



# 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 \_\_\_\_\_  
street municipality 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 (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: \_\_\_\_\_

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

(office use only)

**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									
<b>TOTAL COST</b>									

**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 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.

OFFICE DATE RECEIVED: \_\_\_\_\_

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
<input type="checkbox"/> Zoning Officer									
<input type="checkbox"/> Planning Board									
<input type="checkbox"/> Zoning Board									
<input type="checkbox"/> Sewer Authority									
<input type="checkbox"/> Water Authority									
<input type="checkbox"/> Police Department									
<input type="checkbox"/> Health Department									
<input type="checkbox"/> Soil Conservation									
<input type="checkbox"/> N.J. Department of Community Affairs									
<input type="checkbox"/> N.J. Department of Transportation									
<input type="checkbox"/> N.J. Department of Environmental Protection									
<input type="checkbox"/> Utility Dig No.									
<input type="checkbox"/>									
<input type="checkbox"/>									

**IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE** (office use only—optional)

Name of Code & Edition		Name of Code & Edition	
Building _____	Energy _____	Other _____	
Electrical _____	Barrier Free _____		
Plumbing _____	Flood Hazard _____		
Fire Protection _____	As Built Elevation Cert. _____		
Mechanical _____	Other _____		

**X. CERTIFICATES ISSUED** (office use only)

	No.	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
<input type="checkbox"/> Temporary Certificate of Occupancy	_____	_____	_____	_____	_____
<input type="checkbox"/> Temporary Certificate of Compliance	_____	_____	_____	_____	_____
<input type="checkbox"/> Continued Certificate of Occupancy	_____	_____	_____	_____	_____
<input type="checkbox"/> Certificate of Compliance	_____	_____	_____	_____	_____
<input type="checkbox"/> Certificate of Occupancy	_____	_____	_____	_____	_____
<input type="checkbox"/> Certificate of Approval	_____	_____	_____	_____	_____
<input type="checkbox"/> Lead Abatement Clearance Certificate	_____	_____	_____	_____	_____



Building Department

76 South Orange Avenue
South Orange, N.J. 07079

(973) 378-7715 ext. 7700 Fax: (973) 378-5830

Date Received Control #

Date Issued Permit #

COUNTER FORM

Complete, Sign, Seal (If applicable) and Return. (Please type or print). Enter all pertinent information. Be specific and descriptive. Do not omit important entries, such as telephone numbers, Fed ID numbers, etc. When changing contractors notify, this office.

Block: Lot: Owner of Fee:

Job Site Location: Address:

Phone: E-Mail:

BUILDING TECHNICAL SECTION

Description of Work:

Empty box for description of work

Contractor: Phone:

Address: E-Mail:

License #: Exp. Date: Federal Emp. # (or S.S #):

- Checkboxes for building types: New Building, Addition, Roofing, Siding, Fence, Pool, Alteration, Demolition, Asbestos Abatement, Lead hazard Abatement, Retaining Wall, Radon Remediation

Est Cost Of Bldg Work: (Not Including Other Subcodes)

1. New Bldg \$ 3. Demolition \$
2. Alteration \$ 4. Total(1+2+3) \$

I certify that I am the (agent of) owner of record and am authorized to make this application.

Signs: Pylon(SQFT) Grnd/Wall(SQFT)

Other(s)

X (Applicant Signature)

BUILDING CHARACTERISTICS

SUBCODE: Owner Licensed Contractor

Use Group: Present Proposed
Constr. Class: Present Proposed
No. of Stories Structure Height
Area of Largest Floor New Bldg Area (All Floors)
Volume of New Structure Total Land Area Disturbed

Plans: Required Approved Date:

Subcode Signature:

ELECTRICAL TECHNICAL SECTION

Description of Work:

Empty box for description of work

Contractor: Phone:

Address: E-Mail:

License #: Exp. Date: Federal Emp. # (or S.S #):

Technical Data (List All Fixtures)

QTY. ITEMS

- Fixtures, Receptacles, Switches, Detectors, Light Poles, Motors-Fract. HP, Emergency & Exit Lights, Communication Points, Alarm Devices / F.A.C. Panel, Other, TOTAL NUMBERS, Pool w/ Undg Lights, Storable Pool/Spa/Hot Tub

QTY. SIZE ITEMS

- KW Elec. Range /Receptacle, KW Oven/Surface Unit, KW Hot Water Heater, KW Electric Dryer, KW Dishwasher, HP Garbage Disposal, KW Central A/C Unit, KW Space Htr/Air Handler, KW Base Board Heat, HP Motors 1/+ HP, KW Transformer/Generator, AMP Service Entrance, KW Load Center, AMP Sub Panels, AMP Motor Control Center, KW Elec Sign/Outline Light, KW Photovoltaic Systems, Other

Est Cost Of Electrical Work: \$

I certify that I am the (agent of) owner of record and am authorized to make this application.

