

TOWNSHIP OF TEANECK
BUILDING DEPARTMENT
APPLICATION FOR ZONING PERMIT

INSTRUCTIONS FOR COMPLETING THE ZONING WORKSHEET

All information requested on the **Zoning Worksheet** must be submitted in order for the **Zoning Permit Application** to be deemed complete. If an Applicant is unable to perform these calculations, the Applicant may need to obtain the assistance of an architect, engineer or surveyor.

The **Maximum Building Coverage** and **Maximum Lot Coverage** for each **Zone District** can be obtained from the Zoning Staff at the Building Department offices or in the **Development Regulations** section of the Town Code available on the Township's website at www.teanecknj.gov. Multiply these percentages times the lot area to determine the maximum coverage in square feet. The definitions of both **Building Coverage** and **Lot Coverage** are contained in Teaneck Town Code Section 33-3 and reads as follows:

Building coverage. That area of a lot covered by buildings measured on a horizontal plane around the periphery of the foundation(s) and including the area under the roof of any structure supported by columns, but not having walls, as measured around the extremities of the roof above the columns.

Lot coverage. The area of a lot covered by buildings, paved surfaces and accessory uses.

Special rules apply to the calculation of driveway coverage for lots with widths of less than 60 feet. These rules are contained in Teaneck Town Code Section 33-24 (a) (4) d. and reads as follows:

Permissible deviation from lot coverage standard. Notwithstanding the foregoing, a lot with less than a sixty-foot frontage and containing a lot area not exceeding 6,000 square feet and where there exists a detached garage located within the rear yard, the lot coverage of the driveway area only shall be calculated as follows:

1. The square foot area of the driveway located within the front yard shall be multiplied by a factor of 100%.
2. The square foot area of the driveway located within the side yard and rear yard shall be multiplied by a factor of 50%.
3. The total driveway area, for the purpose of calculating lot coverage, shall be the sum of the above areas.
4. This provision shall not apply if the subject lot is a corner lot.

Special or unusual conditions pertaining to any of the **Items** of the Worksheet should be indicated in the **Remarks** section of each line. Be aware that the Zoning Staff must be able to understand the extent and details of the project for a complete review to occur. If necessary, key the **Items** of the worksheet to the **Site Plan** submitted with this application.

If questions arise concerning the completing of the Zoning Permit Application, contact the Building Department at 201-837-1600 Ext 1100 and ask to speak with a member of the Zoning Staff. Applicants may also request either office or site meetings to review their projects.



BUILDING 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. (_____) _____

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				
<input type="checkbox"/>	No Plans Required	_____	_____				
<input type="checkbox"/>	All	_____	_____				
<input type="checkbox"/>	Footings/Foundations	_____	_____				
<input type="checkbox"/>	Structural Framework	_____	_____				
<input type="checkbox"/>	Exterior	_____	_____				
<input type="checkbox"/>	Interior	_____	_____				
Joint Plan Review Required		_____	_____				
<input type="checkbox"/>	Elec.	<input type="checkbox"/>	Plumb.	<input type="checkbox"/>	Fire	<input type="checkbox"/>	Elevator
SUBCODE APPROVAL for PERMIT		Date: _____	Approved by: _____				
SUBCODE APPROVAL for CERTIFICATE		Date: _____	Approved by: _____				
<input type="checkbox"/>	CO	<input type="checkbox"/>	CCO	<input type="checkbox"/>	CA		
SUBCODE APPROVAL for PERMIT		Date: _____	Approved by: _____				
SUBCODE APPROVAL for CERTIFICATE		Date: _____	Approved by: _____				

INSPECTIONS		Dates (Month/Day)	
Type	Failure	Failure	Approval
Footings	_____	_____	_____
Footings/Bonding	_____	_____	_____
Foundation	_____	_____	_____
Slab	_____	_____	_____
Frame	_____	_____	_____
Truss Sys./Bracing	_____	_____	_____
Barrier-Free	_____	_____	_____
Insulation	_____	_____	_____
Finishes - Base Layer	_____	_____	_____
Finishes - Final	_____	_____	_____
Energy	_____	_____	_____
Mechanical	_____	_____	_____
PCO	_____	_____	_____
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. 12/07)
Internet version

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceed)
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition

Administr.

