STAFFORD TOWNSHIP

02/06/14

260 East Bay Avenue, Manahawkin, New Jersey, 08050-3498

DEPARTMENT OF BUILDING INSPECTIONS
INSTRUCTIONS TO OBTAIN A CONSTRUCTION PERMIT

PRIOR APPROVALS: The following are considered prior approvals. These requirements must be approved by each agency before submission for a construction permit. Questions: Call the Department of Building Inspections at 609-597-1000 ext. 8532 or fax 609-978-9612

☐ **DEVELOPMENT FEES:** Fill out Affordable Housing Development Fee Application, section 1. Provide application with a set of building plans that detail floor, foundation and elevation plans to the Tax Assessor's Department. They can be phoned at 609-597-1000, ext. 8546.

☐ **ZONING:** Provide a completed zoning application with three sealed plot plans showing the proposed dwelling and including all setbacks, driveway aprons, structure heights and an approved curb design. Also, submit three copies of a grading plan by a licensed engineer on the same plot plan or separately complying with Stafford Township Code Chapter 118. Questions about your grading plan requirements should be directed to CME Associates Engineering at 732-462-7400.

A. The fees are as follows and payable to Stafford Township:
☐ Separate check for $25.00 for zoning application ☐ Separate check for $90.00 for curb fee and inspection if required ☐ Separate check for $25.00 for grading application ☐ Separate check for $450.00 for initial grading and final as-built review

☐ **PINELAND:** Land located west of the Parkway must provide a Certificate of Filing or Pinelands Exemption Letter. Call: 609-894-7300.

☐ **SOILS:** Construction of all new structures on isolated lots with more than 5000 square feet of soil disturbance except for additions require an approved permit or a Project Exemption Letter from Ocean County Soil Conversation District located at 714 Lacey Rd, Forked River, NJ, 08731, Please call 609-971-7002.

☐ **C.A.F.R.A.:** Construction of structures within 150 feet of the mean high water line of a tidal waterbody. Answer questions on Work sheet 1 & 2 to see if you are eligible for a Permit By Rules issued by the Dept. Of Building Inspections. If you are eligible, the work sheet must be completed, signed and notarized. If a General Permit is required call 609-984-0288.

☐ **BOARD OF HEALTH:** Ocean County Board of Health, 2191 Sunset Avenue, Toms River, NJ. Call 732-341-9700. Provide State Well and or Septic System Design.

☐ **MUNICIPAL UTILITY AUTHORITY:** Provide S.M.U.A. Sewer/Water Available letter. Call 609-597-1000, ext. 8590. Located on the first floor of the Stafford Municipal Complex at 260 East Bay Avenue.

☐ **BUILDERS REGISTRATION:** Provide a copy of proof of enrollment in state or private Home Warranty Program.

☐ **OTHER APPROVALS:** County, State Health approvals for commercial kitchens. Such approvals but not limited to Stafford Planning or Adjustments Boards (provide Resolution and Signed Site Map by Board secretary), Dept. Of Transportation, Wetlands Approvals.

☐ **CONSTRUCTION:** Fill out ALL construction permit applications and CPA (manila folder) in their entirety. Copy of NJ License Plumbing and Electrical Contractor. See *CONSTRUCTION PLAN REQUIREMENTS* for detail list of items needed for a complete plan review.

☐ **SUBMISSION:** After obtaining all required approvals, the complete submission is presented to the The Department of Building Inspections Office. This review will be approved or rejected within twenty (20) working days of the date the completed submission is received. You will be notified by phone of the outcome of your plan review.

Stafford Township

260 E. Bay Avenue, Manahawkin, NJ 08050

Affordable Housing Development Fee Assessment Application

Section I – Site Information (Completed by the Applicant)

Date: _____ Owner's Name: _____

Block: _____ Lot: _____ Property Location: _____

Contact Person: _____ Contact Telephone #: _____

UPON COMPLETION OF SECTION I, SUBMIT TO THE STAFFORD TOWNSHIP TAX ASSESSOR. PLEASE INCLUDE BUILDING AND/OR SITE PLANS THAT DETAIL FLOOR, FOUNDATION AND ELEVATIONS

Section II – Assessment (Completed by the Tax Assessor) Date Plans & App. Received: _____

* Equalized Assessed Value: $_____

Comments: _____

* The above equalized assessed value is considered an estimate for the sole purpose of determining mandatory development fees under the Township's affordable housing program pursuant to Chapter 130-88.1. The above estimated value has been formulated from plans and not actual construction therefore the mandatory development fee calculation bears no relationship with the final assessed valuation for property tax purposes.

