



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 _____

3. Ownership in Fee: ^{street} Public _____ ^{municipality} Private _____ ^{zip code} _____

4. Principal Contractor: _____ Tel. _____
 Address _____ e-mail _____

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 _____
 Address _____ e-mail _____
 Tel. _____ FAX: _____

6. Responsible Person in Charge once Work has Begun _____
 Tel. _____ FAX: _____

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 (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. 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 _____

IIa. PROPOSED WORK

Minor Work New Building Addition Demolition

Repair Alteration Renovation Reconstruction

Asbestos Abat. -Subch. 8 Lead Hazard Abatement Radon Remediation Annual Permit

IIb. SUBCODES
(Check all that apply)

Est. Cost	FOR OFFICE USE ONLY (Optional)							
	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	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								

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 _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. Partial Releases

2. Prototype Processing

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

1. Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks

2. High Pressure Boilers

3. Pressure Vessels

4. Refrigeration Systems

5. Cross-Connections/Backflow Preventers

6. Hazardous Uses/Places of Assembly

7. Sprinklers/Standpipes

8. Smoke Control Systems in Open Wells

9. Underground Storage Tanks

10. Swimming Pools, Spas and Hot Tubs

11. LPGas Tanks

12. Fire Alarm

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.



BUILDING 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 _____

Owner in Fee: _____

Tel. (_____) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (_____) _____

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	Dates (Month/Day)			
<input type="checkbox"/> No Plans Required	_____	_____	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> All	_____	_____	Footing	_____	_____	_____	_____
<input type="checkbox"/> Footings/Foundations	_____	_____	Footing Bonding	_____	_____	_____	_____
<input type="checkbox"/> Structural/Framework	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/> Exterior	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/> Interior	_____	_____	Frame	_____	_____	_____	_____
			Truss Sys./Bracing	_____	_____	_____	_____
Joint Plan Review Required:			Barrier-Free	_____	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Insulation	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT			Finishes -Base Layer	_____	_____	_____	_____
Date: _____			Finishes -Final	_____	_____	_____	_____
Approved by: _____			Energy	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE			Mechanical	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			TCO	_____	_____	_____	_____
Date: _____			Other	_____	_____	_____	_____
Approved by: _____			Final	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____

No. of Stories _____

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:

- New Bldg. \$ _____
- Rehabilitation \$ _____
- Total (1+ 2) \$ _____

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

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:

- New Building
- Addition
- Rehabilitation
- Roofing
- Siding
- Fence _____ Height (exceeds 6')
- Sign _____ Sq. Ft.
- Pool
- Retaining Wall _____ Sq. Ft.
- Asbestos Abatement Subchapter 8
- Lead Haz. Abatement NJAC 5:17
- Radon Remediation
- Other _____
- Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

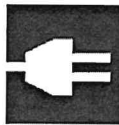
TOTAL FEE \$ _____

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



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 _____

Owner in Fee: _____

Tel. (_____) _____ e-mail _____

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	INSPECTIONS	Dates (Month/Day)			
		Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	Type:				
<input type="checkbox"/> Partial -Underslab Utilities Approved	Rough				
Date: _____ Approved by: _____	Barrier-Free				
<input type="checkbox"/> Electric Plans Approved	Trench				
Date: _____ Approved by: _____	Temp. Serv.				
Joint Plan Review Required:	Constr. Serv.				
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.	TCO				
SUBCODE APPROVAL for PERMIT	Other				
Date: _____	Service				
Approved by: _____	Final				
SUBCODE APPROVAL for CERTIFICATE	Barrier-Free				
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Temp. Cut-in-Card Date Issued				
Date: _____	Final Cut-in-Card Date Issued				
Approved by: _____	Annual Pool Inspection				
	Date of Grounding and Bonding Certification				

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 Cont'r Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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	\$ _____



**PLUMBING 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 _____

Owner in Fee: _____

Tel. _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ 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 -Underslab Utilities Approved		Rough	_____	_____	_____	_____
Date: _____ Approved by: _____		Water	_____	_____	_____	_____
<input type="checkbox"/> Plumbing Plans Approved		Sewer	_____	_____	_____	_____
Date: _____ Approved by: _____		Fixtures	_____	_____	_____	_____
Joint Plan Review Required:		Gas Equipment	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.		Gas Piping	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		LPGas Tank	_____	_____	_____	_____
Date: _____		Fuel Oil Piping	_____	_____	_____	_____
Approved by: _____		Solar	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		TCO	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Final	_____	_____	_____	_____
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.

