



# 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 \_\_\_\_\_  
 Address \_\_\_\_\_ Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ e-mail \_\_\_\_\_

4. Principal Contractor: \_\_\_\_\_  
 Address \_\_\_\_\_ Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ e-mail \_\_\_\_\_  
 License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_  
 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: ( \_\_\_\_\_ ) \_\_\_\_\_

### 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)

Est. Cost	Plans Recd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Approval	Dates Rejection	Re-viewer
<input type="checkbox"/> Building								
<input type="checkbox"/> Electrical								
<input type="checkbox"/> Plumbing								
<input type="checkbox"/> Fire Protection								
<input type="checkbox"/> Elevator								
TOTAL COST								

### III. PLAN REVIEW (optional)

- DO YOU WANT:
- Partial Releases
  - Prototype Processing

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

- 1. Elevators/Escalators/Lifts/
- 2. Dumbwaiters/Moving Walks
- 3. High Pressure Boilers
- 4. Refrigeration Systems
- 5. Cross-Connections/Backflow Preventers
- 6. Hazardous Uses/Places of Assembly
- 7. Radon
- 8. Smoke Control Systems in Open Wells
- 9. Underground Storage Tanks
- 10. Swimming Pools, Spas and Hot Tubs
- 11. 1 D/Gas Tanks
- 12. Fire Alarm

### 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 \_\_\_\_\_

### 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 \_\_\_\_\_

**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 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. 5:23-2.15(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 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.**



# CONSTRUCTION PERMIT

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

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

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

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

Owner's Name \_\_\_\_\_

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

Tel. (\_\_\_\_) \_\_\_\_\_ Lic. No. of Bldrs. Reg. No. \_\_\_\_\_

**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



# 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 \_\_\_\_\_ Qualification Code \_\_\_\_\_

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

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

Tel. (\_\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

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

Contractor: \_\_\_\_\_ Tel. (\_\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. or Builder Registration No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

### JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type	Failure	Dates (Month/Day)	Initial
[ ] No Plans Required						Failure	Approval
[ ] All			Footings	Bonding			
[ ] Footings/Foundations			Foundation				
[ ] Structural/Framework			Slab				
[ ] Exterior			Frame				
[ ] Interior			Truss, Sys./Bracing				
Joint Plan Review Required:							
[ ] Elec.	[ ] Plumb.	[ ] Fire	[ ] Elevator	Barrier-Free			
SUBCODE APPROVAL FOR PERMIT							
Date:			Finishes -Base Layer				
Approved by:			Finishes -Final				
			Energy				
			Mechanical				
			TOO				
[ ] CO	[ ] CCC	[ ] CA	Other				
Date:			Final				
Approved by:			Barrier-Free				

### B. BUILDING CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

No. of Stories \_\_\_\_\_ Proposed \_\_\_\_\_

Height of Structure \_\_\_\_\_ ft. \_\_\_\_\_

Area — Largest Floor \_\_\_\_\_ sq. ft. \_\_\_\_\_

New Bldg. Area/All Floors \_\_\_\_\_ sq. ft. \_\_\_\_\_

Volume of New Structure \_\_\_\_\_ cu. ft. \_\_\_\_\_

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

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

If Industrialized Building:

State Approved \_\_\_\_\_ HUD \_\_\_\_\_

### Est. Cost of Bldg. Work:

1. New Bldg. \$ \_\_\_\_\_
2. Rehabilitation \$ \_\_\_\_\_
3. Total (1+2) \$ \_\_\_\_\_

U.C.C. F110 (rev. 11/09)

Date Received \_\_\_\_\_  
Control # \_\_\_\_\_  
Date Issued \_\_\_\_\_  
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.  
Sign here: \_\_\_\_\_

Print name here: \_\_\_\_\_

### D. TECHNICAL SITE DATA

#### DESCRIPTION OF WORK

TYPE OF WORK:	Height (exceeds 6')	Sq. Ft.	FEE (Office Use Only)
[ ] New Building			
[ ] Addition			
[ ] Rehabilitation			
[ ] Roofing			
[ ] Siding			
[ ] Fence			
[ ] Sign			
[ ] Pool			
[ ] Retaining Wall			
[ ] Asbestos Abatement Subchapter 8			
[ ] Lead Haz. Abatement NJAC 5:17			
[ ] Radon Remediation			
[ ] Other			
[ ] Demolition			

1 White = Inspector Copy  
3 Pink = Office Copy

2 Green = Office Copy  
4 Hard = Applicant Copy

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
<b>TOTAL FEE \$ _____</b>



# ELECTRICAL 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 \_\_\_\_\_ Qualification Code \_\_\_\_\_  
Work Site Location \_\_\_\_\_

Owner In Fee: \_\_\_\_\_ e-mail \_\_\_\_\_

Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_  
steel \_\_\_\_\_ municipally \_\_\_\_\_ zip code \_\_\_\_\_

Contractor: \_\_\_\_\_ Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ e-mail \_\_\_\_\_

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  No Plans Required  INSPECTIONS \_\_\_\_\_