_____ _____

Date Stafford Township Tax Assessor

Section III – Affordable Housing Development Fee

$ _____	X	=	$ _____
Equalized Assessed Value from Section	1% - residential 2-2 ½ % - non-residential		☐ **Fee exempt pursuant to Ordinance 2012-37**

Section IV – Payments Due to the Community Development Department

50% due prior to the building permit being issued: $_____ paid: ____/____/____ check/mo#_____

50% due prior to the CO being issued: $_____ paid: ____/____/____ check/mo#_____

Questions?
Please contact the Community Development Department
(609) 597-1000 x 8529

STAFFORD TOWNSHIP

260 East Bay Avenue, Manahawkin, NJ 08050-3498
609-597-1000

PINELAND APPLICATION

PINELANDS APPLICATION#_____
(FOR OFFICE USE ONLY)

APPLICANT TO COMPLETE THIS FORM. PLEASE PRINT CLEARLY OR TYPE INFORMATION.

- OCEAN ACRES ONLY -

BLOCK_____ LOT_____

ADDRESS_____

PROPOSED USE_____

OWNER'S NAME_____

OWNER'S TELEPHONE NUMBER_____

PROJECT IS SERVICED BY:

_____SEWER _____WATER _____SEPTIC _____WELL

_____PROTOTYPE _____NON-PROTOTYPE

TO BE COMPLETED BY PINELANDS

_____NO ISSUE

_____ISSUE

REVIEWED BY_____

DATE_____

Stafford Township Fax Number: 609-978-9612

STAFFORD TOWNSHIP

Revised 2/6/2014

260 East Bay Avenue, Manahawkin, New Jersey, 08050-3498
597-1000

PERMIT BY RULE
EXPANSION OR CONSTRUCTION
OF A SINGLE FAMILY HOME ON A LAGOON

SITE ADDRESS:_____ BLOCK:_____ LOT:_____

NAME:_____ CONTRACTOR:_____

ADDRESS:_____ ADDRESS:_____

TOWN:_____ TOWN:_____

STATE:_____, ZIP:_____ STATE:_____

Circle the correct answer to the following questions.

1. Is the proposed structure a single family or duplex which is not part of a larger development?.....YES NO
2. Is the site to be developed located on a man-made lagoon and not a natural waterway?..... YES NO

   A "*man-made lagoon*" is defined as an artificially created linear waterway sometimes branched, ending in a dead end with no significant upland drainage. Lagoons have been created through dredging and filling of wetlands, bay bottom and other estuarine water areas for the purpose of creating waterfront lots for residential development adjacent to the lagoon. A natural waterway, which is altered by activities including, but not limited to filling, channelizing, or bulk heading is not considered a man-made lagoon, nor is a bulkheaded boat slip considered to be a lagoon.

3. Does the bulkhead extend across the entire water frontage of the property?.....YES NO
4. Are wetlands absent from the area of the site landward of the bulkhead?.....YES NO
5. Is all proposed construction (excluding open decks and patios) set back at least 15 feet from the waterward face of the bulkhead?.....YES NO
6. Is a silt fence proposed to be installed along the length of the bulkhead, with a 10 foot return on each side (silt fence shall be maintained in place until all construction is completed)?.....YES NO N/A
7. Is the driveway (proposed driveways only) proposed to be covered with a porous material, or else pitched to drain runoff onto permeable areas of the site?.....YES NO
8. Is the lowest habitable floor of the proposed dwelling at or above the base flood elevation as established on the municipal Flood Insurance Rate Map (FIRM)?.....YES NO
9. Is the proposed single family home or duplex serviced by an existing municipal sewer system?.....YES NO
10. Are sub gravel landscape liners made of filter cloth or other permeable material?.....YES NO
11. If the proposed development includes the construction of a swimming pool, will the swimming pool backwash system discharge to a municipal sewer system or area other than adjacent wetlands or surface water body?.....YES NO N/A

