

**BOROUGH OF HELMETTA**  
**CONSTRUCTION DEPARTMENT**  
 60 MAIN STREET - PO BOX 378  
 HELMETTA, NJ 08828  
 732-521-0386 - FAX: 732-521-1263.



**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 \_\_\_\_\_

Tele. (\_\_\_\_) \_\_\_\_\_  
 Contractor \_\_\_\_\_  
 Address \_\_\_\_\_

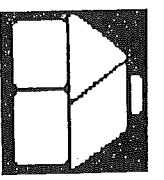
Fax (\_\_\_\_) \_\_\_\_\_  
 Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
 Federal Emp. No. \_\_\_\_\_

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type:	Failure	Approval
<input type="checkbox"/> No Plans Required			Footing		
<input type="checkbox"/> All			Foundation		
<input type="checkbox"/> Footing			Slab		
<input type="checkbox"/> Foundation			Frame		
<input type="checkbox"/> Frame			Barrier-Free		
<input type="checkbox"/> Other			Insulation		
Joint Plan Review Required:			Finishes		
<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire	Elevator		
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 \_\_\_\_\_  
 Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_  
 No. of Stories \_\_\_\_\_ Ft. \_\_\_\_\_  
 Height of Structure \_\_\_\_\_ Ft. \_\_\_\_\_  
 Area - Largest Floor \_\_\_\_\_ Sq. Ft. \_\_\_\_\_  
 New Bldg. Area/All Floors \_\_\_\_\_ Sq. Ft. \_\_\_\_\_  
 Volume of New Structure \_\_\_\_\_ Cu. Ft. \_\_\_\_\_  
 Total Land Area Disturbed \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

**Est. Cost of Bldg. Work:**  
 1. New Bldg. \$ \_\_\_\_\_  
 2. Alteration \$ \_\_\_\_\_  
 3. Total (1+ 2) \$ \_\_\_\_\_



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

**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 \_\_\_\_\_

**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"/> Alteration			\$ _____
<input type="checkbox"/> Roofing			\$ _____
<input type="checkbox"/> Siding			\$ _____
<input type="checkbox"/> Fence			\$ _____
<input type="checkbox"/> Sign			\$ _____
<input type="checkbox"/> Pool			\$ _____
<input type="checkbox"/> Asbestos Abatement Subchapter 8			\$ _____
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17			\$ _____
<input type="checkbox"/> Other			\$ _____
<input type="checkbox"/> Demolition			\$ _____

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