State Permit

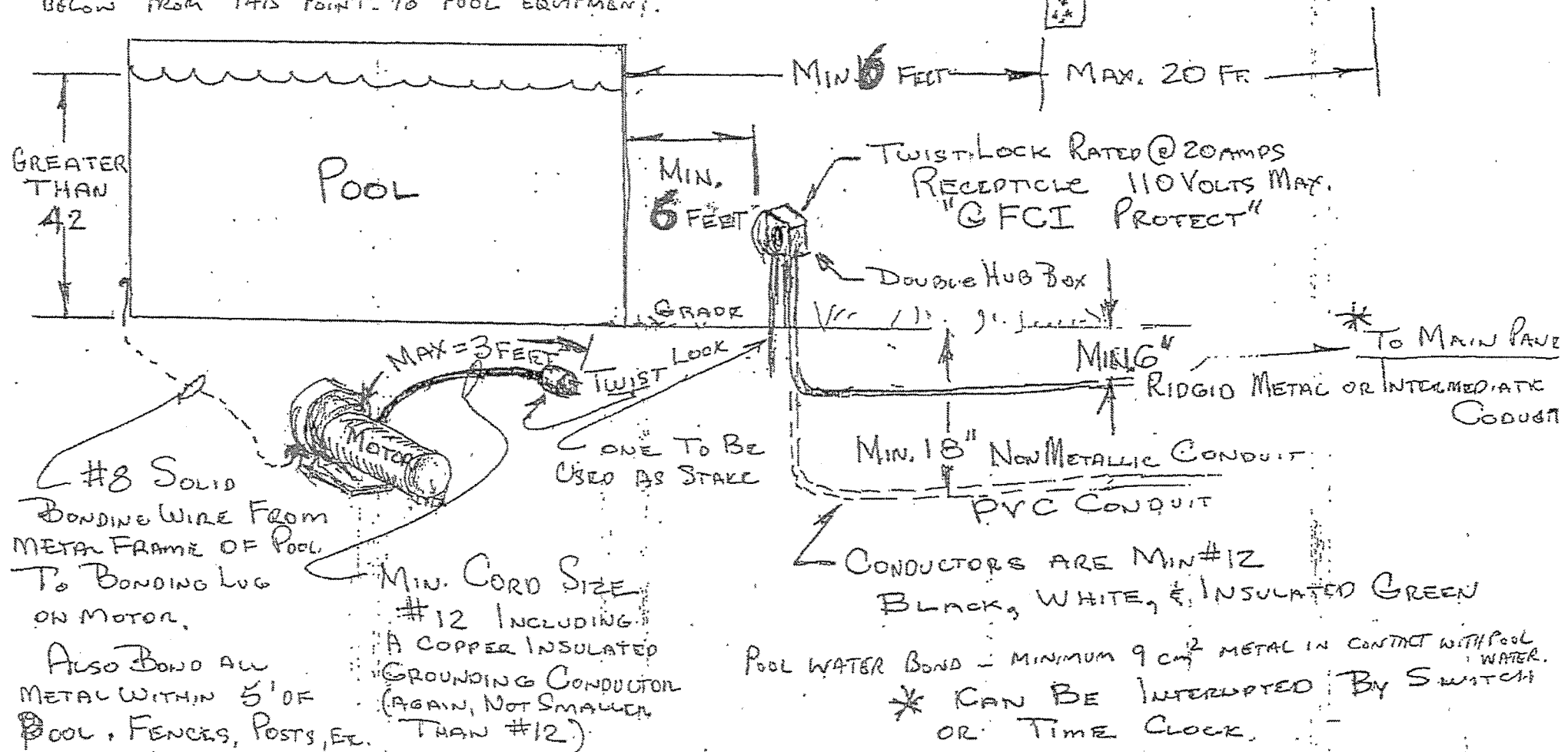
Applicant: When submitting this form to your Local Constr Office, please provide one original plus three photocopies

"ARTICLE 680" NEC -

2011

NOTE: RESIDENTIAL ONLY: ROMEX IS AN ACCEPTED WIRING METHOD FROM MAIN PANEL TO POINT THAT IT EXITS THE DWELLING. - MUST MEET STANDARDS BELOW FROM THIS POINT TO POOL EQUIPMENT.