STAFFORD TOWNSHIP

Revised 2/6/2014

260 East Bay Avenue, Manahawkin, New Jersey, 08050-3498
597-1000

PERMIT-BY-RULE
EXPANSION OR CONSTRUCTION
OF A SINGLE FAMILY HOME ON A LAGOON
Continued

If the answer to questions 1, 2, 3, 4, 6, 7, 8, 9, 10, or 11 is NO, then the proposed project is not eligible for a Permit-By-Rule. The applicant must apply to the Department of Environmental Protection, Land Use Regulation Program, P.O. Box 439, 501 East State Street, 2nd Floor, Trenton, NJ, 08625-0439, Tel. #609 984-0288 for a General Permit.

If the answer to question 5 is the only NO, obtain a certification from a Professional Engineer stating that, upon completion of the proposed construction, future bulkhead reconstruction can be accommodated within 18 inches of the existing bulkhead. In addition, record a deed restriction with the County Clerk, stating future bulkhead reconstruction shall be within 18" of the existing bulkhead (as measured from the waterward face of the old bulkhead sheathing to the waterward face of the new bulkhead sheathing).

TO BE NOTARIZED

Dear Mr. Robert A. Gaestel, Jr., Construction Code Official:

I have read and understand the following questions and answered them truthfully to the best of my ability.

_____ _____
signature (applicant) *date*

_____
print name

State Of _____ County Of _____

Sworn and Subscribed before me this _____ day of _____, 20_____

Affix official seal to the right.

STAFFORD TOWNSHIP

260 East Bay Avenue, Manahawkin, New Jersey, 08050-3498
597-1000

PERMIT BY RULE
EXPANSION OF A SINGLE FAMILY HOME OR DUPLEX ON A NATURAL WATERWAY

SITE ADDRESS:_____ BLOCK:_____ LOT:_____

NAME:_____ CONTRACTOR:_____

ADDRESS:_____ ADDRESS:_____

TOWN:_____ TOWN:_____

STATE:_____, ZIP:_____ STATE:_____

Circle the correct answer to the following questions.

1. Is the existing structure a single family or duplex dwelling?.....YES NO
2. Is the existing single family or duplex habitable?.....YES NO
3. Is the proposed expansion located on the non-waterward side of the existing dwelling?.....YES NO

*The **waterward side of a single family home or duplex** is area of the property located between the tidal water body and a line(s) drawn through points of the footprint of the building closest to the water, and parallel to the water body.*

4. Is the proposed expansion located outside of a beach, dune, or wetland?.....YES NO

Dunes are defined based on slope regardless of whether or not there is a house, driveway, gravel yard or other improvement on the site. Beaches and dunes can be found along the bay and riverfronts as well as the ocean.

5. Is the cumulative surface area (footprint) of the proposed expansion and all expansions after July 19, 1994, less than or equal to 400 square feet?.....YES NO

***NOTE:** Multiple Permits-By-Rule may be issued for a site provided that the cumulative total expansion area pursuant to the permit-by-rule for the expansion of a single family home located on a natural waterway does not exceed 400 square feet.*

If the answer to questions 1,2,3,4 or 5 is NO, then the proposed project is not eligible for a Permit-By-Rule. Applicant must apply to the Department of Environmental Protection, Land Use Regulation Program, P.O. Box 439, 501 East State, 2nd Floor, Trenton, NJ, 08625-0439, Tel. #609 984-0288 for a General Permit.

TO BE NOTARIZED

Dear Mr. Robert A. Gaestel, Jr., Construction Code Official:

I have read and understand the following questions and answered them truthfully to the best of my ability.

_____ _____ _____

signature (applicant) *print name* *date*

State Of _____ County Of _____

Sworn and Subscribed before me this _____ day of _____, 20_____

Affix official seal to the right.

WORK SHEET #1

TOWNSHIP OF STAFFORD
260 East Bay Avenue
Manahawkin, New Jersey, 08050-3498

Applicant Information Sheet for Premanufactured Buildings* Construction Permit Cost

The cost of the construction permit for a premanufactured building* is based on the estimated cost of the site work, which includes the foundation and the structure's installation. The permit cost also includes the cost of the plan review done by construction office code officials. Please fill form out completely.

