

**BOROUGH OF OCEAN GATE**  
801 Ocean Gate Ave CN 100  
Ocean Gate NJ 08740  
732 269 3166 Ext 25

**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](http://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.

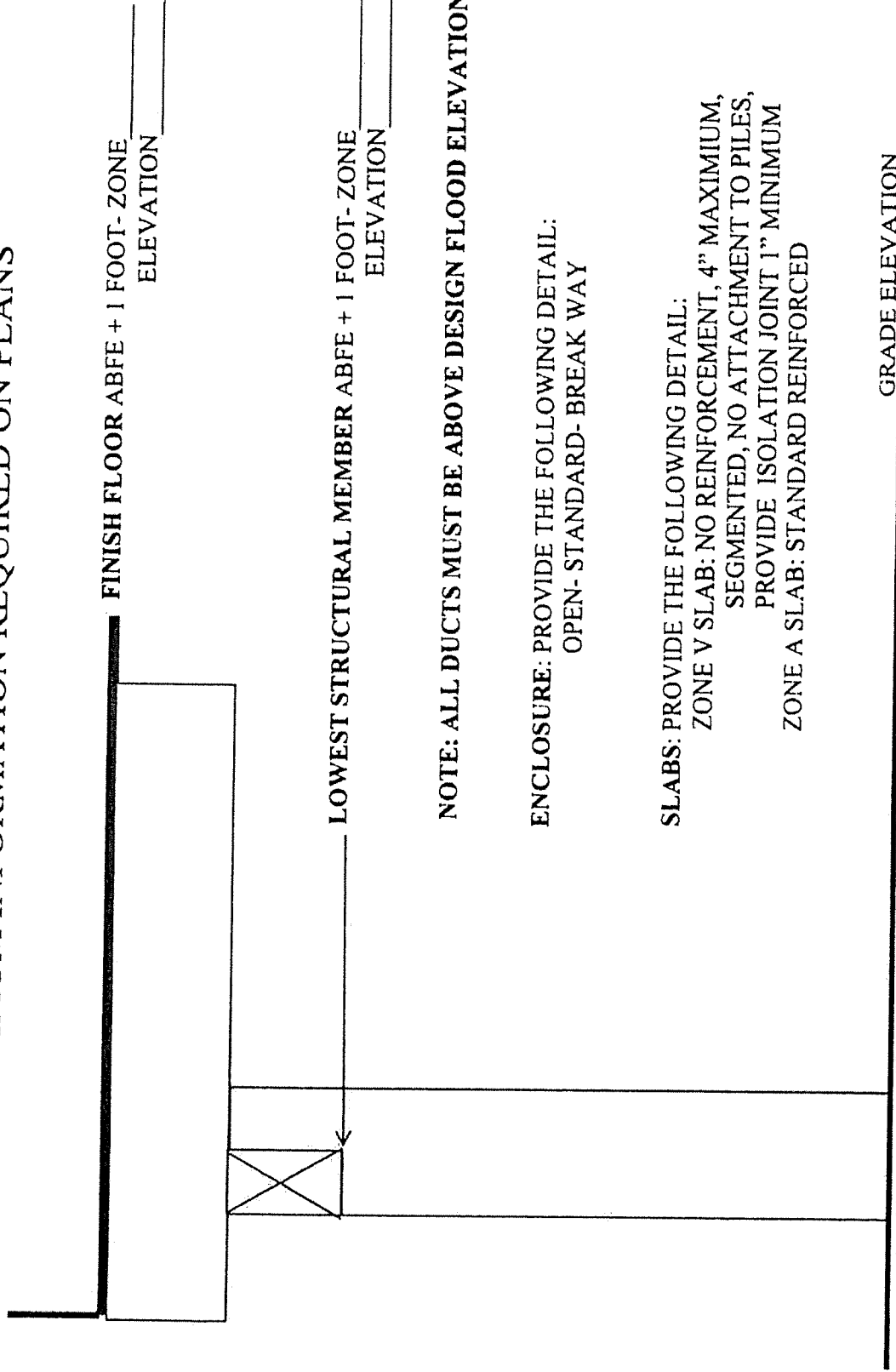
Before signing the Certification In Lieu of Oath indicating that you are performing the work yourself, please consider the following:

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 falls 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.