GFCI PROTECTED UTILITY RECEPTACLE REQUIRED



TOWNSHIP OF TEANECK
BUILDING DEPARTMENT
APPLICATION FOR ZONING PERMIT

ZONING WORKSHEET

WORK SITE LOCATION _____

BLOCK _____ LOT _____ ZONE DISTRICT _____

LOT AREA _____ SQUARE FEET

MAXIMUM BUILDING COVERAGE - _____ % OF LOT AREA = _____ SQUARE FEET

MAXIMUM LOT COVERAGE - _____ % OF LOT AREA = _____ SQUARE FEET

ITEM DESCRIPTION	EXISTING AREA (SQUARE FEET)	PROPOSED AREA (SQUARE FEET)	REMARKS
1. BUILDING FOOTPRINT			
2. DETACHED GARAGE			
3. ROOFED PORCHES, PATIOS, DECKS AND BREEZEWAYS			
4. STORAGE SHEDS			
5. OTHER ACCESSORY BUILDINGS			
6. DRIVEWAYS AND PARKING AREAS			
7. OPEN ENTRIES AND STEPS			
8. OPEN PATIOS, TERRACES AND DECKS			
9. WALKWAYS			
10. SWIMMING POOLS			
11. OTHER			
12. OTHER			
BUILDING COVERAGE (ADD ITEMS 1 THROUGH 5)	S.F. %	S.F. %	DIVIDE THE TOTAL SQUARE FOOT AREA BY THE LOT AREA TO DETERMINE THE % OF COVERAGE
LOT COVERAGE (ADD ITEMS 1 THROUGH 12)	S.F. %	S.F. %	

PERSON COMPLETING WORKSHEET _____

DATE _____

SAMPLE

LIST OF REQUIRED INFORMATION

BEARINGS AND DIMENSIONS OF ALL PROPERTY LINES.

NAME OF PROPERTY OWNER.

ADDRESS OF PROJECT INCLUDING THE TAX MAP BLOCK AND LOT DESIGNATIONS.

NAME, ADDRESS, TELEPHONE NUMBER AND SIGNATURE OF PERSON PREPARING THE PLAN.

SCALE OF THE DRAWING.

DATE OF THE DRAWING, INCLUDING THE DATES OF ALL REVISIONS.

LOCATION OF ALL EXISTING BUILDINGS, INCLUDING HOUSE, DETACHED GARAGE, SHED, ACCESSORY BUILDINGS, CARPORTS, ETC.

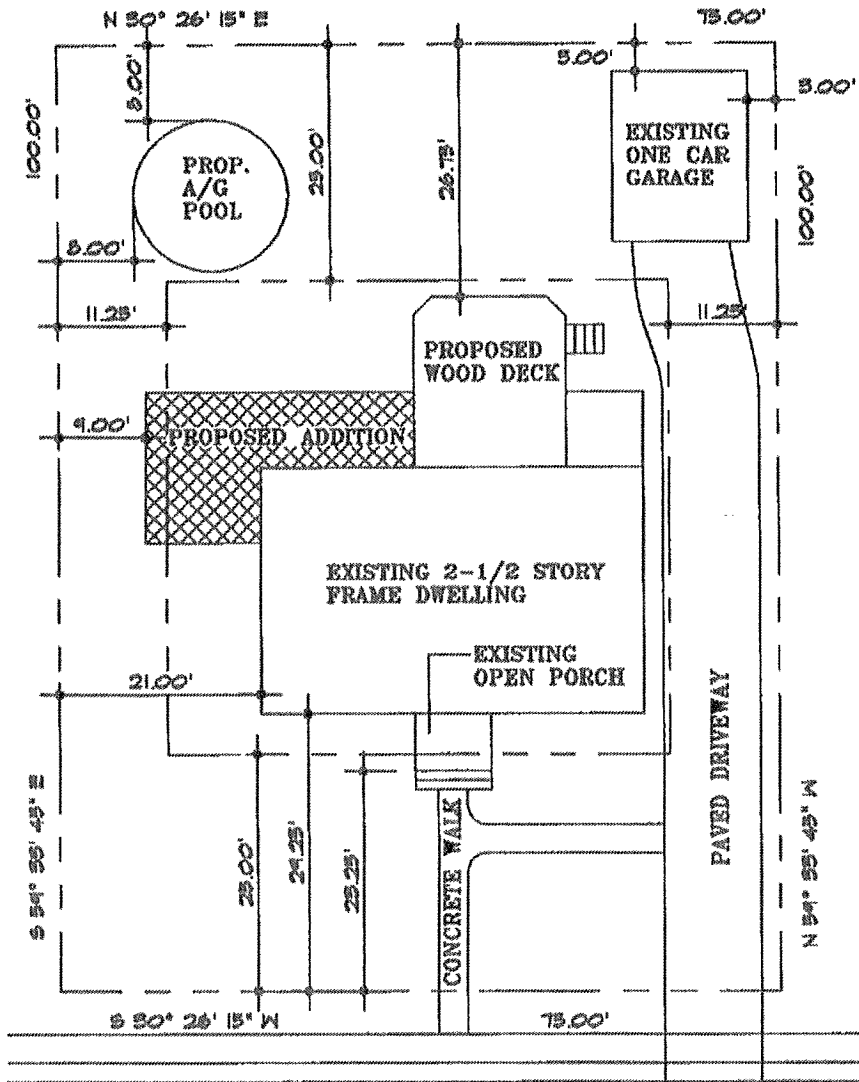
LOCATION OF ALL PROPOSED BUILDINGS, INCLUDING HOUSE, DETACHED GARAGE, SHED, ACCESSORY BUILDINGS, CARPORTS, ETC.