Installer's Name:_____

Address:_____

Town:_____ **State**_____ **Zip:** _____

Site Address: _____

Block: _____ **Lot:** _____

Provide the Estimated Costs for each of the following items:

1. Foundation..... $_____

2. Building Placement (labor costs only) ..... $_____

3. Utility Connections..... $_____

Total: $_____

Foundation Plans: Provide two sets of plans prepared, signed, and dated by the homeowner or prepared, signed, sealed, and dated by a NJ professional architect or a NJ professional engineer.

And

Manufacturer Installation Instructions

Modular installation, 2 sets of plans that have been approved by an inspection agency recognized by the IBC (see footnote below). The instructions must include: 1. Connection details of industrialized/modular buildings, or building components, to the foundation. 2. Structural connections between the industrialized/modular building and building component. 3. Connections required to complete the mechanical and/or utility systems, and any special conditions affecting other structural elements.

Or

Manufactured Home (Mobile Home) Installation, 2 sets of plans that meet NJ UCC requirements. The instructions must include: 1. Details for connection of manufactured home add-on units to the foundation. 2. Structural connections as required, such as mechanical and/or utility connections, and any special conditions.

* **Premanufactured buildings** are both modular buildings and manufactured homes. **Modular buildings** are also called *industrialized buildings* and can include commercial as well as residential buildings. In NJ, modulars are regulated by the Interstate Industrialized Building Commission (IBC). Inspection approvals of modular are indicated by IBC labels. **Manufactured homes** are commonly known as *mobile homes,* and their construction is regulated nationally by the Federal government (HUD). Mobile homes must have HUD labels.

STAFFORD TOWNSHIP

3/04

260 East Bay Avenue, Manahawkin, New Jersey, 08050-3498

CONSTRUCTION PLAN REQUIREMENTS

The plans included in your submission for a construction permit shall contain the following information:

1. Two sealed sets of drawings shall bear the seal and signature of an Architect or Engineer who prepared the plans and is registered in the state of NJ. A homeowner who occupies the structure may draw their own plans, but must sign each sheet of plans. The plans shall show the foundation, floor plan with the designated use of each room, elevations in hazardous flood zones, include structural framing notes for all floors, ceilings and roofs. Include a loading schedule indicating live, dead, snow and wind loads for which the structure is designed. Include material schedule for finished rooms, doors, lumber species and grades.
2. Details:
    a. Building: Provide a cross section through one typical wall unless more are required of a unique condition. Show construction details from footings up to and including roof framing. This section shall indicate all construction materials used including roofing, vapor barriers, sheathing type and thickness, windows, glazing type if other than standard glazing is used, interior finish material, floor type and thickness, structure foundation and footings sizes. Provide a REScheck for residential buildings or COMcheck for commercial building Compliance Certificate as required by the New Jersey Subcode, signed and sealed by an architect. Download this program at www.energycodes.gov.
    b. Electrical: Plans shall indicate lighting, receptacles, motors and equipment, smoke detectors, service entry locations, size and type (overhead or underground), panel size and location, number of proposed circuits, conduit and breaker sizes. A symbol legend shall be included.
    c. Plumbing: Plans shall indicate the location of all fixtures including the water heater. The plumbing contractor shall provide isometric drawing of the drainage system. For commercial structures, provide an isometric drawing showing all water pipe sizes.
    d. Mechanical: Plans shall indicate the type and location of all heating equipment and fuel tanks. Provide heat loss calculations for all types of heating systems. Provide a single line drawing showing the size and location of all heating ducts for warm air heating systems by the contractor or architect. For gas burning appliances, provide an isometric drawing showing the lengths, sizes of all pipes and the b.t.u. input of each appliance.
    e. Engineering: The construction official and appropriate subcode official may require adequate details of structural, mechanical, plumbing and electrical work, including computations, stress diagrams and other essential technical data to be filed as permitted by N.J.A.C. 5:23-2.15 (e) 1. vi. For commercial structures, plans shall indicate how required structural and fire-resistive rating will be maintained for penetrations made for electric, plumbing, and communication conduits, pipes and systems.
3. Provide a copy of the plumbing and electrical contractor license issued by the State of NJ. This will be kept on file and will not be necessary again unless their license expires or is revoked.
4. The initial prototype submission shall contain all the information above. Each subsequent submission shall contain all prior approvals and a letter from the architect authorizing use of the plans.