MINIMUM INFORMATION REQUIRED ON PLANS



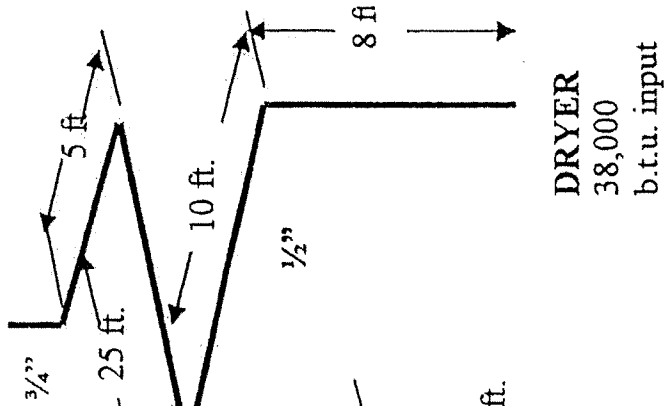
NOTE: ALL DUCTS MUST BE ABOVE DESIGN FLOOD ELEVATION

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

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

# SAMPLE GAS PIPE SCHEMATIC

**RANGE**  
65,000  
b.t.u.



Type of gas: natural gas  
Material used: black steel

35 ft. 1 1/4"

**METER  
OR  
PROPANE  
REGULATOR**

**BOILER**  
100,000  
b.t.u. input

**WATER  
HEATER**  
45,000  
b.t.u. input

**DRYER**  
38,000  
b.t.u. input

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.



# APPLICATION FOR CERTIFICATE

Permit # \_\_\_\_\_  
Date Issued \_\_\_\_\_  
- or -  
Control # \_\_\_\_\_  
Certificate Application Received: \_\_\_\_\_  
Certificate Issued: \_\_\_\_\_

## IDENTIFICATION

Work Site Location \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
Contractor \_\_\_\_\_  
Owner in Fee \_\_\_\_\_ Address \_\_\_\_\_  
Address \_\_\_\_\_  
Tel. \_\_\_\_\_  
Tel. \_\_\_\_\_ License No. \_\_\_\_\_  
Federal Employee No. \_\_\_\_\_

## ACTION

- CERTIFICATE OF OCCUPANCY
- CERTIFICATE OF CONTINUED OCCUPANCY
- LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP \_\_\_\_\_ Previous \_\_\_\_\_ Current \_\_\_\_\_

FINAL COST OF CONSTRUCTION: \$ \_\_\_\_\_

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

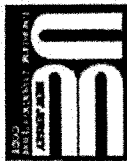
If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: \_\_\_\_\_  
OWNER/AGENT

- OWNER
- AGENT



# 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 \_\_\_\_\_

3. Ownership in Fee:  Public  Private

street municipality

zip code

4. Principal Contractor: \_\_\_\_\_

Address \_\_\_\_\_

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

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 \_\_\_\_\_

Address \_\_\_\_\_

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

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

e-mail \_\_\_\_\_

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

- Demolition
- Reconstruction
- Annual Permit

**FOR OFFICE USE ONLY (Optional)**

IIb. SUBCODES <small>(Check all that apply)</small>	Est. Cost	Plans Rec'd by	Date Rec'd	Refecp'n Date	Approval Date	Re-viewer	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									
<b>TOTAL COST</b>									

**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/ 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. LP Gas Tanks
- 12. Fire Alarm

**V. BUILDING/SITE CHARACTERISTICS**

	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	\$ _____	

(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

**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, 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 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



**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 \_\_\_\_\_  
City \_\_\_\_\_ Municipality \_\_\_\_\_ Zip code \_\_\_\_\_  
Tel. (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor: \_\_\_\_\_  
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	Type:	Failures	Dates (Month/Day)	Approval	Initial
<input type="checkbox"/> No Plans Required			Footings					
<input type="checkbox"/> All			Footings/Bonding					
<input type="checkbox"/> Footings/Foundations			Foundation					
<input type="checkbox"/> Structural/Framework			Slab					
<input type="checkbox"/> Exterior			Frame					
<input type="checkbox"/> Interior			Truss Sys./Bracing					
<input type="checkbox"/> Inletor			Barrier-Free					
Joint Plan Review Required:			Insulation					
<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire	Finishes -Base Layer					
SUBCODE APPROVAL FOR PERMIT			Finishes -Final					
Date:			Energy					
Approved by:			Mechanical					
			TCO					
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	Other					
Date:			Final					
Approved by:			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) \$ \_\_\_\_\_