LOCATION OF ALL EXISTING IMPROVEMENTS INCLUDING DRIVEWAY, WALKWAYS, DECKS, STEPS, SWIMMING POOLS, PATIOS, ETC.

LOCATION OF ALL PROPOSED IMPROVEMENTS INCLUDING DRIVEWAY, WALKWAYS, DECKS, STEPS, SWIMMING POOLS, PATIOS, ETC.

Lines indicating required front, side and rear yard setbacks with dimensions from property lines.

Dimensions from property lines to all existing and proposed structures and improvements on the property.



TEANECK ROAD

SITE PLAN

Addition and Alterations
to an Existing Dwelling
FOR: MR. AND MRS. DOE
AT: 5555 TEANECK ROAD
TEANECK,
NEW JERSEY 07666

JOHN Q. PUBLIC
architect

100 MAIN STREET
ANYTOWN, NEW JERSEY 07999
201.555.5555

N.J. ARCHITECT CERT. NO. A100000

DATE
JAN 18, 2006

SCALE
1" = 20'-0"

SHEET

SP-1

NO. 1 OF 1

TOWNSHIP OF TEANECK
BUILDING DEPARTMENT
APPLICATION FOR ZONING PERMIT

OFFICE PROCEDURES FOR PERMIT PROCESSING

Zoning approval is the first step required in the establishment of a new business, construction of a new building or addition or installation of sheds, driveways and fences. Most activities which involve use of a property or changes to the physical nature of a property will require zoning approval. Check with the Building Department before you begin a project or activity to confirm if zoning approval may be required. The Building Department is charged with the responsibility of enforcing the municipal **Development Regulations**. These regulations have been developed to guide the appropriate use of lands and to ensure the health, safety and general welfare of people living, working and visiting the Township of Teaneck.

To begin the process, obtain a copy of an **Application for Zoning Permit** from the Building Department office or online at the township website at www.teanecknj.gov. Complete this application and submit it along with all required documents and the application fee to the Building Department during normal business hours. Be advised that incomplete applications will not be accepted. You may check on the status of your application by calling the Building Department at (201) 837-1600 Ext 1100. Have your **Zoning Control Number** available. This number will be given to you at the time the application is received.

The **Zoning Officer** and **Assistant Zoning Officer** are available to provide information concerning the Township's Development Regulations. It is recommended that you make an appointment early in your project to discuss required approvals, details of your particular proposal and to avoid unnecessary delays. The information provided is not to be taken as legal advice nor shall it be binding on the Township. All applicants are urged to seek their own legal counsel on matters pertaining to their particular projects.

After the **Application for Zoning Permit** has been reviewed, you will be notified by telephone if it has been approved or by mail if it has been denied. Once an application has been deemed complete and the zoning review performed – with the application either denied or approved – any subsequent revision to that application will require a resubmission fee.

The **Property Survey** submitted with the application must accurately reflect the existing conditions of the property at the time the application is made. The survey must be completed by a surveyor, licensed in the State of New Jersey, drawn to scale and may not be distorted by copy machine or facsimile transmission. This survey must show all physical improvements on the property including, but not limited to, buildings, driveways, walkways, swimming pools, decks, fences, patios, parking lots, sheds, etc. A site inspection will be made by the Zoning Staff to confirm the accuracy of the survey. Inaccurate surveys will be reason to deem an application incomplete. Zoning review will not proceed until submission of an accurate survey.

A **Site Plan** is required whenever any change to the physical improvements of the property is proposed. When a Site Plan is required, this plan must show all aspects of the proposed project including, but not limited to, new and altered buildings, driveways, walkways, swimming pools, decks, fences, patios, parking lots, sheds, etc. This plan must be drawn to scale and indicate dimensions of all proposed buildings along with setback dimensions from all buildings to all property lines.