All plans submitted to this office for review that does not include all the requirements shall be considered incomplete and shall be rejected. A copy of the requirements stated in N.J.A.C. 5:23-2.15 (e) 1. of the Uniform Construction Code are on file in our office for your review. Calls for assistance concerning clarification of any item mentioned above should be directed to the Department of Building Inspections. (609) 597-1000 ext. 8532, 8533, 8534 or Fax: (609) 978-9612

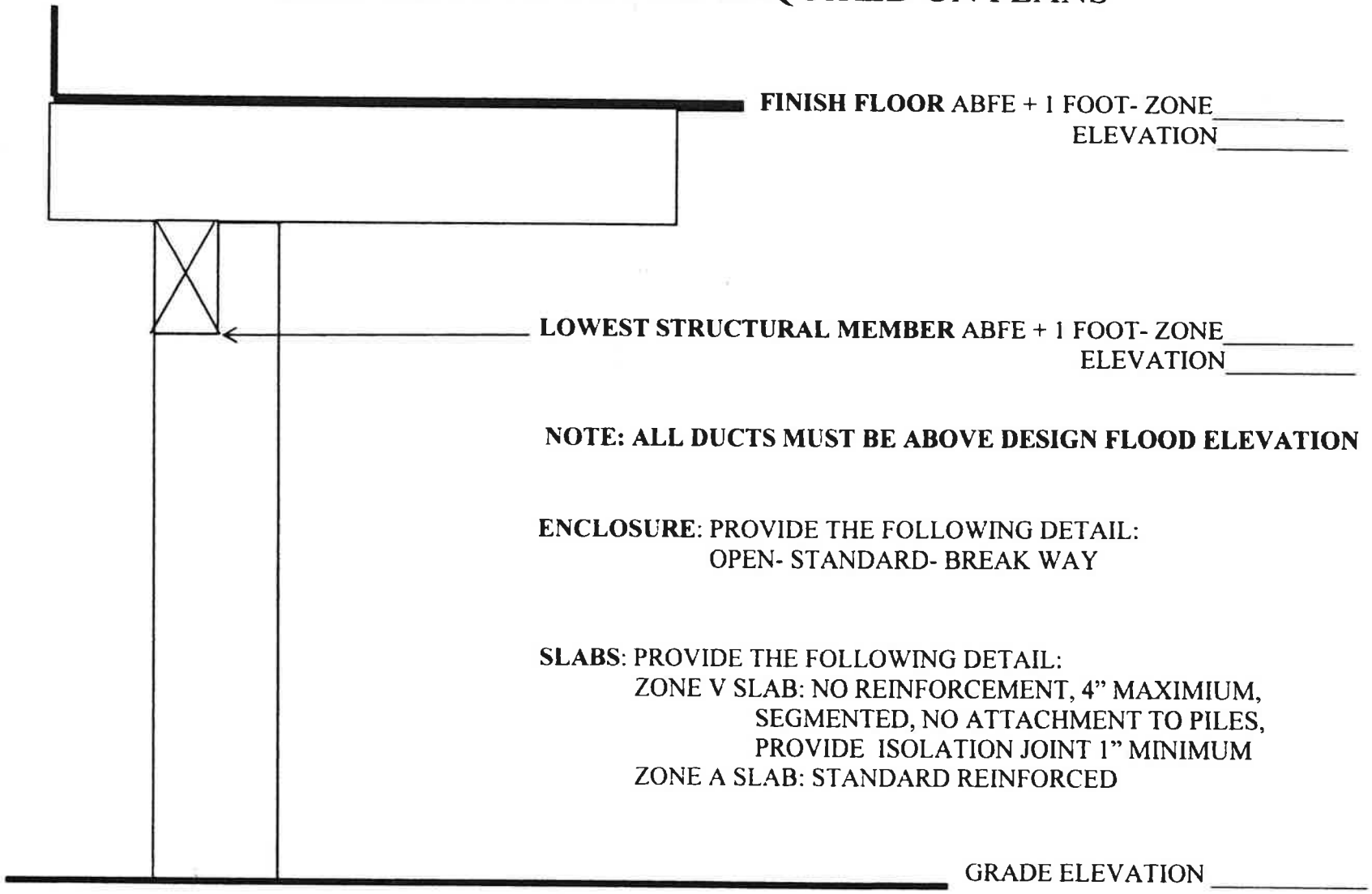
Before signing the Certification in Lieu of Oath indicating that you are performing the work yourself, please consider the following:

