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APPLICATION  It Completes: Sections I. II. III (optional), IV, VI, and VII  Per Gome in Foo	BLOCK LOT	QUALIFICATION CODE	ADDRESS (SITE)		PERMIT NO.	
CONSTRUCTION   PERMIT   1. Building   2. Encircing   2. Encircing   3. Encircin		- 1		V. FEE SUMMARY (for office us	- 1 '	e Update
Sections I.I. III (optional), IV, VI, and VII  Sections III (III)  Section				1. Building		
Sections I. II. III (optional), IV.VI, and VII   Set	UNIFORM CONSTRUCTION	PLICATION				
District (CATTON)	Sections I, II,	nal), IV, VI, and VII		Ξ		
Salbotoral   Sal	I. IDENTIFICATION     1. Proposed Work Site at:				eview \$	
Tell. (	2. Name of Owner in Fee:					
Address	Tel. ()	e-mail				
CounterShip in Fee:   Public	Address	C III CIII		-		
Principal Contractor:	street	municipality Private	zip code	•	<b>↔</b>	
1. Number of Stories	i.		<	1. BUILDING/SITE CHARACTE	RISTICS	(office use only)
2 Height of Structure   2 A New Building Area   3 Area — Largest Floor   4 New Building Area   5 Volume of New Structure   5 Activates of Engineer   5 Volume of New Structure   5 Activates   5 Volume of New Structure   6 Anachitect of Engineer   5 Volume of New Structure   6 Anachitect of Engineer   5 Volume of New Structure   6 Anachitect of Engineer   5 Volume of New Structure   6 Anachitect of New Structure   7 Anachitect of New Structur	Address	e-mail		1. Number of Stories		()
Substitution   No. or Exemption Reason (if applicable):   S. Volume of New Structure   FAX: (					ft.	
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):   Factoritiect or Engineer	License No. OR, if new home, Builder Reg.				sq. ft.	
Federal Emp. ID No.	Home Improvement Contractor Registration	No. or Exemption Reason (if applicable):			cu. ft.	
Actification   Contact   Contact   Contact   Address   Address   East, (	Federal Emp. ID No.	FAX: ( ) _				
Address		Contact		•		
Fax: (	Address	e-mail		•	HUD	
TOTAL COST   Prototype Processing   Prototype Processing   Prototype Processing   Prototype Processing   Patter   Patt	Tel. ()	FAX: ()		_	sq. ft.	
FAX: (					ft.	
Repair		FAX: ( )		Wetlands	no	
Repair	IIa.PROPOSED WORK  Minor Work	☐ New Building	☐ Addition	☐ Demolition	VII. DESCRIPTION OF BUILDING USE A. RESIDENTIAL (primary use)	IG USE
Asbestos AbatSubch. 8	☐ Repair	☐ Alteration		Reconstruction	1. State Specific Use:	
SUBCODES    Subcodes   For Office Use Only (optional)   For Office	☐ Asbestos AbatSubch. 8	☐ Lead Hazard Al	☐ Radon Remediatio		2. Use Group, Proposed:	
Plans   Date   Rejection   Approval   Re-   Resubmission Dates   Re		-	USE ONLY (Optional)	-	3. Change in Use Group, Indicate Present:	e Present:
Building   Electrical   Electrical   Electrical   Electrical   Electrical   Electrical   Electrical   Electrical   Elevator   Elevator   Elevator   IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?    Partial Releases   1.	neck all that apply)	Date Rejection Rec'd Date	Re- viewer Ap	mission Dates Rejection	4. No. of dwelling units: Total Units Income-restricted Gained, Sale	ts Income-restricted
Electrical	Building				Gained, Rental	
Plumbing					Lost, Sale Lost, Rental	
□ Fire Protection □ Elevator □ Elevator □ CTAL COST □ V. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? □ Partial Releases □ Prototype Processing □ Prototype Processing □ Prototype Processing □ Prototype Processing □ Protection □ Segment Vocacle □ Protection □ P	☐ Plumbing				B. NON-RESIDENTIAL (primary use)	ise)
TOTAL COST  IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?  O YOU WANT:  Partial Releases  Prototype Processing  1. Elevators/Escalators/Lifts/ 4. Refrigeration Systems  Dumbwaiters/Moving Walks 5. Cross-Connections/Backflow Preventers 9. Undergrour 10. Swimming 11. Swimming 12. High Pressure Boilers 7. Schikler/Geschiers 13. Swimming 14. Swimming 14. Swimming 14. Swimming 14. Swimming 15. S	☐ Fire Protection				State Specific Use:     Use Group, Proposed:	
TOTAL COST  IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?  O YOU WANT:  Dumbwaiters/Moving Walks Dumbwaiters/Walks Dumbwai	☐ Elevator				3. Change in Use Group, Indicate Present:	te Present:
PLAN REVIEW (optional)  IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?  1. □ Elevators/Escalators/Lifts/ 4. □ Refrigeration Systems 8. □ □ Partial Releases □ Dumbwaiters/Moving Walks 5. □ Cross-Connections/Backflow Preventers 9. □ □ Prototype Processing □ Prototype Processing □ Prototype Processing □ Processing 2. □ High Pressure Boilers 7. □ Cross-Consections 9. □ □ Prototype Processing 2. □ High Pressure Boilers 7. □ Cross-Connections 9. □ □ Prototype Processing 9. □ Cross-Connections 9. □ Output Prototype Processing 9. □ Output Prototype	TOTAL COST	-	-	_	MIXED USE -List second	ıse(s):
O YOU WANT:       1. □ Elevators/Escalators/Lifts/       4. □ Refrigeration Systems       8. □         □ Partial Releases       Dumbwaiters/Moving Walks       5. □ Cross-Connections/Backflow Preventers       9. □         □ Prototype Processing       2. □ High Pressure Boilers       5. □ Hazardous Uses/Places of Assembly       10. □         2. □ Prototype Processing       3. □ Processor Vocacle       5. □ Crost-Line       Crost-Line	III. PLAN REVIEW (optional)	IV. DOES OR WILL YOUR BUILDING CON	TAIN ANY OF THE FOL	LOWING?	Construct. Classification:	PresentProposed
☐ Prototype Processing  2.☐ High Pressure Boilers  6.☐ Hazardous Uses/Places of Assembly  10.☐  2.☐ Proceum Vescels  7.☐ Script/Streetsing		Elevators/Escalators/Lifts/ 4.   Dumbwaiters/Moving Walks 5.	Refrigeration Systems Cross-Connections/Backf	9 . 9 .	Open Wells	12. ☐ Fire Alarm
Figure Applitude System   The		6. 7.	Hazardous Uses/Places Sprinklers/Standpipes	10.	Swimming Pools, Spas and Hot Tubs LPGas Tanks	

