

**1** BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ QUALIFICATION CODE \_\_\_\_\_ ADDRESS (SITE) \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

**NEW JERSEY**  
**CONSTRUCTION PERMIT APPLICATION**

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

**I. IDENTIFICATION**

**2** 1. Proposed Work Site at: \_\_\_\_\_

**3** 2. Name of Owner in Fee: \_\_\_\_\_  
 Tel. (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_  
 Address \_\_\_\_\_

3. Ownership in Fee: street Public \_\_\_\_\_ municipality Private \_\_\_\_\_ zip code \_\_\_\_\_

**4** 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** 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	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									

**6**

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

**VII. DESCRIPTION OF BUILDING USE**

**A. RESIDENTIAL (primary use)**

1. State Specific Use: \_\_\_\_\_ **8**

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 \_\_\_\_\_

U.C.C. F100-1 (rev. 8/08)

## Construction Permit Application (F100)

- Fill in block and lot - you can find this on your tax or water bill or look it up by using this link ([click here](#)).  
 [enter the work site address in the "Property Location" box and click "Search."]
- Street address of property where the work will occur.
- The property owner's name (Owner in Fee), mailing address (if different than the work site address), telephone number and email address go here.
- If owner is doing the work and the property is owner occupied, write "Owner." You do not need to rewrite your contact information.

If contractor is doing the work, fill in Contractor's business name, street address, telephone, email address, license or registration number and expiration date, and Federal Employment ID Number.

- Architect or Engineer's contact information, if applicable.
- Check off applicable box(es), fill in each's cost of work in the space provided, and total.
- Section VI is to be filled in only for additions and new construction.
- Description of Building Use – for residential properties, enter "R5" in box 1 and enter "VB" on line D.

9. Inside cover of permit jacket (Certification in Lieu of Oath):

**Only one party signs:** Top section ("Owner Section") is signed by the owner IF the owner is doing the work and the property is owner-occupied. Owner checks off the applicable boxes, signs and dates.

If a contractor is doing the work and applying for the permit, the contractor fills in and signs the bottom section ("Agent Section").

9

**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.

U.C.C. F100-2 (rev. 5/2007)



# CONSTRUCTION PERMIT

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

IDENTIFICATION Block \_\_\_\_\_ **1** Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_

Work Site Location \_\_\_\_\_ **2** Contractor \_\_\_\_\_

Owner in Fee \_\_\_\_\_ **3** Address \_\_\_\_\_ **4**

Address \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_

Tel. (\_\_\_\_) \_\_\_\_\_ Lic. No. or Bldrs. Reg. No. \_\_\_\_\_

**5** Is hereby granted permission to perform the following work:

<input type="checkbox"/> BUILDING	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> LEAD HAZARD ABATEMENT
<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> FIRE PROTECTION	<input type="checkbox"/> DEMOLITION
<input type="checkbox"/> ELEVATOR DEVICES	<input type="checkbox"/> ASBESTOS ABATEMENT	<input type="checkbox"/> OTHER _____

(Subchapter 8 only)

DESCRIPTION OF WORK: \_\_\_\_\_ **6**

**NOTE:** If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ \_\_\_\_\_ **7**

Construction Official \_\_\_\_\_ Date \_\_\_\_\_

U.C.C. F170 (rev. 01/04)

1 WHITE—INSPECTOR      2 CANARY—OFFICE      3 PINK—TAX ASSESSOR      4 GOLD—APPLICANT

**PAYMENTS (Office Use Only)**

Building \_\_\_\_\_

Electrical \_\_\_\_\_

Plumbing \_\_\_\_\_

Fire Protection \_\_\_\_\_

Elevator Devices \_\_\_\_\_

Other \_\_\_\_\_

DCA State Permit Fee \_\_\_\_\_

Cert. of Occupancy \_\_\_\_\_

Other \_\_\_\_\_

Total \_\_\_\_\_

Check No. \_\_\_\_\_

Cash \_\_\_\_\_

Collected by \_\_\_\_\_

(see reverse side)

## Construction Permit (F170)

1. Block and Lot of the property goes here. You can find this number on your tax bill or [click here](#).
2. The street address of the property being worked on goes here.
3. The property owner's name (Owner in Fee), mailing address (if different than the work site address), and telephone number go here.
4. The Contractor's business name, address, telephone number, and Home Improvement Contractor's registration number date go here.

If you are doing the work yourself and you are the owner, write "Owner."

