Base Flood Elevation Flood Hazard Zone Area — Largest Floor Number of Stories Electrical If Industrialized Building: State Approved Max. Occupancy Load New Building Area Height of Structure Other Volume of New Structure Cert. of Occupancy State Permit Surcharge Fee Subtotal Building Max. Live Load Subtotal ☐ Demolition Total Land Area Disturbed Less 20% for State Plan Review \$ Subtotal Elevator Devices Annual Permit Reconstruction yes 2 5 6 6 0 0 0 0 Smoke Control Systems in Open Wells Underground Storage Tanks viewer 짆 ᆼ B. NON-RESIDENTIAL (primary use) C. MIXED USE -List secondary use(s): A. RESIDENTIAL (primary use) D. Construct. Classification: Present 4. No. of dwelling units: Total Units Income-restricted 3. Change in Use Group, Indicate Present: Use Group, Proposed: 1. State Specific Use: VII. DESCRIPTION OF BUILDING USE 3. Change in Use Group, Indicate Present: Use Group, Proposed: State Specific Use: Gained, Rental Gained, Sale Lost, Sale Lost, Rental **HUD** \_sq. ft. . sq. ft. . sq. ft. cu. ft. Update 12. ☐ Fire Alarm (affice use only) Update

☐ Prototype Processing

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Pressure Vessels High Pressure Boilers

Dumbwaiters/Moving Walks

ည်း ကို

Cross-Connections/Backflow Preventers Hazardous Uses/Places of Assembly

Swimming Pools, Spas and Hot Tubs

LPGas Tanks

□ Partial Releases

## **CERTIFICATION IN LIEU OF OATH**

Signature

I. OWNER SECTION (to be completed if the	VNER SECTION (to be completed if the applicant is the owner in fee)		
hereby certify that I am the owner in fee of the property listed on Page 1.			
Mark the following applicable boxes:			
pancy. This dwelling is to be occup residential use. I attest that all const subcontractors under my supervision new home is not covered under the	rivate residence) will be constructed on this property for my own use and occupied by myself and is not to be used for any purpose other than single family ruction, plumbing, or electrical work will be done, in whole or in part, by me or by on, in accordance with all applicable laws; and, I further acknowledge that said New Home Warranty and Builders Registration Act (N.J.S.A. 46;3B-1 et seq.) and any person purchasing this property within ten years of the date of issuance of a		
THE WORK DONE ON SAID PROP ANY WORK PERFORMED, AND F	IG BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR ERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER OR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR THE WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY IS RESPONSIBILITY.		
B. ( ) I further certify the following as requ	ired by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:		
tion, or repair to an existing single fa on Page 1; or, 3) a new structure t	mitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renova- amily residence owned and occupied by myself and located on the property listed that will be physically separate from, but that will be deemed part of, an existing and and occupied by myself and located on the property listed on Page 1.		
C. ( ) I further certify that I will perform or C.1. ( ) Building C.2. (	supervise the following work: ) Fire Protection		
I further certify that I will perform the follow C.3. ( ) Electrical C.4. (	ving work: ) Plumbing		
D. ( ) I agree to advise all contractors on Taxation and to comply with all New	this project that they are required to be registered with the New Jersey Division of Jersey tax laws.		
	e Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, ication as the construction official may require, have been given or will be given		
I understand that if any of the above statemer	its are willfully false, I am subject to punishment.		

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.

Date \_

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.

l 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	\$*************************************				
Telephone _		<u>.</u>			
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: X. CERTIFICATES ISSUED (office use only) ☐ Utility Dig No. □ Police Department Electrical Building IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional) Health Department Mechanical \_\_\_ Plumbing \_ Planning Board Fire Protection Certificate of Occupancy Continued Certificate of Occupancy N.J. Department of Environmental Protection Water Authority Certificate of Compliance/ Temporary Certificate of Compliance Temporary Certificate of Occupancy Transportation N.J. Department of Soil Conservation Sewer Authority Zoning Board Zoning Officer Lead Abatement Clearance Certificate Certificate of Approval N.J. Department of Community Affairs (office use only) VIII. PRIOR APPROVALS CHECKLIST Name of Code & Edition Prelimin. Initial LOCAL APPROVAL Final Date Š ĕ Š 8 8 8 Ö Barrier Free Prelimin. Initial Other As Built Elevation Cert. Flood Hazard Energy COUNTY APPROVAL Final Date Name of Code & Edition DATE ISSUED Prelimin. Initial REGIONAL APPROVAL DATE EXPIRED Final Date Prelimin. Initial Other STATE APPROVAL DATE REISSUED Final Date COMMENTS DATE EXPIRED