Partial -Underslab Utilities Approved \_\_\_\_\_

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Electric Plans Approved \_\_\_\_\_

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Joint Plan Review Required: \_\_\_\_\_

Bldg.  Plumb.  Fire.  Elev. \_\_\_\_\_

SUBCODE APPROVAL FOR PERMIT \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

SUBCODE APPROVAL FOR CERTIFICATE \_\_\_\_\_

CO  CCC  GA \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date Received \_\_\_\_\_  
Control # \_\_\_\_\_  
Date Issued \_\_\_\_\_  
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 and perform the work listed on this application.  
Applicant sign/Contractor \_\_\_\_\_  
sign and seal here: \_\_\_\_\_

Print name here: \_\_\_\_\_

Licensed Elec. Contractor  Certif'd Landscape Irrigation Contr  Exempt Applicant

## D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: \_\_\_\_\_

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 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 \_\_\_\_\_

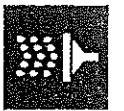
KW Elec. Sign/Outline Light \_\_\_\_\_

FEE (Office Use Only)

Administrative Surcharge \$	_____
Minimum Fee \$	_____
State Permit Surcharge Fee \$	_____
TOTAL FEE \$	_____



# 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 \_\_\_\_\_ Qualification Code \_\_\_\_\_  
 Work Site Location \_\_\_\_\_

Owner In Fee: \_\_\_\_\_  
 Tel. (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_  
street municipality zip code  
 Contractor: \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

### 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	Initial
<input type="checkbox"/> No Plans Required	Slab	_____	_____	_____	_____
<input type="checkbox"/> Partial - Under/slab Utilities Approved	Rough	_____	_____	_____	_____
<input type="checkbox"/> Plumbing Plans Approved	Water	_____	_____	_____	_____
Date: _____ Approved by: _____	Sewer	_____	_____	_____	_____
Joint Plan Review Required:	Fixtures	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.	Gas Equipment	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	Gas Piping	_____	_____	_____	_____
Date: _____	LP Gas Tank	_____	_____	_____	_____
Approved by: _____	Fuel Oil Piping	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Solar	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	TCO	_____	_____	_____	_____
Date: _____	Final	_____	_____	_____	_____
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 sign/Contractor sign and seal here: \_\_\_\_\_

Print name here: \_\_\_\_\_

Licensed Plumbing Contractor  Exempt Applicant

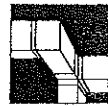
QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other	_____

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

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
State Permit Surcharge Fee	\$ _____
<b>TOTAL FEE</b>	<b>\$ _____</b>



# MECHANICAL INSPECTOR 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 \_\_\_\_\_

Owner In Fee: \_\_\_\_\_

Tel. (\_\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_  
Address \_\_\_\_\_ Street \_\_\_\_\_ Municipality \_\_\_\_\_ Zip code \_\_\_\_\_

Contractor: \_\_\_\_\_ Tel. (\_\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_  
Address \_\_\_\_\_

Contractor License No. or Builder Registration No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

### B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5 (circle one) Proposed: R-3, R-4 or R-5 (circle one)

Heating System work:  New OR  Modification to Existing OR  Conversion OR  Replacement  
Type:  Hydronic  Hot Air  
Fuel Type:  Gas  Oil  Electric  Solar  Other \_\_\_\_\_

Estimated Cost of Mechanical Work \$ \_\_\_\_\_

### JOB SUMMARY (Office Use Only)

PLAN REVIEW  
 No Plans Required  
 Mechanical Plans Approved

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_  
Joint Plan Review Required:  
 Bldg.  Elec.  Plumb.  Fire:  
 Elev.

SUBCODE APPROVAL FOR PERMIT  
Date: \_\_\_\_\_

Approved by: \_\_\_\_\_  
SUBCODE APPROVAL FOR CERTIFICATE  
 CA  CCO

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

### INSPECTIONS

Type: \_\_\_\_\_

Failure	Failure	Approval	Initial
Gas Piping	_____	_____	_____
Appliance	_____	_____	_____
Chimney/Vent	_____	_____	_____
Oil Piping	_____	_____	_____
Oil Tank	_____	_____	_____
LPG Tank	_____	_____	_____
Hydronic Piping	_____	_____	_____
Fireplace	_____	_____	_____
Chimney Cert.	_____	_____	_____
Other	_____	_____	_____

### DATES

### D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Large empty box for technical site data description.

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.  
Sign here: \_\_\_\_\_  
Print name here: \_\_\_\_\_

NO.

