Franklin Township, Somerset County, NJ (Revised 10.25.23)

Zoning Permit # ZP-_____

Township Use Only AMOUNT PAID $ _____

☐ CASH ☐ CHECK # _____ DATE _____

RECEIPT # _____ REC'D. BY _____

Township - Stamp Date Received

ZONING PERMIT APPLICATION

Please read instructions on reverse.

WORKSITE: ☐ Residential or ☐ Non-residential

Block _____ Lot _____ Qualifier _____ Zone _____

Address _____ Apt./Floor/Suite/Unit/Etc. _____ City _____

APPLICANT: ☐ Owner ☐ Contractor ☐ Tenant ☐ Agent ☐ Other _____

Name _____ Contact Person _____

Address _____ City _____ State ____ Zip Code _____

Phone _____ Email _____

DESCRIPTION OF PROJECT (be specific): _____

_____

_____

TYPE OF APPROVAL REQUESTED (check all that apply/ Zoning fees due at time of submittal):

- ☐ House (Individual) $50
- ☐ House (Tract) $30
- ☐ House Addition $30
- ☐ New/ Expanded Driveways, Patios, Walkways, etc. $30
- ☐ Solar (rooftop) $25
- ☐ Solar (ground-mtd.) $25
- ☐ Change of Tenant/ Use $ 50 (if so, fill below)
- ☐ Commercial Bldg. $50
- ☐ Home Occupation $50
- ☐ Sign $50
- ☐ Fence $25
- ☐ Pool/Spa/Hot Tub $30
- ☐ Deck/Porch/Gazebo $30
- ☐ Finished Basement $25
- ☐ Garage Conversion $30
- ☐ Other (specify) $25 ____
- ☐ Accessory Structure over 200 sq. ft. $50
- ☐ Accessory Structure 200 sq. ft. or less $25
- ☐ Demolition – No Charge

Previous Tenant _____ Type of Service/Use _____

New Tenant _____ Type of Service/Use _____

Size of Unit _____ sq. ft. Unit/ Suite # _____ Number of Seats (Restaurant Only) _____

Is proof of Homeowner's Association (HOA) approval provided? ☐ Yes ☐ No ☐ Not Applicable

All applications, check one for each: WELL - ☐ Yes ☐ No ☐ Proposed // SEPTIC - ☐ Yes ☐ No ☐ Proposed

Was this project the subject of approval before the Planning Board, Zoning Board of Adjustment, or Technical Review Committee? ☐ Yes ☐ No If so, provide Docket #: _____

CERTIFICATION:

I hereby certify that I am either the legal property owner or am authorized by the legal property owner to make this application. I understand that if any of the above statements are willfully false the Township may void associated zoning approvals and/or issue zoning violations.

_____ _____

Signature Date

Township Use Only

COAH: ☐ Yes ☐ No Percent _____ % APPLICATION # Z-_____

PRIOR APPROVALS, IF APPLICABLE:

- ☐ ENGINEERING DEPT Initials _____ Date _____
- ☐ HEALTH DEPT Initials _____ Date _____
- ☐ HISTORIC COMMISSION Initials _____ Date _____

- ☐ ZONING APPROVAL NOT REQUIRED _____ Initials _____ Date _____
- ☐ DENIED/INCOMPLETE _____ Initials _____ Date _____
- ☐ APPROVED _____
- ☐ APPROVED WITH CONDITIONS _____

_____ _____

Zoning Officer Date

- ☐ NO ADDITIONAL PERMITS ARE REQUIRED TO BEGIN CONSTRUCTION
- ☐ THE FILE IS FORWARDED TO THE BUILDING DEPARTMENT
- ☐ IT IS THE APPLICANT'S RESPONSIBILITY TO OBTAIN BUILDING OR ANY OTHER REQUIRED PERMITS PRIOR TO COMMENCEMENT OF CONSTRUCTION

INSTRUCTIONS

Please be sure to "print or type" all necessary information on the Application Form and to submit all required support materials (see below). Please note: These are general requirements only and may vary depending on the specific project or use. If you have any questions before submitting your application, please stop by the Zoning Office; call 732-873-2500 ext. 6277 *or* 6271; or email matthew.galan@franklinnj.gov or mark.healey@franklinnj.gov. It is kindly requested that you contact *only one member of our staff.* If you are attempting to contact one of us by phone and don't reach us, please leave a message. ***We will get back to you!***

Application Submission

All applications must be submitted in person or via mail to Zoning Department, Franklin Township 475 Demott Lane, Somerset, NJ 08873, no email submissions will be accepted.