5. Check off the applicable box for each of the subcode technical sections included.
6. Brief but complete description of the proposed work goes here.
7. Total the cost of work of each subcode technical section and enter amount here.



**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.

**1** Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
**2** Work Site Location \_\_\_\_\_

**3** Owner in Fee: \_\_\_\_\_  
Tel. (\_\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_  
Address \_\_\_\_\_  
street \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_

**4** 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	_____	_____	Footings	_____	_____	_____	_____
<input type="checkbox"/> Footings/Foundations	_____	_____	Footings 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	_____	_____	_____	_____

**5** **B. BUILDING CHARACTERISTICS**  
Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_ Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_  
No. of Stories \_\_\_\_\_ If Industrialized Building: State Approved \_\_\_\_\_ HUD \_\_\_\_\_  
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 \_\_\_\_\_

**6** **Est. Cost of Bldg. Work:**  
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 am authorized to make this application.  
Signature **7** \_\_\_\_\_

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

**8**

TYPE OF WORK:

New Building **9**

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  
2 Canary = Office Copy  
3 Pink = Office Copy  
4 Gold = Applicant Copy

**Building (F110)**

- Block and Lot of the property goes here. You can find this number on your tax or water bill or [click here](#).
- The street address of the property being worked on goes here.
- The property owner's name (Owner in Fee), mailing address (if different than the work site address), telephone number and email address go here.
- The Contractor's business name, address, telephone number, email address, Home Improvement Contractor's registration number/expiration date, and Federal Employer ID Number go here. For new homes, fill in the Builder's Registration Number.  
\* If you are doing the work yourself and you are the owner AND the property is owner occupied, write "Owner."
- Building Characteristics: Use Group is "R-5" for single family residential dwellings. Construction Classification is VB for wood frame structures. Use groups and construction classifications other than single family residential should be listed on your plans. Fill in the other information asked for in this section only for additions and new construction.
- Estimated cost of Work: This amount should be the cost of materials plus the amount a contractor would charge for labor, even if you're doing the work yourself. You may exclude from this amount items not covered by the building code such as painting, trimwork, kitchen cabinetry. The State of New Jersey requires this amount to be as accurate as possible; if these numbers are not realistic your permit application will be denied.  
Line 1 – for additions and new construction. Line 2 – for everything else. Line 3 – total the two figures.
- The signature of the owner or contractor goes here.
- A brief but complete description of the work goes here. Example: 12' x 22' rear deck; Kitchen renovation and remove wall; Renovate 3-fixture bath; Add 2-fixture bath to basement; etc.
- Type of work gets checked off here. **TIP:** Renovations are considered "Rehabilitation."

**NEW JERSEY 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.**

1 Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
 2 Work Site Location \_\_\_\_\_  
 3 Owner in Fee: \_\_\_\_\_  
 Tel. (\_\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_  
 Address \_\_\_\_\_  
 4 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**

5 Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
 Pole/Pad # \_\_\_\_\_  Temporary  Other \_\_\_\_\_  
 Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_  
 6 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"/> CCC <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: \_\_\_\_\_ 7  
 Print name here: \_\_\_\_\_  
 Licensed Elec. Contractor  Cert'fd Landscape Irrigation Contr'r  Exempt Applicant

**D. TECHNICAL SITE DATA**

8 DESCRIPTION OF WORK: \_\_\_\_\_

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Poles	_____
_____	_____	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 1/4 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	\$ _____

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

## Electrical (F120)

- Block and Lot of the property goes here. You can find this number on your tax or water bill or [click here](#).
- The street address of the property being worked on goes here.
- The property owner's name (Owner in Fee), mailing address (if different than the work site address), telephone number and email address go here.
- The Contractor's business name, address, telephone number, email address, Electrical License number/expiration date, and Federal Employer ID Number go here.
  - \* If you are doing the work yourself and you are the owner AND the property is owner occupied, write "Owner."
- Electrical Characteristics: Use Group is "R-5" for single family residential dwellings. Use groups and construction classifications other than single family residential should be listed on your plans.
  - \* Be sure to fill in Utility Company if electrical service is part of the project.
- Estimated cost of Work: This amount should be the cost of materials plus the amount a contractor would charge for labor, even if you're doing the work yourself. The State of New Jersey requires this amount to be as accurate as possible; if these numbers are not realistic your permit application will be denied.
- If owner is doing the work and the property is owner occupied, owner signs here, prints name and checks "exempt applicant." If contractor is doing the work, the contractor signs, prints name and affixes seal.
- A brief but complete description of the work goes here.
- List the quantity for each type of electrical device here. Include "size" details where applicable.