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

Licensed Contractor

Exempt Applicant

D. TECHNICAL SITE DATA

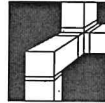
DESCRIPTION OF WORK

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	_____
_____	LPGas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks _____	_____
_____	Other _____	_____

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



**MECHANICAL INSPECTION
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. _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-or R-5

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		INSPECTIONS		DATES		
<input type="checkbox"/> No Plans Required		Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> Mechanical Plans Approved		Water Heater	_____	_____	_____	_____
Date: _____ Approved by: _____		Appliance	_____	_____	_____	_____
Joint Plan Review Required:		Chimney/Vent	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire.		Piping	_____	_____	_____	_____
<input type="checkbox"/> Elev.		Tank	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Cooling/AC	_____	_____	_____	_____
Date: _____		Generator	_____	_____	_____	_____
Approved by: _____		Fireplace	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Chimney Cert.	_____	_____	_____	_____
<input type="checkbox"/> CA <input type="checkbox"/> CCC		Other _____	_____	_____	_____	_____
Date: _____		Other _____	_____	_____	_____	_____
Approved by: _____		Final	_____	_____	_____	_____

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 sign/Contractor sign and seal here: _____

Print name here: _____

Licensed Contractor

Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Heater	\$ _____
_____	Fuel Oil Piping Connections	_____
_____	Gas Piping Connections	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Hot Air Furnace	_____
_____	Oil Tank	_____
_____	LPG Tank	_____
_____	Fireplace	_____
_____	Generator	_____
_____	Other	_____

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



FIRE PROTECTION 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

Owner in Fee:

Tel. () e-mail

Address street municipality zip code

Contractor: Tel. ()

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

Constr. Class: Present Proposed

Heating System: [] New OR [] Modification to Existing OR [] Conversion OR [] Replacement

Fuel Type: [] Gas [] Oil [] Electric [] Solar Other

Location:

Total Cost of Fire Protection Work \$

Fuel Storage Tank:

Fuel Type: [] Flammable OR [] Combustible Capacity

Fire Alarm System: [] New OR [] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[] New OR [] Existing

Location of Main Control Valve:

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

[] Certified Contractor [] Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

Table with columns: NUMBER, FEE (Office Use Only) \$, and rows for various fire protection systems like Alarm Systems, Suppression Systems, Pre-engineered Systems, etc.

JOB SUMMARY (Office Use Only) table with columns: PLAN REVIEW, INSPECTIONS, Dates (Month/Day), and rows for various inspection types and approvals.

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 _____ State _____ City _____ 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"/> Chimney-Interior
<input type="checkbox"/> Gas to Oil Conversion	<input type="checkbox"/> "L" Label Vent	<input type="checkbox"/> Chimney-Exterior
<input type="checkbox"/> Gas Appliance Replacement	<input type="checkbox"/> Flexible Liner	<input type="checkbox"/> Masonry Chimney-Tile Lined
<input type="checkbox"/> Oil to Oil Replacement	<input type="checkbox"/> Power Vent/Exhauster	<input type="checkbox"/> Masonry Chimney-Unlined
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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.

**TOWNSHIP OF PENNSAUKEN
OFFICE OF CONSTRUCTION OFFICIAL**



MUNICIPAL BUILDING

**5605 N. Crescent Blvd. Pennsauken, New Jersey 08110
Telephone: 856-665-1000 Fax: 856-488-1198**

**Gary R. Burgin
Construction Official**

COMMERCIAL PROJECTS

The rules and regulation of the State Uniform Construction Code Act requires that certain information be submitted or provided that the plans may be properly examined for compliance. **Plans and applications will not be examined or a construction permit certificate issued without the required information!** Separate applications and plans must be filed for each building/structure.