ALL APPLICATIONS - Description of Project or Use

- When completing the *Description of Project/Use* section, be very specific and detailed. For example: If a structure is proposed explain its use and note its dimensions (e.g., length, width, height). If a change of tenant and/or use is proposed include the previous and proposed tenant/use and the square footage to be used. The more information you provide, the less chance there will be of questions that could hold up your application.

New Structures & Any Other Exterior Projects

- Applications need to include a copy of a survey or site plan that shows the boundaries of the site and that accurately depicts the existing condition of the site including existing improvements such as existing structures, driveways, patios, etc. and that depicts the location of any well and/or septic system, as applicable. All applicants must indicate the absence or presence of a well and/or septic on the property. All proposed structure(s) and/or other proposed exterior work (e.g., pools, decks, patios, fences, driveway expansions, etc.) must be drawn in clearly on the survey/ site plan, to the same scale as the survey/ site plan, and showing all proposed dimensions and/or distances from the property lines.
- If the property is in a community that requires approval from the Homeowners Association (HOA), proof of HOA approval must be provided with your submittal.

Finished Basements

- Applications for a finished basement (or modifications to an existing finished basement) need to include a plan that depicts the full layout of the basement depicting: means of ingress/ egress; any room(s) or area(s) intended to be used for sleeping quarters; bathroom facilities (including any existing or proposed sink, toilet, tub/shower); and any existing or proposed area for the storage, preparation and/or cooking of food (including but not limited to cooking appliances, cabinets, sink, refrigerator).

Change of Use & Change of Tenant

- These applications need to include a copy of each of the following: (1) A floor plan of the building indicating the use and square footage of each area used by each tenant; and (2) Depending upon the nature of the change of use/ tenant, the Zoning Dept. may require a property survey or site plan showing the property lines, all structures, driveways, and parking spaces; and a chart indicating the parking calculations

Construction Permit Applications

- If your project requires a Construction Permit it is recommended that you submit that application along with your Zoning Application. In this case, as soon as your Zoning approval is obtained your application package will be sent directly to the Construction Office. Please note: If you do not submit the applications together you must include a copy of your Zoning approval with your Construction Permit Application.

Additional Review

- Please be aware that your project/use may require review, approval, or permits from other Township departments such as Engineering, Fire Prevention, Health, Historical Commission, or the Police Department. If in doubt, check before you proceed. We will direct and assist you.

Engineering Review Fees (to be Submitted with Zoning Application)

Please submit the following additional fees with the Zoning Application. Both the zoning fees (indicated on first page of form) and the fee indicated below are required at the time of initial submittal. The respective fees (i.e., Zoning and Engineering fees) must be provided on separate checks; each made out to "Franklin Township".

1) Addition to House - $150
2) Ground Mount Solar Array - $250
3) Accessory Structure over 200 sf or In-Ground Pool - $150
4) New House - $500

FRANKLIN TOWNSHIP CONSTRUCTION OFFICE

OFFICE HOURS: MON- FRI 7:30 A.M. – 3:30 P.M.