**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.**

1 Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_

2 Work Site Location \_\_\_\_\_

3 Owner in Fee: \_\_\_\_\_

3 Tel. (\_\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

4 Address \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_

4 Contractor: \_\_\_\_\_ Tel. (\_\_\_\_\_) \_\_\_\_\_

4 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**

5 Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_

Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well \_\_\_\_\_

Est. Cost of Plumbing Work \$ \_\_\_\_\_ 6

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)			
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial	
<input type="checkbox"/>	No Plans Required	Slab	_____	_____	_____	_____	_____
<input type="checkbox"/>	Partial -Understab 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: _____	Approved by: _____	Fuel Oil Piping	_____	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Solar	_____	_____	_____	_____	_____
<input type="checkbox"/>	CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	TCO	_____	_____	_____	_____	_____
Date: _____	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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: \_\_\_\_\_ 7

Print name here: \_\_\_\_\_

Licensed Plumbing Contractor  Exempt Applicant

**D. TECHNICAL SITE DATA**

8 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 \$ \_\_\_\_\_

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

## Plumbing (F130)

- Block and Lot of the property goes here. You can find this number on your tax or water bill or [click here](#).
- The street address of the property being worked on goes here.
- The property owner's name (Owner in Fee), mailing address (if different than the work site address), telephone number and email address go here.
- The Contractor's business name, address, telephone number, email address, Plumbing or HVAC License number/expiration date, and Federal Employer ID Number go here.
  - \* If you are doing the work yourself and you are the owner AND the property is owner occupied, write "Owner."
- Plumbing Characteristics: Use Group is "R-5" for single family residential dwellings. Use groups and construction classifications other than single family residential should be listed on your plans.
  - \* Be sure to fill in septic size and water service size, if it applies to the project.
- Estimated cost of Work: This amount should be the cost of materials plus the amount a contractor would charge for labor, even if you're doing the work yourself. The State of New Jersey requires this amount to be as accurate as possible; if these numbers are not realistic your permit application will be denied.
- If owner is doing the work, owner signs here, prints name and checks "exempt applicant." If contractor is doing the work, the contractor signs, prints name and affixes seal.
- A brief but complete description of the work goes here.
- List the quantity for each type of plumbing fixture here. **Tip:** Water Closet is a toilet; lavatory is a bathroom sink.

**U.S. 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.**

1 Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
2 Work Site Location \_\_\_\_\_  
3 Owner in Fee: \_\_\_\_\_  
4 Tel. (\_\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_  
Address \_\_\_\_\_  
Contractor: \_\_\_\_\_ Tel. (\_\_\_\_\_) \_\_\_\_\_  
4 Address \_\_\_\_\_ e-mail \_\_\_\_\_

**B. FIRE PROTECTION CHARACTERISTICS**

5 Use Group: Present \_\_\_\_\_ Proposed \_\_\_\_\_ Fuel Storage Tank: \_\_\_\_\_  
Constr. Class: Present \_\_\_\_\_ Proposed \_\_\_\_\_ Fuel Type: [ ] Flammable or [ ] Combustible  
Heating System: [ ] New or [ ] Modification to Existing Fire Alarm System: [ ] New or [ ] Existing  
or [ ] Conversion or [ ] Replacement Location of Panel: \_\_\_\_\_  
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Fire Suppression/Standpipe System: \_\_\_\_\_  
Location: \_\_\_\_\_ [ ] New or [ ] Existing  
Total Cost of Fire Protection Work \$ 6 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: \_\_\_\_\_ 7  
Print name here: \_\_\_\_\_

**D. TECHNICAL SITE DATA** [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: 8  
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., horns/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, 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 \$	

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)			
		Failure	Failure	Approval	Initial
[ ] No Plans Required	Type:				
[ ] Partial -Underslab Utilities Approved	Alarm System				
Date: _____ Approved by: _____	Suppression Sys.				
[ ] Fire Protection Plans Approved	Standpipe				
Date: _____ Approved by: _____	Fire Pump				
Joint Plan Review Required:	Pre-Eng. System				
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.	Mechanical				
SUBCODE APPROVAL for PERMIT	Smoke Control				
Date: _____	TCO				
Approved by: _____	Flam/Combust Tanks				
SUBCODE APPROVAL for CERTIFICATE	Fireplace Venting				
[ ] CO [ ] CCO [ ] CA	Final				
Date: _____	Other				
Approved by: _____					

