



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: _____ e-mail _____
 Tel. (____) _____
 Address _____ e-mail _____
 _____ street _____ municipality _____ zip code _____
 3. Ownership in Fee: Public _____ Private _____
 4. Principal Contractor: _____ Tel. (____) _____ e-mail _____
 Address _____
 License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. _____ FAX: (____) _____
 5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. (____) _____ FAX: (____) _____
 6. Responsible Person in Charge once Work has Begun _____
 Tel. (____) _____ FAX: (____) _____

IIa. PROPOSED WORK

- Minor Work
- Repair
- Asbestos Abat. -Subch. 8
- New Building
- Alteration
- Lead Hazard Abatement
- Addition
- Renovation
- Radon Remediation
- Annual Permit
- Demolition
- Reconstruction

IIb. SUBCODES
(Check all that apply)

- Building
- Electrical
- Plumbing
- Fire Protection
- Elevator

TOTAL COST _____

III. PLAN REVIEW (optional)

- DO YOU WANT:
- Partial Releases
- Prototype Processing

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

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

V. FEE SUMMARY (for office use only)

1. Building	\$ _____	Update	Update
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 _____ ft. (office use only)
 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 _____ sq. ft.
 9. Total Land Area Disturbed _____ sq. ft.
 10. Flood Hazard Zone _____ ft.
 11. Base Flood Elevation _____ ft.
 12. Wetlands yes _____ no _____

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

- 1. State Specific Use: _____
- 2. Use Group, Proposed: _____
- 3. Change in Use Group, Indicate Present: _____
- 4. No. of dwelling units: Total Units Income-restricted
 Gained, Sale _____
 Gained, Rental _____
 Lost, Sale _____
 Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

- 1. State Specific Use: _____
- 2. Use Group, Proposed: _____
- 3. Change in Use Group, Indicate Present: _____

C. MIXED USE -list secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. () I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I 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"/>									

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)

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

ALLOWAY TOWNSHIP
P. O. BOX 425
ALLOWAY, NEW JERSEY 08001
(856) 935-3716



ELECTRICAL
SUBCODE
TECHNICAL SECTION

A. IDENTIFICATION--APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner In Fee: _____

Tel (_____) _____ e-mail _____

Address _____ street _____ municipality _____ zip code _____

Contractor: _____ Tel. (_____) _____ e-mail _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Federal Emp. ID No. _____ FAX: (_____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

Pole/Pad # _____ Temporary Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Electrical Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required			Type:				
Joint Plan Review Required:			Rough				
<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing		Barrier-Free				
<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator		Trench				
<input type="checkbox"/> Elec. Plans Approved			Temp. Serv.				
Date: _____			Constr. Serv.				
Approved by: _____			TCO				
			Other				
			Service				
			Final				
			Barrier-Free				
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued				
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	Final Cut-in-Card Date Issued				
Date: _____			Annual Pool Inspection				
Approved by: _____			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.



Date Received _____
 Date Issued _____
 Control # _____
 Permit # _____

Applicant's Signature/Contractor's Seal and Signature
 Licensed Elec. Contractor Certif'd Landscape Irrigation Contr Exempt Applicant

D. TECHNICAL SITE DATA

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 LW 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 \$	_____

1. White-Inspector copy
2. Canary- Applicant copy
3. Pink- Office Copy
4. White Tag- Office copy



Date Received _____
 Date Issued _____
 Control # _____
 Permit # _____

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____
 Work Site Location _____
 Owner in Fee _____
 Address _____
 Tele. (____) _____
 Contractor _____
 Address _____
 Tele. (____) _____
 Lic. No. _____
 Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
 Constr. Class. Present _____ Proposed _____
 Heating Systems [] New [] Existing
 Type: [] Gas [] Oil [] Electrical [] Solar
 [] Other _____
 Location: _____
 Total Est. Cost of Fire Prot. Work \$ _____ [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
 No Plans Required
 Joint Plan Review Required
 Bldg. [] Plumb.
 Elec. [] Elevator
 Fire Plans Approved
 Date: _____
 Approved by: _____
SUBCODE APPROVAL:
 CO CCO CA
 Date: _____
 Approved by: _____

INSPECTIONS:	Dates (Month/Day)
Type:	Failure Failure Approval Initial
Suppression Test	_____
Fire Alarm Test	_____
Smoke Test	_____
Mechanical	_____
TCO	_____
Other	_____
Other	_____
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. _____
 SIGNATURE _____