X (Applicant Signature)

Owner Licensed Contractor Exempt

SUBCODE:

Plans: Required Approved Date:

Subcode Signature:

Contractor Affix Seal



# Building Department

76 South Orange Avenue  
South Orange, N.J. 07079

(973) 378-7715 ext. 7700 Fax: (973) 378-5830

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

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

## COUNTER FORM PART TWO

Complete, Sign, Seal (If applicable) and Return. (Please type or print). Enter all pertinent information. Be specific and descriptive. Do not omit important entries, such as telephone numbers, Fed ID numbers, etc. When changing contractors notify, this office.

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Owner of Fee: \_\_\_\_\_

Job Site Location: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### PLUMBING TECHNICAL SECTION

Description of Work:

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Federal Emp. # (or S.S #): \_\_\_\_\_

- |            |                      |            |                           |
|------------|----------------------|------------|---------------------------|
| <b>NO.</b> | <b>FIXTURE/EQUIP</b> | <b>NO.</b> | <b>FIXTURE/EQUIP</b>      |
| _____      | Water Closet         | _____      | LPGas Tank                |
| _____      | Urinal/Bidet         | _____      | Steam Boiler              |
| _____      | Bath Tub             | _____      | Hot Water Boiler          |
| _____      | Lavatory             | _____      | Sewer Pump                |
| _____      | Shower               | _____      | Interceptor/Separator     |
| _____      | Floor Drain          | _____      | Backflow Preventor (Res.) |
| _____      | Sink                 | _____      | Backflow Preventor (Com.) |
| _____      | Dishwasher           | _____      | Greasetrap                |
| _____      | Drinking Fountain    | _____      | Residential A/C Unit      |
| _____      | Washing Machine      | _____      | Sewer Connection          |
| _____      | Hose Bib             | _____      | Water Service Connection  |
| _____      | Water Heater         | _____      | Stacks                    |
| _____      | Fuel Oil Piping      | _____      | Other _____               |
| _____      | Gas Piping           | _____      | Other _____               |

Est Cost Of Plumbing Work: \$ \_\_\_\_\_

I certify that I am the (agent of) owner of record and am authorized to make this application.

X \_\_\_\_\_  
(Applicant Signature)

Owner  Licensed Contractor  Exempt

Contractor Affix Seal

#### SUBCODE:

Plans: Required  Approved  Date: \_\_\_\_\_

Subcode Signature: \_\_\_\_\_

### FIRE PROTECTION TECHNICAL SECTION

Description of Work:

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Federal Emp. # (or S.S #): \_\_\_\_\_

#### HEATING SYSTEM

New  Existing  HVAC

Location: \_\_\_\_\_

- Quantity Alarm Systems**
- [ ] 110v Interconnected [ ] System [ ] CO Detector/110v
- \_\_\_\_\_ Alarm Devices (i . e. smoke, heat, pulls, waterflow)
- \_\_\_\_\_ Supervisory Devices (i . e . tampers, low/high air)
- \_\_\_\_\_ Signalling Devices (i . e. horn, strobes, bells)
- \_\_\_\_\_ Other Devices \_\_\_\_\_

- Quantity Pre-engineered Systems**
- \_\_\_\_\_ Kitchen Hood Exh Sys
- \_\_\_\_\_ Smoke Control System
- \_\_\_\_\_ Gas [ ] or Oil [ ] Fired Appliances
- \_\_\_\_\_ Other \_\_\_\_\_

#### FIRE ALARM SYSTEM

New  Existing

Location: \_\_\_\_\_

- Quantity Suppressoin Systems**
- [ ] Fire Pump [ ] GPM Type
- \_\_\_\_\_ Dry Pipe/Alarm Valves
- \_\_\_\_\_ Pre-action Valves
- \_\_\_\_\_ Sprinkler Heads (Dry/Wet)
- \_\_\_\_\_ Standpipes

I certify that I am the (agent of) owner of record and am authorized to make this application.

X \_\_\_\_\_  
(Applicant Signature)

Owner  Licensed Contractor

#### FIRE SUPPRESSION SYSTEM

New  Existing

Location: \_\_\_\_\_

- Quantity Pre-engineered Systems**
- \_\_\_\_\_ Wet Chemical
- \_\_\_\_\_ Dry Chemical
- \_\_\_\_\_ C02 Suppression
- \_\_\_\_\_ Foam Suppression
- \_\_\_\_\_ FM200 Suppression
- \_\_\_\_\_ Other \_\_\_\_\_

#### SUBCODE:

Plans: Required  Approved  Date: \_\_\_\_\_

Contractor Affix Seal

#### STORAGE TANKS

TYPE:  Flam Liq.  Comb Liq.  
 LPG  LNG

Quantity: \_\_\_\_\_ Capacity: \_\_\_\_\_ Fuel: \_\_\_\_\_

Est Cost Of Fire Protection Work: \$ \_\_\_\_\_

Subcode Signature: \_\_\_\_\_