FOR GENERAL INFORMATION, TO REQUEST PERMIT APPLICATION FORMS OR SCHEDULE INSPECTIONS ON PREVIOUSLY ISSUED PERMITS:

Main Phone: 732-873-2500

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FOR QUESTIONS REGARDING A SPECIFIC SUB CODE:

BUILDING SUB CODE OFFICIAL – MICHAEL LUTHMAN – EXT. 6223
Michael.Luthman@franklinnj.gov
ELECTRICAL SUB CODE OFFICIAL – DAVID MYERS- EXT. 6257
David.Myers @franklinnj.gov
PLUMBING SUB CODE OFFICIAL - MICHAEL ROSSI - EXT. 6226
Michael.Rossi@franklinnj.gov
FIRE SUB CODE OFFICIAL JOHN SICIGNANO - EXT. 6205
John.Sicignano@franklinnj.gov

****

TO REACH AN INSPECTOR:

BUILDING -GABRIELLE CUMMINGS- EXT.6278; Gabrielle.Cummings@franklinnj.gov
ELECTRICAL –BARRY WILBUR – EXT.6257; Barry.Wilbur@franklinnj.gov
PLUMBING - MICHAEL ROSSI - EXT. 6226; Michael.Rossi@franklinnj.gov
FIRE –JOHN SICIGNANO– EXT. 6205; John.Sicignano@franklinnj.gov

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SUB-CODE OFFICIALS ARE AVAILABLE:
BY APPOINTMENT

INSPECTORS ARE AVAILABLE: BY APPOINTMENT

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CONSTRUCTION OFFICIAL – BARRY S. WILBUR- EXT. 6228; Barry.Wilbur@franklinnj.gov

ONLINE REQUESTS, INSPECTION & PERMIT STATUS:
https://www.franklintwpnj.org/

/Rev.8/29/25
/F:/Inspector Phone Exts & Avail//nh

Franklin Township

Somerset County, New Jersey
DEPARTMENT OF CONSTRUCTION CODE ENFORCEMENT
www.franklintwpnj.org

A CONSTRUCTION PERMIT: is authorization from the Construction Official to proceed with work which according to the UNIFORM CONSTRUCTION CODE of New Jersey, requires inspection and approval that said work was performed in accordance with UCC regulations.

SUBCODE TECHNICAL SECTIONS: **Building (B), Electrical (E), Fire (F), Plumbing (P) and/or Elevator (ELV)** will also be required depending on the scope of the project. Please call the Construction Code Office for forms and any pertinent instruction sheets you may not have already obtained. Note this is a guideline only, other technical cards may be required.

	TYPE OF WORK	REQUIRED TECHNICAL SECTIONS
	ACCESS CONTROL	B, E, F
*	ADDITIONS - **ZONING**	B, E, P, F & ELV (REQUIREMENTS WILL VARY BY PROJECT)
	AIR CONDITIONING – NEW	B, E, P NEEDS F IF ON ROOF; (E MUST BE SEALED)
	AIR CONDITIONING – REPLACEMENT	E, P - NEEDS F & B IF ON ROOF; (E MUST BE SEALED)
	ALARMS – BURGLAR	E (NOT REQUIRED FOR 1& 2 FAMILY DWELLINGS)
	ALARMS – SMOKE, CO	E, F
*	ALTERATIONS - (MAY NEED **ZONING**)	B, E, P, F, ELV (REQUIREMENTS WILL VARY BY PROJECT)
*	ASBESTOS REMOVAL – (EDUCATIONAL FACILITIES & PUBLIC BUILDINGS ONLY)	B
	AWNING (COMMERCIAL ONLY) - **ZONING**	B
	BASEBOARD HEAT	E (P ALSO IF HOT WATER)
*	BASEMENT FINISHING - **ZONING**	B, E, P, F (REQUIREMENTS WILL VARY BY PROJECT)
	BATHROOM FIXTURES – DIRECT REPLACEMENT/PIPING CHANGE	P
	BATHROOM RENOVATION	B, E, P (REQUIREMENTS WILL VARY BY PROJECT)
	BOILER – NEW	E, P, F, CHIMNEY VERIFICATION
	BOILER – REPLACEMENT	E, P, CHIMNEY VERIFICATION
	BOILER – OIL TO GAS CONVERSION	E, F, P, CHIMNEY VERIFICATION - ALSO REQUIRES TANK ABANDONMENT/REMOVAL APPLICATION
	CANOPY - **ZONING**	B, F
	CARPET – COMMERCIAL ONLY	B
	CARD ACCESS	B, E, F
	CAR PORT - **ZONING**	B
	CHIMNEY RELINE	F
	COMMUNICATION POINTS	E
	COMPUTER WIRING	E
	CUBICLES	B, E, F
*	DECK – **ZONING**	B
*	DEMOLITION OF STRUCTURE – **ZONING**	B (OTHER TECHNICAL CARDS MAY BE REQUIRED)
	DOORS – ADDING, CHANGING SIZE, OR ELIMINATING	B
	ELECTRIC SERVICE CHANGE	E
	ELECTRIC ALTERATIONS/NEW	E
	ELEVATOR INSTALLATION (IF OUTSIDE **ZONING**)	CONTACT STATE OF NJ: ALSO MAY NEED B AND E
	EMERGENCY & EXIT LIGHTS	B, E, F
	FENCE – IF AROUND A POOL/SPA **OR** IF OVER 6' HIGH	B, **ZONING**
*	FIREPLACE	B, F (IF GAS P ALSO)
	FLAGPOLE (IF COMMERCIAL **ZONING**)	B
	FRENCH DRAIN (IF COMMERCIAL **ZONING**)	B, E, P
*	FURNACE – NEW	E, F, P, CHIMNEY VERIFICATION
*	FURNACE – REPLACEMENT	E, P, CHIMNEY VERIFICATION
*	FURNACE – OIL TO GAS CONVERSION	E, F, P, CHIMNEY VERIFICATION - ALSO REQUIRES TANK ABANDONMENT/REMOVAL APPLICATION
*	GARAGE - **ZONING**	B, E, F
	GAS LOGS	F, P