## CERTIFICATION IN LIEU OF OATH

Signature

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(e)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 ( \_\_\_\_\_) \_\_\_\_

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

U.C.C. F100-2 (rev. 10/2005)

DATE EXPIRED COMMENTS DATE REISSUED Final Date STATE APPROVAL Prelimin. Initial Other DATE EXPIRED Final Date REGIONAL APPROVAL Name of Code & Edition Prelimin. Initial DATE ISSUED Final Date As Built Elevation Cert. IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional) COUNTY APPROVAL Flood Hazard Barrier Free Prelimin. Initial Energy Other 8 Š Š. Š. 8 Š. Final Date LOCAL APPROVAL Prelimin. Initial Name of Code & Edition X. CERTIFICATES ISSUED (office use only) Lead Abatement Clearance Certificate Temporary Certificate of Compliance Temporary Certificate of Occupancy Continued Certificate of Occupancy N.J. Department of Environmental Protection Certificate of Compliance Certificate of Occupancy OFFICE DATE RECEIVED: Certificate of Approval (office use only) APPROVALS ☐ Health Department N.J. Department of CHECKLIST □ Police Department N.J. Department of Community Affairs VIII. PRIOR Soil Conservation Planning Board Sewer Authority ☐ Water Authority Transportation Zoning Officer Zoning Board Utility Dig No. Fire Protection Mechanical Plumbing Electrical Building