FIGURE/EQUIPMENT

- Water Heater
- Fuel Oil Piping Connections
- Gas Piping Connections
- Steam Boiler
- Hot Water Boiler
- Hot Air Furnace
- Oil Tank
- LPG Tank
- Fireplace
- Other

FEE (Office Use Only)

Administrative Surcharge \$	_____
Minimum Fee \$	_____
State Permit Surcharge Fee \$	_____
TOTAL FEE \$	_____



## CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ QUALIFICATION CODE \_\_\_\_\_ PERMIT # \_\_\_\_\_

WORK SITE ADDRESS \_\_\_\_\_

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

Verifying Individual \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Tel: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**Check the Appropriate Box(es):**

Type of Replacement:		Existing Vent/Chimney:	Size _____
<input type="checkbox"/>	Oil to Gas Conversion	<input type="checkbox"/>	"B" Label Vent
<input type="checkbox"/>	Gas to Oil Conversion	<input type="checkbox"/>	"L" Label Vent
<input type="checkbox"/>	Gas Appliance Replacement	<input type="checkbox"/>	Flexible Liner
<input type="checkbox"/>	Oil to Oil Replacement	<input type="checkbox"/>	Power Vent/Exhauster
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Chimney-Interior
		<input type="checkbox"/>	Chimney-Exterior
		<input type="checkbox"/>	Masonry Chimney-Tile Lined
		<input type="checkbox"/>	Masonry Chimney-Unlined
		<input type="checkbox"/>	Other: _____

Type	Fuel Type	BTU Rating (input/hour)
Appliance 1: _____	Oil / Gas / Other: _____	_____
Appliance 2: _____	Oil / Gas / Other: _____	_____
Appliance 3: _____	Oil / Gas / Other: _____	_____

### CHIMNEY LINER

*If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.*

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ UL Listing: \_\_\_\_\_

Material of Liner: Stainless Steel \_\_\_\_\_ Aluminum \_\_\_\_\_

Size of Appliance Vent: \_\_\_\_\_ Size of Liner: \_\_\_\_\_ Height of Chimney: \_\_\_\_\_

Length of Connector: \_\_\_\_\_ Vent Connector Rise: \_\_\_\_\_

How does the appliance vent?  Natural Draft  Fan-assisted  Other: \_\_\_\_\_

### PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

**For Oil or Coal to Gas Conversions:**

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

\_\_\_\_\_  
Signature Date

**Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:**

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

\_\_\_\_\_  
Signature Date

**Direct Vent Appliance:**

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

\_\_\_\_\_  
Signature Date

**Verification Not Submitted:**

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

\_\_\_\_\_  
Signature Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

*All applicable information requested on this form must be supplied.*

*This form may not be submitted by a homeowner in lieu of the required inspection.*





# FIRE PROTECTION 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 \_\_\_\_\_ Qualification Code \_\_\_\_\_

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

Owner In Fee: \_\_\_\_\_

Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ Municipality \_\_\_\_\_ Zip code \_\_\_\_\_

Contractor: \_\_\_\_\_ Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

Fire Protection Equipment, NJ Div of Fire Safety Permit No. \_\_\_\_\_

Fire Protection Equipment, NJ Div of Fire Safety Installer No. \_\_\_\_\_

Fire Alarm Contractor No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

### B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present \_\_\_\_\_ Proposed \_\_\_\_\_ Fuel Storage Tank: \_\_\_\_\_

Constr. Class: Present \_\_\_\_\_ Proposed \_\_\_\_\_ Fuel Type:  Flammable or  Combustible Capacity \_\_\_\_\_

Heating System:  New or  Modification to Existing Fire Alarm System:  New or  Existing

OR  Conversion or  Replacement Location of Panel: \_\_\_\_\_

Fuel Type:  Gas  Oil  Electric  Solar Fire Suppression/Standpipe System:  New or  Existing

OR \_\_\_\_\_ [  New or  Existing

Location: \_\_\_\_\_ Location of Main Control Valve: \_\_\_\_\_

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

### JOB SUMMARY (Office Use Only)

#### PLAN REVIEW

No Plans Required

Partial -Underslab Utilities Approved

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Fire Protection Plans Approved

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Joint Plan Review Required: \_\_\_\_\_

Bldg.  Elec.  Plumb.  Elev.

SUBCODE APPROVAL FOR PERMIT \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

SUBCODE APPROVAL FOR CERTIFICATE \_\_\_\_\_

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.

Applicant/Contractor sign here: \_\_\_\_\_

Print name here: \_\_\_\_\_

### D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: \_\_\_\_\_

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

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

Flammable/Combustible Tanks \_\_\_\_\_

Alarm Systems \_\_\_\_\_

System \_\_\_\_\_

110v Interconnected \_\_\_\_\_

CO Detectors/110v \_\_\_\_\_

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 \_\_\_\_\_

FM200 Suppression \_\_\_\_\_

Other \_\_\_\_\_

Other Systems \_\_\_\_\_

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

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

Fuel-Fired Appliances  Gas  Oil  Solid \_\_\_\_\_

Fireplace Venting/Metal Chimney \_\_\_\_\_

Other \_\_\_\_\_

Date Received \_\_\_\_\_  
Control # \_\_\_\_\_

Date Issued \_\_\_\_\_  
Permit # \_\_\_\_\_

Certified Contractor  Exempt Applicant

NUMBER \_\_\_\_\_ FEE (Office Use Only) \$ \_\_\_\_\_

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

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

State Permit Surcharge Fee \$ \_\_\_\_\_

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