*	GAZEBO - (OVER 200 SQ. FT. OR OVER 10' TALL) – **ZONING**		B
*	GENERATOR – STANDBY		COMMERCIAL:**ZONING**, B,E,P,F RESIDENTIAL: E,P
	GENERATOR – PORTABLE (IF DIRECT PLUG INTO BOX)		E
	HEAT PUMP		E
	HYDRANTS		F
	HVAC –NEW		B,E,P,F
	HOOD		F
	KITCHEN RENOVATION		B, E, P, F (REQUIREMENTS WILL VARY BY PROJECT)
*	LAWN SPRINKLER		P
	LEAD ABATEMENT		B
	LIGHTING, RECESSED		E – MAY ALSO REQUIRE **B** IF LIGHTING BEING INSTALLED IN A FIRE RATED CEILING ASSEMBLY
	MAG LOCKS		B, E, F
	MOVING A STRUCTURE - **ZONING**		B
*	NEW BUILDING - **ZONING**		B,E,P,F, ELV – (REQUIREMENTS WILL VARY BY PROJECT)
	OCCUPANCY LOAD CALCULATION		B
	PLUMBING WORK		P
	POLE BARN - **ZONING**		B, E, P, F (REQUIREMENTS WILL VARY BY PROJECT)
	POOL – INSTALLATION	ABOVE GRND - **ZONING**	B, E
		IN-GROUND - **ZONING**	B, E, P
	POOL DEMOLITION – INGROUND		B, E
	POOL HEATER		P, F
	PORCH - **ZONING**		B
	PROPANE TANK (IF ABOVE GROUND **ZONING**)		P
	RACKS		B, F (MAY ALSO REQUIRE **E**)
	RADON		B, E
	RAMP		B
	ROOF: if more than 25% of roof area		B – (NO PERMIT REQUIRED FOR 1&2 FAMILY DETACHED HOMES)
	ROOF TOP UNITS		B, E, P, F
	SATELLITE DISH OVER 24" DIA. – **ZONING**		B
	SEPTIC ABANDONMENT OR INSTALL (LATERALS ONLY)		P
*	SHED (OVER 200 SQ. FT. OR OVER 10' TALL) – **ZONING**		B
	SHEETROCK		B – if more than 25% of wall area in room
	SIDING:		B - (NO PERMIT REQUIRED FOR 1&2 FAMILY DETACHED HOMES) (polypropylene siding always requires a permit)
*	SIGNS – **ZONING**		B, E
	SOLAR PANELS – **ZONING**		B, E, P, F (REQUIREMENTS WILL VARY BY PROJECT)
*	SPA/HOT TUB – **ZONING**		B, E
	SPRINKLER SYSTEM		F
	STEPS – **ZONING**		B
	STUCCO		B
	SUMP PUMP		P, E
*	STOVE (WOODBURNING OR GAS LOGS)		B, P, F
*	TANKS – INSTALLATION (IF OUTSIDE **ZONING**)		P, F if oil. P only if gass
*	TANKS – ABANDONMENT OR REMOVAL		F
	TELEPHONE		E
*	TENANT FIT OUT **ZONING**		B, E, P, F (REQUIREMENTS WILL VARY BY PROJECT)
	TENTS		B, E (REQUIREMENTS WILL VARY BY PROJECT)
*	TRAILER – CONSTRUCTION – **ZONING**		B, E
*	TRAILER – SALES – **ZONING**		B, E, P, F
	TEMPORARY MOBILE HOME – **ZONING**		B, E, P, F
	VOICE DATA		E
	WALK IN COOLER (IF EXTERIOR **ZONING**)		B, E, P, F (FIRE ONLY REQUIRED FOR INTERIOR BOXES)
	WATER FILTER/PURIFIER/SOFTENER		P
	WATER HEATER (INCLUDING TANKLESS)		GAS – P, CHIMNEY VERIFICATION; ELECTRIC – E, P
	WINDOWS – ADDING, ENLARGING OR ELIMINATING		B