Proposed **Floor Plans** and **Building Elevations** must be submitted for all projects involving construction beyond the footprint of an existing structure. These documents must also be submitted for establishing or modifying any non-residential use. Additional information necessary to understand the proposal, such as a narrative describing a business activity, manufacturer's product literature showing an item to be installed or built, or photographs of existing site conditions should be submitted.

At the end of a construction project and/or before the start of new business activities, a **Final Inspection** will be made by the Zoning Staff to verify compliance with the provisions of the Development Regulations and any conditions of the **Zoning Permit**.

Mark Bocchino
Construction Official

Daniel Melfi
Zoning Officer

Adam Myszka
Assistant Zoning Officer

**TOWNSHIP OF TEANECK
BUILDING DEPARTMENT
APPLICATION FOR ZONING PERMIT**

BUSINESS INFORMATION (CONT.)

NUMBER OF EMPLOYEES _____

AREA OF THIS BUSINESS USE (SQUARE FEET) _____

AREAS OF ALL OTHER USES _____
(List all other uses, businesses, tenants,
etc. and the areas of each use when
there are multiple uses on the property.
Attach separate sheet if necessary.) _____

TOTAL NUMBER OF PARKING SPACES ON SITE _____

APPLICATION TYPES

TYPE OF ZONING PERMIT(S) REQUESTED
(Check all items that apply to this project)

- ☐ CERTIFICATE OF USE (NEW BUSINESS)
- ☐ HOME PROFESSIONAL OFFICE
- ☐ HOME OCCUPATION
- ☐ TEMPORARY USE
- ☐ FENCE
- ☐ DRIVEWAY
- ☐ SHED
- ☐ TEMPORARY TOILET FACILITY

- ☐ NEW BUILDING
- ☐ ADDITION
- ☐ ALTERATIONS (Without
modification to existing
building footprint)
- ☐ SWIMMING POOL
- ☐ RETAINING WALL

HAS THIS PROPERTY EVER BEEN THE SUBJECT OF ANY PRIOR APPLICATION BEFORE THE ZONING BOARD OF
ADJUSTMENT OR THE PLANNING BOARD? ☐ YES ☐ NO (If Yes, attach information on the date, nature and
disposition of such applications)

OWNER'S AUTHORIZATION

I hereby authorize the submission of this application and agree to bind myself to any terms and conditions stipulated to and agreed by and between said applicant and the Township of Teaneck in the course of approval of this application for zoning permit. I also grant permission to the Building Department staff to enter upon the property for purposes of evaluating this application.

SIGNATURE OF PROPERTY OWNER _____ DATE _____

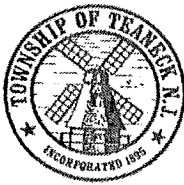
APPLICANT'S CERTIFICATION

I hereby certify that I have been authorized by the property owner to make this application, that all information contained herewith is true and complete and accurately describes the existing and proposed uses of the subject property. I understand that if any of the above statements or information is false, misleading or omitted, I will be subject to penalty and revocation of the issued permit in accordance with Section 33-23 (d)(2) and Section 33-23 (d)(3)e of the Township of Teaneck Development Regulations.

SIGNATURE OF APPLICANT _____ DATE _____

OFFICE USE ONLY

REQUIRED DOCUMENTS	SUBMITTED	INITIALS	DATE
APPLICATION FORM	<input type="checkbox"/>	_____	_____
PROPERTY SURVEY	<input type="checkbox"/>	_____	_____
PROPOSED SITE PLAN	<input type="checkbox"/>	_____	_____
PROPOSED FLOOR PLANS/ELEVATIONS	<input type="checkbox"/>	_____	_____
HISTORIC PROPERTY	<input type="checkbox"/>	_____	_____
PREVIOUS APPROVALS / VARIANCES	<input type="checkbox"/>	_____	_____
APPLICATION FEE	<input type="checkbox"/>	_____	_____



TOWNSHIP OF TEANECK

PAUL A. VOLKER MUNICIPAL GREEN
818 TEANECK ROAD
TEANECK, NEW JERSEY 07666

BUILDING DEPARTMENT

PHONE (201) 837-1600 Ext 1100 Ext. 1100 FAX (201) 837-4802
EMAIL – building@teanecknj.gov

APPLICATION FOR ZONING PERMIT

NO OCCUPANCY IS PERMITTED PRIOR TO THE ISSUANCE OF THE REQUIRED ZONING PERMIT
COMPLETE ALL REQUESTED INFORMATION – PLEASE PRINT OR TYPE – ILLEGIBLE FORMS WILL NOT BE ACCEPTED