SITE PLANS

- ___ Minimum of two copies of the site plan to scale showing size and location of existing and new structures, established street grades, boundary grades, boundary line survey information and use of unoccupied space around the building where applicable, location of all utilities, soil analysis, ground water table investigation.
- ___ Location of all utilities.

PRIOR APPROVALS

(Found in N.J.A.C. 5:23-2.15(a)5.)

- ___ Planning Board/Zoning Board approval.
- ___ Notation of the release of the plans by the DCA, Health department or any applicable State Agency.
- ___ Utility releases for demolition.
- ___ Merchantville/Pennsauken Water Department, Pennsauken Sewerage Authority and Camden County MUA approvals.
- ___ Utility releases for demolition and Asbestos abatement documentation.
- ___ Health Department approval for all restaurants or food handling businesses.
- ___ Approval letter from owners of the building for any construction.

CONSTRUCTION PLANS

**All requirements found in N.J.A.C. 5:23-2.15, the 2009 International Building Code
NJ Edition.**

- ___ Minimum of two copies of plans and specifications, seal and signature of the New Jersey licensed Engineer/architect must be affixed to each sheet.
- ___ Use group and Construction classification.
- ___ Foundation, floor, roof and structural plans.
- ___ Occupancy loads
- ___ Fire resistance rating of all structural elements and supporting data.
- ___ Design loads clearly indicated for all parts of the building or structure.
- ___ Soils analysis.
- ___ Door, window and finish schedules.
- ___ Sections, details and connection, material designations.
- ___ Details of chimney, vents, ducts and their connections.
- ___ Details of HVAC equipment.
- ___ Barrier Free design details.
- ___ Details of elevator, dumbwaiter, moving stairs and conveyor equipment.
- ___ Details of plastics used in construction.
- ___ Details of fire protection systems including all shop drawings.
- ___ Electrical floor and ceiling plans including lighting, receptacles, motors and equipment, service entry location, panel locations, line diagram and size of wire, conduits and breakers.
- ___ Plumbing floor plan including fixtures, pipe sizes, equipment, isometric (riser diagram), fixture schedule and sewer disposal, location and type of backflow preventers, gas pipe riser diagram.
- ___ Details of all temporary construction safeguards.

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RESIDENTIAL PROJECTS

The rules and regulation of the State Uniform Construction Code Act requires that certain information be submitted or provided that the plans may be properly examined for compliance. **Plans and applications will not be examined or a construction permit certificate issued without the required information!** Separate applications and plans must be filed for each building/structure.

SITE PLANS

___ Minimum of two copies of the site plan to scale showing size and location of existing and new structures, established street grades, boundary grades, boundary line survey information and use of unoccupied space around the building where applicable, location of all utilities, soil analysis, ground water table investigation.

PRIOR APPROVALS
(Found in N.J.A.C. 5:23-2.15(a)5.)

- ___ Planning Board or Zoning Board approval.
- ___ Sewer permit issued by Pennsauken Sewerage Authority.
- ___ Utility releases for demolition.
- ___ Merchantville/Pennsauken Water Department, Pennsauken Sewerage Authority and Camden County MUA approvals.
- ___ Approval letter from owners of the building for any construction.

CONSTRUCTION PLANS

All requirements found in N.J.A.C. 5:23-2.15, the 2009 International Residential Building Code NJ Edition.