***Projects marked with an * have prepared packets available at the Construction Office**

REV. 4/17/2023

ROOFTOP SOLAR SYSTEMS

A design professional's "Post Installation Certification Letter" must be received and approved by the Franklin Township Construction Office prior to a final building inspection being scheduled.

Due to the many inquiries we receive in the Construction Department regarding the proper procedures for permitting Solar Energy Systems, I have copied an article that was printed in the Construction Code Communicator of the Department of Community Affairs. Hopefully it will clear up many of the misconceptions that have arisen about who may and may not permit and install these systems. We in the Construction Department want you all to know that first and foremost it is our duty to you the consumer to protect your interests and safety. Please consider these things when a contractor tells you we are making the permitting process hard on them.

Sincerely,

Construction Official
Franklin Township/Somerset NJ 08873
732-873-2500 Ext. 228

Solar Photovoltaic Installations: The Board of Examiners of Electrical Contractors Explains

It seems there is considerable confusion about whether an electrical contractor's license is required for solar-photovoltaic (SPV) installations. Substantially, the question is: are SPV installations, including the SPV panels themselves, electrical work within the meaning of the regulations, so as to require an applicant for a construction permit to obtain an electrical contractor's license to perform such work? The short answer is yes; except that owners of single family homes doing work on their own dwellings are exempt.

N.J.S.A. 45:5A-1 et seq., known as "The Electrical Contractors Licensing Act of 1962" (the Act), establishes generally that no person shall advertise, enter into, engage in, or work in a business as an electrical contractor unless they have secured a business permit and a license from the New Jersey Board of Electrical Contractors (the Board). The term "electrical contractor" is defined as a person who engages in the business of contracting to install, erect, repair, or alter electrical equipment for the generation, transmission, or utilization of electrical energy (N.J.S.A. 45:5A-2(d)). Accordingly, any person who engages in these activities is an electrical contractor by definition and is required to obtain a business permit and license from the Board. SPV systems are, by definition, electrical work. They are a series of components that generate (the SPV panels), transmit, and/or utilize electrical energy. Any person engaged in installing, erecting, repairing, etc. such equipment must be an electrical contractor under the provisions of the Act. The Act further sets forth a limited listing of exempt electrical work or construction that is not included in the business of electrical contracting so as to require a license and business permit under the Act (N.J.S.A. 45:5A-18). Neither SPV systems nor SPV panels are listed therein and thus are not exempt, *per se*. Recently the Board considered this issue and concluded that SPV systems, including the SPV panels themselves, to the extent that they are used for the generation, transmission, or utilization of electrical energy, constitute electrical work within the meaning of the Act. Therefore, unless work was exempted by statute (e.g. operates at less than 10 volts, etc.), a contractor is required to obtain a license and business permit issued by the Board to install, erect, and repair, etc., SPV systems including SPV panels themselves. Consequently, pursuant to the UCC, code officials should require permit applications for SPV systems, including SPV panels themselves, to be signed and sealed by electrical contractors holding a valid business permit issued by the Board. Questions as to whether a licensed electrical contractor is required may be directed to either Marian or Kathleen of the Board of Examiners of Electrical Contractors at (973) 504-6410.