1. The laws requiring new home builders to be registered and contractors in the various trades, such as plumbing or electrical work, to be licensed were adopted to protect homeowners and homebuyers. If you are signing this Certification to provide cover to an unlicensed homebuilder or contractor, you are forfeiting the protection afforded to you under the law. The contractor that you have hired may or may not be qualified. And if you encounter problems with this contractor, the government will not be able to help you because you signed the Certification indicating that you are performing the work yourself.

In the case of the construction of a new home, you are forfeiting your right to a new home warranty. Every new home builder in New Jersey is required to be registered with the State and to give a warranty to each purchaser. The warranty covers almost all defects in workmanship or materials, including appliances, for the first year; plumbing, mechanical (heating and air conditioning), and electrical systems for the first two years; and major structural defects for ten years. Further, the warranty will actually pay for the correction of defects if the builder fails or refuses to do so. By signing the Certification, you are giving up that protection.

2. You are violating the criminal laws of this State if you sign the Certification indicating that you are doing the work yourself when, in fact, you are paying someone else to do it.

TOWNSHIP OF STAFFORD
MINIMUM INFORMATION REQUIRED ON PLANS



FINISH FLOOR ABFE + 1 FOOT- ZONE_____
ELEVATION_____

LOWEST STRUCTURAL MEMBER ABFE + 1 FOOT- ZONE_____
ELEVATION_____

NOTE: ALL DUCTS MUST BE ABOVE DESIGN FLOOD ELEVATION

ENCLOSURE: PROVIDE THE FOLLOWING DETAIL:
OPEN- STANDARD- BREAK WAY

SLABS: PROVIDE THE FOLLOWING DETAIL:
ZONE V SLAB: NO REINFORCEMENT, 4" MAXIMIUM,
SEGMENTED, NO ATTACHMENT TO PILES,
PROVIDE ISOLATION JOINT 1" MINIMUM
ZONE A SLAB: STANDARD REINFORCED