LOCATION INFORMATION

BLOCK _____ LOT _____ ZONE DISTRICT _____

WORK SITE LOCATION
INCLUDE IDENTIFIERS _____

EMAIL _____

OFFICE USE ONLY

APPLICATION DEEMED COMPLETE

BY: _____ DATE: _____

ZONING
CONTROL NUMBER: _____

ZONING PROPOSAL

EXISTING USE OR LAST USE OF PROPERTY ☐ SINGLE FAMILY ☐ TWO FAMILY ☐ MULTI-FAMILY

☐ NON-RESIDENTIAL (EXPLAIN) _____

PROPOSED USE, CONSTRUCTION, WORK OR INSTALLATION (ATTACH ADDITIONAL SHEET IF NECESSARY TO FULLY EXPLAIN THE PROJECT) _____

PROPOSED ACCESORY USES _____

PROPERTY OWNER INFORMATION

NAME OF PROPERTY OWNER _____

NAME OF PRINCIPAL OFFICER _____

OWNER HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DAYTIME TELEPHONE NO. _____ FAX _____

EMERGENCY CONTACT PERSON _____ TELEPHONE NO. _____

APPLICANT INFORMATION

NAME OF APPLICANT _____

APPLICANT HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DAYTIME TELEPHONE NO. _____ FAX _____

BUSINESS INFORMATION

LEGAL NAME OF BUSINESS _____

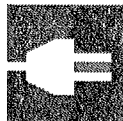
NAME BUSINESS TRADING AS _____

NAME OF PRINCIPAL OFFICER _____

EMERGENCY CONTACT PERSON _____ TELEPHONE NO. _____



ELECTRICAL SUBCODE TECHNICAL SECTION



D
C

D
P

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)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type	Failure	Failure	Approval Initial
<input type="checkbox"/> No Plans Required					
<input type="checkbox"/> Partial Under-slab Utilities Approved		Rough			
Date: _____ Approved by: _____		Barrier-Free			
<input type="checkbox"/> Electric Plans Approved		Trench			
Date: _____ Approved by: _____		Temp. Serv.			
Joint Plan Review Required		Const. Serv.			
<input type="checkbox"/> Bldg. <input type="checkbox"/> Pump <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"/> CCO <input type="checkbox"/> CA		Temp. Equip. Card Date Issued			
Date: _____		Final Equip. 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's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr [] Exempt Applicant

U.C.C. F120 (rev. 12/07)
Internet version

Applicant: When submitting this form to your original plus three photocopies.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS
_____		Lighting Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____		Light Poles
_____		Motors—Fract. HP
_____		Emergency & Exit Light
_____		Communications Points
_____		Alarm Devices/F.A.C. P
_____		TOTAL NUMBERS
_____		Pool Permit/with UW Liq
_____		Storable Pool/Spa/Hot T
_____		KW Elec. Range/Recep
_____		KW Oven/Surface Unit
_____		KW Elec. Water Heater
_____		KW Elec. Dryer/Recept
_____		KW Dishwasher
_____		HP Garbage Disposal
_____		KW Central A/C Unit
_____		HP/KW Space Heater/A
_____		KW Baseboard Heat
_____		HP Motors 1/+ HP
_____		KW Transformer/Gener
_____		AMP Service
_____		AMP Subpanels
_____		AMP Motor Control Cen
_____		KW Elec. Sign/Outline L

Administr

State Permit

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.



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: _____

2. Name of Owner in Fee: _____
 Tel. (_____) _____ e-mail _____
 Address _____
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

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)

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

- Number of Stories _____
- Height of Structure _____
- Area — Largest Floor _____
- New Building Area _____
- Volume of New Structure _____
- Max. Live Load _____
- Max. Occupancy Load _____
- If Industrialized Building: State Appr _____
- Total Land Area Disturbed _____
- Flood Hazard Zone _____
- Base Flood Elevation _____
- 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)

- ☐ Building
☐ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

TOTAL COST

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

VII. DE

A. RESI

- State
- Use
- Char
- No. c
- Ge
- Ge
- Lc
- Lc

B. NON

- Sta
- Use
- Ch
- MIXE
- Cons

III. PLAN REVIEW (optional)

DO YOU WANT:

- ☐ Partial Releases
- ☐ Prototype Processing

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

- ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Sm
- ☐ Unc
- ☐ Swi
- ☐ LP