- ___ Minimum of two copies of plans and specifications, seal and signature of the New Jersey licensed Engineer/architect must be affixed to each sheet. Homeowner may prepare their own plans subject to approval of the construction official.
- ___ Use group and Construction classification.
- ___ Foundation, floor, roof and structural plans, including two sets of sealed shop drawings and the layouts of all trusses, or if floor joist layouts of pre-manufactured material is intended to be used.
- ___ Fire resistance rating of all structural elements and supporting data.
- ___ Design loads clearly indicated for all parts of the building or structure.
- ___ Door, window and finish schedules.
- ___ Sections, details and connection, material designations.
- ___ Details of chimney, vents, ducts and their connections.
- ___ Details of HVAC equipment.
- ___ Energy code calculations pursuant to 2006 International Energy Conservation Code.
- ___ Electrical floor and ceiling plans including lighting, receptacles, motors and equipment, service entry location, panel locations, line diagram and size of wire, conduits and breakers.
- ___ Plumbing floor plan including fixtures, pipe sizes, equipment, isometric (riser diagram), fixture schedule and sewer disposal, location and type of backflow preventers, gas pipe riser diagram.

If you're working on homes, schools or day care centers built pre-1978, you now must be EPA Lead-Safe Certified.

WHAT

The Lead-Based Paint Renovation, Repair and Painting (RRP) rule is a federal regulatory program affecting anyone who disturbs painted surfaces where lead may be present.

- Submit an application to certify your firm for five years.
- A one-day class will certify your renovators for five years.
- Learn the required steps to contain the work area, minimize dust and thoroughly clean up every day.

WHO

• Any contractor, including renovators, electricians, HVAC specialists, plumbers, painters and maintenance staff, who disrupts more than six square feet of lead paint in pre-1978 homes, schools, day care centers and other places where children spend time.

WHY

1. Avoid risk of government fines and civil liability:

- Without certification and by not following approved practices, you and your company can face tens of thousands of dollars in fines and put yourself and your company at risk of potential lawsuits.

2. Protect your workers, yourself and your customers from a health risk:

- Dust from renovation, repairs and painting can contaminate an entire home and, if inhaled or ingested, can cause irreversible damage to children and adults.

3. Gain competitive advantage:

- Certification makes you stand out from others and positions you as a professional contractor consumers can trust. Using your company's certification in your marketing materials may help attract business.

- Consumers will look for the certification before hiring contractors and may be more accepting of additional costs and time associated with doing the job safely.

- Upon certification of your firm, your company will be listed as a Lead-Safe Certified Contractor on the EPA website, giving your firm the potential for new customers.

WHERE

To find an accredited trainer in your local area or get additional info, go to epa.gov/getleadsafe or call 800-424-LEAD.

WHEN

Now — Certification requirements begin April 22, 2010.

**IF YOU'RE NOT
LEAD-SAFE CERTIFIED,
DISTURBING
JUST SIX
SQUARE FEET
COULD COST YOU
BIG TIME.**

GET LEAD-SAFE CERTIFIED BY APRIL 22, 2010.



PENNSAUKEN TOWNSHIP BUILDING
DEPARTMENT MEMORANDUM

Effective immediately carbon monoxide detectors are required in any new or existing I-1, R-1, R-3, R-4 or R-5 use group that has a fuel burning appliance or an attached garage. New construction shall meet 5:23-3.20 Mechanical Code © Single station carbon monoxide alarms shall be installed and maintained in full operating condition in the immediate vicinity of each sleeping area in any guest room or dwelling unit located in a building listed above. They can be battery powered with a 10 year battery. If they are battery powered they must be of 10 year type.

NOTICE TO PERMIT APPLICANT

The permit for which you have applied required that smoke detectors be installed in your dwelling unit, as per the Uniform Fire Safety Act, NJSA 52:27D-198.1, and the Rehabilitation Subcode of the Uniform Construction Code, NJAC 5:23-6.4(f).

Smoke detectors should be installed on each level of the dwelling, including in the basement. There should be a smoke detector in the vicinity of the bedrooms outside each separate sleeping area. The smoke detectors should be installed on or near the ceiling. 10 year Battery powered smoke detectors satisfy this requirement.

The installation of these smoke detectors does not require an inspection. Therefore, it is the responsibility of the home owner to ensure that the provisions of NJAC 5:23-6.4 (f) have been met.