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source _____
 Method of Valve Supervision _____
 Local Alarm Supervision _____
 Central Supervision _____
 Proprietary Supervision _____

Description	Number	Capacity	Fuel
Flammable Liquid Storage Tanks	_____	() Capacity	Fuel
Combustible Liquid Storage Tanks	_____	() Capacity	Fuel
L.P.G. Storage Tanks	_____	() Capacity	Fuel
L.N.G. Storage Tanks	_____	() Capacity	Fuel
Wet Sprinkler Heads	_____		
Dry Sprinkler Heads	_____		
TOTAL	_____		

Smoke Detectors _____
 Heat Detectors _____
 TOTAL _____

Stand Pipes _____
 Kitchen Hood Exhaust Systems _____

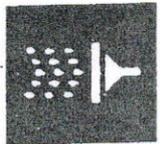
Pre-Engineered Systems _____
 CO₂ Suppression _____
 Halon Suppression _____
 Foam Suppression _____
 Dry Chemical _____
 Wet Chemical _____

Gas or Oil Fired Appliance _____
 OTHER _____

Paid [] Check # _____
 Collected by: _____
 Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 DCA Training Fee \$ _____
 TOTAL FEE \$ _____



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____ Qualification Code _____
Work Site Location _____
Owner in Fee: _____
Tel (_____) _____ e-mail _____
Address _____ street _____ municipality _____ zip code _____
Contractor: _____ Tel. (_____) _____ e-mail _____
Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____
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 Works \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	Type: Slab	_____	_____	_____	_____
Joint Plan Review Required:					
<input type="checkbox"/> Building <input type="checkbox"/> Electric	Rough	_____	_____	_____	_____
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator	Water	_____	_____	_____	_____
<input type="checkbox"/> Plumbing Plans Approved	Sewer	_____	_____	_____	_____
Date: _____	Fixtures	_____	_____	_____	_____
Approved by: _____	Gas Equipment	_____	_____	_____	_____
	Gas Piping	_____	_____	_____	_____
SUBCODE APPROVAL	LP Gas Tank	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Fuel Oil Piping	_____	_____	_____	_____
Date: _____	Solar	_____	_____	_____	_____
Approved by: _____	TCO	_____	_____	_____	_____

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's Signature/Contractor's Seal and Signature
 Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT
_____	Water Closet
_____	Urinal/Bidet
_____	Bath Tub
_____	Lavatory
_____	Shower
_____	Floor Drain
_____	Sink
_____	Dishwasher
_____	Drinking Fountain
_____	Washing Machine
_____	Hose Bibb
_____	Water Heater
_____	Fuel Oil Piping
_____	Gas Piping
_____	LP Gas Tank
_____	Steam Boiler
_____	Hot Water Boiler
_____	Sewer Pump
_____	Interceptor/Separator
_____	Backflow Preventer
_____	Grease Trap
_____	Sewer Connection
_____	Water Service Connection
_____	Stacks
_____	Garbage Disposal
_____	Other _____

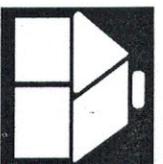
Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
State Permit Surcharge Fee	\$ _____
TOTAL FEE	\$ _____

UCC/F-130 (REV. 07/05)
Professional Printing
(856) 468-7933
1. White-Inspector copy
2. Canary- Applicant copy
3. Pink- Office Copy
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ALLOWAY TOWNSHIP
 P. O. BOX 425
 ALLOWAY, NEW JERSEY 08001
 (856) 935-4080 - EXT. 209



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 _____

Federal Emp. ID No. _____ FAX: () _____

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

B. BUILDING CHARACTERISTICS

Use Group: Present _____ Proposed _____

No. of Stories _____

Height of Structure _____

Area — Largest Floor _____

New Bldg. Area/All Floors _____

Volume of New Structure _____

Max. Live Load _____

Max Occupancy Load _____

Const. Class Present _____ Proposed _____

If Industrialized Building: _____

Sq. Ft. State Approved _____ HUD _____

Sq. Ft. Est. Cost of Bldg. Work: _____

cu. ft. 1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1+2) \$ _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I 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	\$ _____

UCC/F-110
 (rev. 11/09)
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