GRADE ELEVATION _____

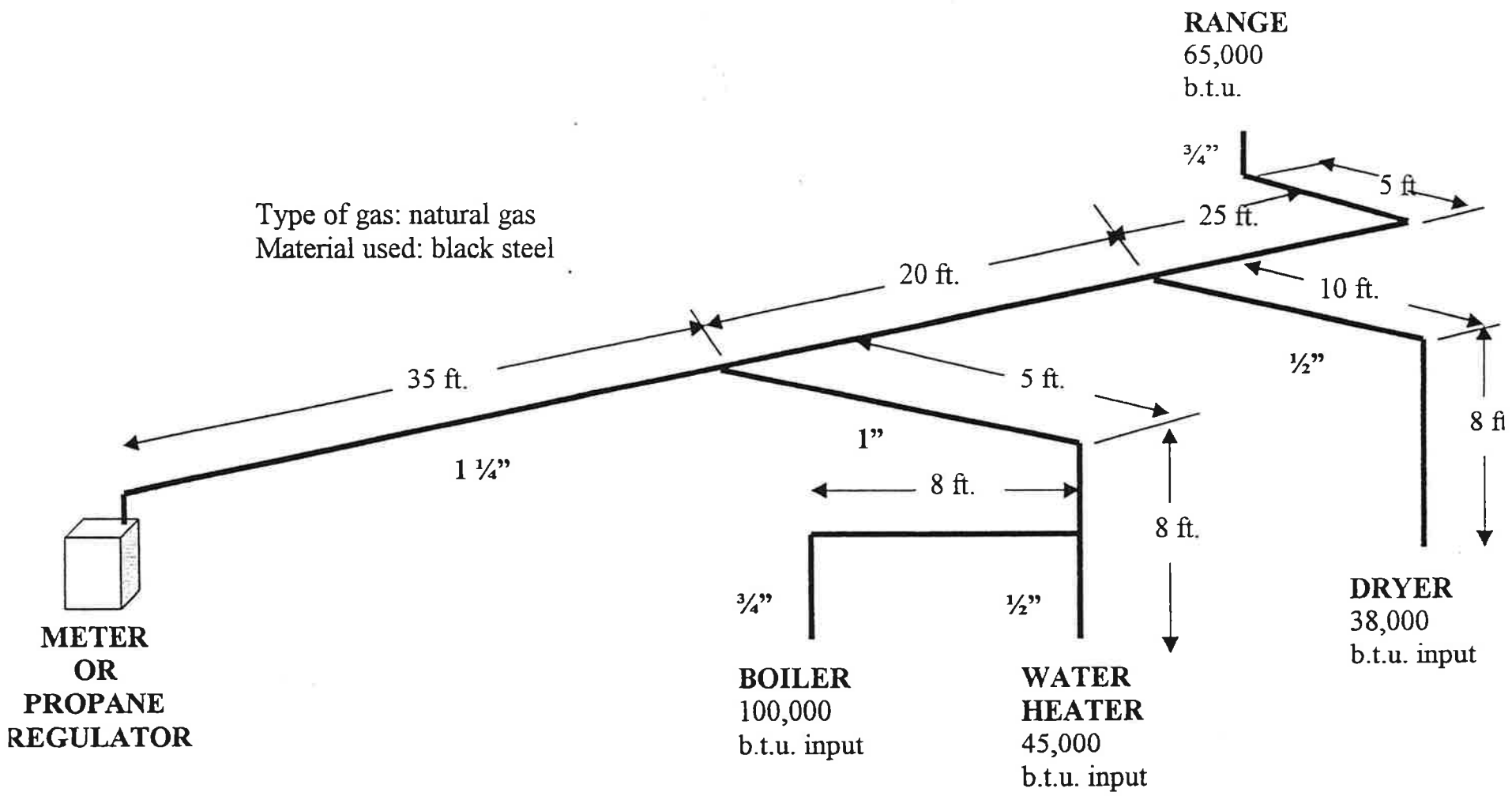
SHEET EX (1)

Adopted Codes and Standards

Code	Adoption Date
National Fire Protection Association Standards View Only http://www.nfpa.org/itemDetail.asp?categoryID=279&itemID=18123&order_src=C800 Obtained From: National Fire Protection Assoc. [617] 770-3000 or www.nfpa.org	As Referenced
International Building Code -NJ ed., 2009 Obtained From: International Code Council, Inc. [888] 422-7233	Sept-07-2010 (w/tech. amendments at NJAC 5:23-3.14)
National Electrical Code, 2008 Obtained From: National Fire Protection Assoc [617] 770-3000	As Referenced Apr-6-2009 (w/tech. amendments at NJAC 5:23-3.16)
National Standard Plumbing Code, 2009 obtained From: National Assoc. of Plumbing-Heating-Cooling Contractors [800] 533-7694 or in New Jersey at [800] 652-7422	Sept-07-2010 (w/tech. amendments at NJAC 5:23-3.15)
International Energy Conservation Code, 2009 (Residential) Obtained From: International Code Council [888] 422-7233 ASHRAE 90.1-2007 (Commercial) (free link to 2010 edition for comparison purposes only) Obtained From: American Society of Heating, Refrigerating and Air-Conditioning Engineers, Inc. [800] 527-4723 Compliance Tools--REScheck and COMcheck	Sept-07-2010 (w/tech. amendments at NJAC 5:23-3.18)
International Mechanical Code, 2009 Obtained From: International Code Council [888] 422-7233	Sept-07-2010 (w/tech. amendments at NJAC 5:23-3.20)
International Fuel Gas Code, 2009 Obtained From: International Code Council [888] 422-7233	Sept-07-2010 (w/tech. amendments at NJAC 5:23-3.22)
International Residential Code -NJ ed., 2009 Obtained From: International Code Council [888] 422-7233	Sept-07-2010 (w/tech. amendments at NJAC 5:23-3.21)
Rehabilitation Subcode – NJAC 5:23-6 Obtained From: State of NJ, Department of Community Affairs, Division of Codes and Standards [609] 984-0040	Updated Yearly
Barrier-Free Subcode – NJAC 5:23-7 Obtained From : State of NJ, Department of Community Affairs, Division of Codes and Standards [609] 984-0040 ANSI A117.1-2003 Obtained From: ANSI 11 West 42nd St New York, NY 10036 or	May-7-2007 (w/tech. amendments at NJAC 5:23-7.2)