Source: Joseph P. Schooley, Chairman.
Board of Examiners of Electrical Contractors

Franklin Township

Somerset County, New Jersey

Department of Construction Code Enforcement
732-873-7283 Fax: 732-873-0844
www.franklintwpnj.org

Municipal Building
475 DeMott Lane
Somerset, NJ 08873 USA
732-873-2500

PERMIT/PLAN REVIEW PROCESS

- Applications are logged in and reviewed in chronological order.
- Applications are routed to each sub-code official relative to each application submitted.
- Twenty (20) business days from the date the application is received by the Construction Department are allotted by NJAC 5:23-2.16 to approve or deny applications.
- Approved application notification will be by telephone or email to the RESPONSIBLE PERSON on the application jacket, after the Construction Official has signed off on the construction permit. Notification will also include the permit fee.
- Disapproved application notifications will be emailed to Responsible Person. If there is no email address the comments will be mailed via Post Office.
- New and/or revised information may be submitted to the Construction Code Department with a Resubmission Form which is sent to you with the disapproval notice.

PAYMENT OF PERMIT FEES

- Payment may be in the form of cash (exact change), check or money order and is due at the time the permit has been approved. Checks and money orders are payable to: FRANKLIN TOWNSHIP.
- Payment in the form of check or money order may be mailed to the construction office.
- Acceptable forms of payment (as indicated above) may be taken to the Construction Office weekdays between 7:30 am and 2:15 pm. Payments brought in after 2:15 pm will not be processed. You may leave payment in the form of a check or money order and the paperwork will be processed the next business day for you to pick up or to be mailed.

BLOCK _____ LOT _____ QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

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 _____
   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)

		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	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units:

	Total Units	*Income-restricted*
Gained, Sale		
Gained, Rental		
Lost, Sale		
Lost, Rental		

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

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. ☐ 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. ☐ LPGas Tanks
12. ☐ Fire Alarm

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, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued:

Permit #

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location _____

_____

Owner in Fee _____

Address _____

_____

Tel. (_____) _____

Contractor _____

Address _____

_____

Tel. (_____) _____

Lic. No. or Bldrs. Reg. No. _____

_____

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER _____

DESCRIPTION OF WORK:

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 $ _____

_____ _____

Construction Official Date

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)

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

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BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

_____

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (____) _____

Address _____

_____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B.BUILDING CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class 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.

Total Land Area Disturbed _____ Sq. Ft.

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 I am authorized to make this application, and perform the work listed on this application.

_____
Applicant Signature/ Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK

[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] 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 $ _____

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ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

_____

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (____) _____

Address _____

_____

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. _____

Estimated Cost of Electrical Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Date Initial

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS		Dates (Month/Day)		
Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
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 I am authorized to make this application, and perform the work listed on this application.

_____

Applicant Signature/ Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
____		Lighting Fixture	
____		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. Rang/Receptacle	
____	____	KW Oven/Surface Unit	
____	____	KW Elec. Water Heater	
____	____	KW Elec. Dryer/Receptacle	
____	____	KW Dishwasher	
____	____	HP Garbage Disposal	
____	____	KW Central A/C Unit	
____	____	HP/KW Space Heater/Air Handler	
____	____	KW Baseboard Heat	
____	____	HP Motors 1/+ HP	
____	____	KW Transformer/Generator	
____	____	AMP Service	
____	____	AMP Subpanels	
____	____	AMP Motor Control Center	
____	____	KW Elec. Sign/Outline Light	
____	____	_____	
____	____	_____	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

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Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three parts