Date Received \_\_\_\_\_  
Control # \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Permit # \_\_\_\_\_

**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**

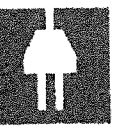
TYPE OF WORK:	Height (exceeds 8') Sq. Ft.	FEE (Office Use Only)
<input type="checkbox"/> New Building		\$ _____
<input type="checkbox"/> Addition		\$ _____
<input type="checkbox"/> Rehabilitation		\$ _____
<input type="checkbox"/> Roofing		\$ _____
<input type="checkbox"/> Siding		\$ _____
<input type="checkbox"/> Fence _____		\$ _____
<input type="checkbox"/> Sign _____		\$ _____
<input type="checkbox"/> Pool		\$ _____
<input type="checkbox"/> Retaining Wall _____		\$ _____
<input type="checkbox"/> Asbestos Abatement Subchapter 8		\$ _____
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17		\$ _____
<input type="checkbox"/> Radon Remediation		\$ _____
<input type="checkbox"/> Other _____		\$ _____
<input type="checkbox"/> Demolition		\$ _____

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





# ELECTRICAL SUBCODE



**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 \_\_\_\_\_ Municipality \_\_\_\_\_ Tel (\_\_\_\_) \_\_\_\_\_ Zip code \_\_\_\_\_

Contractor: \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ Exp. Date \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_

### 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	Rough				
<input type="checkbox"/> Partial Under-slab Utilities Approved	Barrier-Free				
Date: _____ Approved by: _____	Trench				
<input type="checkbox"/> Electric Plans Approved	Temp. Serv.				
Date: _____ Approved by: _____	Constr. Serv.				
Joint Plan Review Required:	TCO				
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.	Other				
SUBCODE APPROVAL for PERMIT	Service				
Date: _____	Final				
Approved by: _____	Barrier-Free				
SUBCODE APPROVAL for CERTIFICATE	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.

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

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

Licensed Elec. Contractor  Certifd Landscape Irrigation Contr  Exempt Applicant

### D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

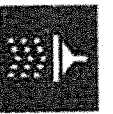
QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	\$ _____
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Overn/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	

Date Received \_\_\_\_\_  
Control # \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Permit # \_\_\_\_\_

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



# 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 \_\_\_\_\_  
Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ zip code \_\_\_\_\_

Contractor: \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_

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 \$ \_\_\_\_\_

JOBSUMMARY (Office Use Only)

PLAN REVIEW  
 No Plans Required  
 Partial - Under-slab 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: \_\_\_\_\_

### 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

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

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

FEE (Office Use Only)

\$ \_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_



# FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
Work Site Location \_\_\_\_\_

Owner in Care \_\_\_\_\_ e-mail \_\_\_\_\_

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

Address \_\_\_\_\_

Contractor \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

Fire Protector Equipment: NJ Div of Fire Safety Permit No. \_\_\_\_\_

Fire Protection Equipment: NJ Div of Fire Safety Installer No. \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_

Federal Emp. ID No \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group: Present \_\_\_\_\_ Proposed \_\_\_\_\_ Fuel Storage Tank: \_\_\_\_\_

Heating System: [ ] New or [ ] Modification to Existing Fire Alarm System: [ ] New or [ ] Existing

Location: \_\_\_\_\_ Fire Suppression/Standpipe System: [ ] New or [ ] Existing

Total Cost of Fire Protection Work \$ \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW [ ] No Plans Required [ ] Partial -Understand Utilities Approved

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Joint Plan Review Required: [ ] Bldg. [ ] Elec [ ] Plumb. [ ] Elev. Mechanical

SUBCODE APPROVAL FOR PERMIT TCO Smoke Control

Approved by: \_\_\_\_\_

SUBCODE APPROVAL FOR CERTIFICATE Final

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.  
Applicant/Contractor sign here: \_\_\_\_\_

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

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

DESCRIPTION OF WORK:  
Water Supply Source \_\_\_\_\_  
Method of Alarm/Suppression System Supervision \_\_\_\_\_

NUMBER \_\_\_\_\_

Flammable/Combustible Tanks \_\_\_\_\_

Alarm Systems [ ] System [ ] 110v Interconnected [ ] CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls, water/flow) \_\_\_\_\_

Supervisory Devices (i.e., zangers, 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 \_\_\_\_\_

Date Received \_\_\_\_\_  
Control # \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Permit # \_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_