N
ATIC
JFIC
ZVA
L01

BLOCK

CODE

ADDRESS (SITE)

PERMIT NO.

## CONSTRUCTION PERMIT **APPLICATION**

4. No. of dwelling units: Total Units Income-restricted (office use only) Smoke Control Systems in Open Wells 12. Fire Alarm 3. Change in Use Group, Indicate Present: 3. Change in Use Group, Indicate Present: VII. DESCRIPTION OF BUILDING USE C. MIXED USE -List secondary use(s): Proposed B. NON-RESIDENTIAL (primary use) D. Construct. Classification: Present Update sq. ft. cu. ff. sq. ft. نے A. RESIDENTIAL (primary use) sd. 8. ☐ Smoke Control Systems in Open Wel 9. ☐ Underground Storage Tanks 10. ☐ Swimming Pools, Spas and Hot Tubs 11. ☐ LPGas Tanks 2. Use Group, Proposed: HUD. 2. Use Group, Proposed: 1. State Specific Use: 1. State Specific Use: Gained, Rental Gained, Sale Lost, Rental Lost, Sale If Industrialized Building: State Approved, VI. BUILDING/SITE CHARACTERISTICS V. FEE SUMMARY (for office use only) Less 20% for State Plan Review \$\_ LPGas Tanks 2 State Permit Surcharge Fee Total Land Area Disturbed Volume of New Structure Re-viewer Max. Occupancy Load Area — Largest Floor Base Flood Elevation New Building Area\_ Cert. of Occupancy Flood Hazard Zone Reconstruction Height of Structure 1. Number of Stories ☐ Annual Permit Elevator Devices yes Max. Live Load Resubmission Dates pproval Rejection Plumbing Fire Protection ☐ Demolition Wetlands Cross-Connections/Backflow Preventers Hazardous Uses/Places of Assembly Building Electrical Subtotal Subtotal Subtotal TOTAL Other IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? Approval 13 7. ō. 5. 5. e, 5. 6. 8 6 12 12. ☐ Radon Remediation Refrigeration Systems FOR OFFICE USE ONLY (Optional) Sprinklers/Standpipes ☐ Renovation Re-viewer ☐ Addition zip code Approval Date Exp. Date 4. % % Y. Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Lead Hazard Abatement Rejection Date Dumbwaiters/Moving Walks 1. Elevators/Escalators/Lifts/ FAX: ( Contact e-mail e-mail **New Building** Tel. High Pressure Boilers Alteration Pressure Vessels Date Rec'd FAX: (\_ Applicant Completes: Sections I, II, III (optional), IV, VI, and VII FAX: ( municipality Private e-mail Plans Rec'd by 6. Responsible Person in Charge once Work has Begun 3.5 License No. OR, if new home, Builder Reg. No. ☐ Asbestos Abat. -Subch. 8 Cost Est. Public\_ ☐ Minor Work Fire Protection III. PLAN REVIEW (optional) TOTAL COS ☐ Repair Prototype Processing Electrical Plumbing Building Name of Owner in Fee: Proposed Work Site at: Elevator Principal Contractor: Architect or Engineer Federal Emp. ID No. Partial Releases IIa. PROPOSED WORK Ownership in Fee: I. IDENTIFICATION U.C.C. F100-1 (rev. 8/08) DO YOU WANT: IIb. SUBCODES (Check all that apply) Tel. ( Address Address Tel. ( Address

## **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 occ pancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single fam residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that so new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) a that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of certificate of occupancy.
I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FO THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTE ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, O OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARI 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 list on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existingle 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
<ul> <li>D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division Taxation and to comply with all New Jersey tax laws.</li> </ul>
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, coun 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, coun 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 Taxati 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.