SAMPLE GAS PIPE SCHEMATIC

Stafford Township



THE FOLLOWING MUST BE SHOWN:

All pipe sizes and lengths.
Material used for piping.
B.t.u. input ratings for each appliance, including future appliances.
Type all gas to be used (propane or natural).

SOME CODE REQUIREMENTS

All piping to be air tested with air in the mid-range of gauge provided.
Gas shut off valves adjacent to appliance.
Exterior gas pipe above ground to be galvanized or painted.
No bushings.

V ZONE DESIGN CERTIFICATE

Name _____ Policy Number *(Insurance Co. Use)* _____

Building Address or Other Description _____

Permit No. _____ City _____ State _____ Zip Code _____

SECTION I: Flood Insurance Rate Map (FIRM) Information

Community No. _____ Panel No. _____ Suffix ____ FIRM Date _____ FIRM Zone(s) _____

SECTION II: Elevation Information Used for Design

[NOTE: This section documents elevations used in the design – it does not substitute for an Elevation Certificate.]

1. Elevation of the Bottom of Lowest Horizontal Structural Member ..... _____ feet (NAVD88)
2. Base Flood Elevation (BFE)..... _____ feet (NAVD88)
3. Elevation of Lowest Adjacent Grade ..... _____ feet (NAVD88)
4. Approximate Depth of Anticipated Scour/Erosion used for Foundation Design..... _____ feet (NAVD88)
5. Embedment Depth of Pilings or Foundation Below Lowest Adjacent Grade..... _____ feet (NAVD88)

SECTION III: V Zone Design Certification Statement

[NOTE. This section must be certified by a registered engineer or architect.]

I certify that: (1) I have developed or reviewed the structural design, plans, and specifications for construction and (2) that the design and methods of construction to be used are in accordance with accepted standards of practice for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest floor (excluding piles and columns) is elevated to or above the BFE; and
- The pile and column foundation and structure attached thereto is anchored to resist flotation, collapse, and lateral movement due to the effects of the wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood. Wind loading values used are those required by the applicable State or local building code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

SECTION IV: Breakaway Wall Design Certification Statement

[NOTE. This section must also be certified by a registered engineer or architect when breakaway walls exceed a design safe loading resistance of 20 pounds per square foot.]

I certify that (1) I have developed or reviewed the structural design, plans, and specifications for construction and (2) that the design and methods of construction to be used for the breakaway walls are in accordance with accepted standards of practice for meeting the following provisions:

- Breakaway wall collapse shall result from a water load less than that which would occur during the base flood; and
- The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the effects of wind and water loads acting simultaneously on all building components (wind and water loading values to be used are defined in Section III).

SECTION V: Certification and Seal

This certification is to be signed and sealed by a registered professional engineer or architect authorized by law to certify structural designs. *I certify the V Zone Design Certification Statement in Section III and the Breakaway Wall Design Certification Statement in Section IV (if applicable).*

Certifier's Name _____ License Number _____

Title _____ Company Name _____

Address _____ City _____ State _____ ZIP _____

Signature _____ Date _____ Telephone _____

Place Seal Here

BLOCK _____ LOT _____ QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

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 _____
   (sheet) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
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

	(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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ 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 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.

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
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group 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 _____

Constr. Class Present _____ Proposed _____

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)
Internet version

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 8')
[ ] 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 $ _____

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

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

[ ] No Plans Required

[ ] 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 [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

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 $ _____

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

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 (if applicable): _____

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
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date:_____ Approved by:_____

[ ] Plumbing Plans Approved
Date:_____ Approved by:_____

Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar _____				
TCO				
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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

[ ] Licensed Plumbing 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 $ _____

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

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: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Understab 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: _____

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

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: _____

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
		$ _____
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e. tampers, 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_2 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 _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

U.C.C. F14C (rev. 02/11)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.