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

## Fire (F140)

- Block and Lot of the property goes here. You can find this number on your tax or water bill or [click here](#).
- The street address of the property being worked on goes here.
- The property owner's name (Owner in Fee), mailing address (if different than the work site address), telephone number and email address go here.
- The Contractor's business name, address, telephone number, email address, License number/expiration date, and Federal Employer ID Number go here.
  - \* If you are doing the work yourself and you are the owner AND the property is owner occupied, write "Owner."
- Fire Protection Characteristics: Use Group is "R-5" for single family residential dwellings. Use groups and construction classifications other than single family residential should be listed on your plans.
  - \* Check off all of the applicable boxes in the Heating System section.
- Estimated cost of Work: This amount should be the cost of materials plus the amount a contractor would charge for labor, even if you're doing the work yourself. The State of New Jersey requires this amount to be as accurate as possible; if these numbers are not realistic your permit application will be denied.
- If owner is doing the work, owner signs here, prints name and checks "exempt applicant." If contractor is doing the work, the contractor signs, prints name.
- A brief but complete description of the work goes here. Water Supply Source only needs to be filled in for Fire Sprinkler systems.
- Storage Tank fuel type and capacity is listed here. Tank quantity is indicated at right.
- Fire and Smoke Alarm devices and quantity go here, then fill in total amount.
- Fire Suppression devices and quantity go here.
- List quantity and indicate fuel type of fuel-fired appliances (water heater, boiler, furnace) and chimney liners.



**MECHANICAL INSPECTOR  
TECHNICAL SECTION**



Date Received  
Control #  
Date Issued  
Permit #

**1 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 **2** \_\_\_\_\_

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: (\_\_\_\_) \_\_\_\_\_

**5 B. MECHANICAL CHARACTERISTICS**

Use Group: Present: R-3, R-4 or R-5 (circle one) Proposed: R-3, R-4 or R-5 (circle one)

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 \$ **6** \_\_\_\_\_

JOB SUMMARY (Office Use Only)					
PLAN REVIEW					
<input type="checkbox"/> No Plans Required	INSPCTIONS		DATES		
<input type="checkbox"/> Mechanical Plans Approved	Type:	Failure	Failure	Approval	Initial
Date: _____ Approved by: _____	Gas Piping	_____	_____	_____	_____
Joint Plan Review Required:	Appliance	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire.	Chimney/Vent	_____	_____	_____	_____
<input type="checkbox"/> Elev.	Oil Piping	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	Oil Tank	_____	_____	_____	_____
Date: _____	LPG Tank	_____	_____	_____	_____
Approved by: _____	Hydronic Piping	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Fireplace	_____	_____	_____	_____
<input type="checkbox"/> CA <input type="checkbox"/> CCO	Chimney Cert.	_____	_____	_____	_____
Date: _____	Other	_____	_____	_____	_____
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.

Sign here: **7** \_\_\_\_\_

Print name here: \_\_\_\_\_

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

**8**

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	_____
_____	Other	_____
Administrative Surcharge \$		_____
Minimum Fee \$		_____
State Permit Surcharge Fee \$		_____
<b>TOTAL FEE \$</b>		_____

U.C.C. F145  
(rev. 11/09)

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3 Pink = Office Copy

2 Canary = Office Copy  
4 Gold = Applicant Copy

## Mechanical (F145)

- Block and Lot of the property goes here. You can find this number on your tax or water bill or [click here](#).
  - The street address of the property being worked on goes here.
  - The property owner's name (Owner in Fee), mailing address (if different than the work site address), telephone number and email address go here.
  - The Contractor's business name, address, telephone number, email address, License number/expiration date, and Federal Employer ID Number go here.
- \* If you are doing the work yourself and you are the owner AND the property is owner occupied, write "Owner."
- Mechanical Characteristics: Use Group is "R-5" for single family residential dwellings. Use groups and construction classifications other than single family residential should be listed on your plans.
- \* Check off all of the applicable boxes in the Heating System section.
- Estimated cost of Work: This amount should be the cost of materials plus the amount a contractor would charge for labor, even if you're doing the work yourself. The State of New Jersey requires this amount to be as accurate as possible; if these numbers are not realistic your permit application will be denied.
  - If owner is doing the work, owner signs here, prints name and checks "exempt applicant." If contractor is doing the work, the contractor signs, prints name, and affixes seal (if applicable).
  - A brief but complete description of the work goes here.
  - List the quantity for each type of mechanical fixture.