

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

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

3. Ownership in Fee: <sup>street</sup> Public \_\_\_\_\_ <sup>municipality</sup> Private \_\_\_\_\_ <sup>zip code</sup> \_\_\_\_\_

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)**

	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**

<input type="checkbox"/> Minor Work	<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Demolition
<input type="checkbox"/> Repair	<input type="checkbox"/> Alteration	<input type="checkbox"/> Renovation	<input type="checkbox"/> Reconstruction
<input type="checkbox"/> Asbestos Abat. -Subch. 8	<input type="checkbox"/> Lead Hazard Abatement	<input type="checkbox"/> Radon Remediation	<input type="checkbox"/> Annual Permit

**IIb. SUBCODES** (Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
							Approval	Rejection
<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:

1. ☐ Partial Releases

2. ☐ Prototype Processing

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

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

**VII. DESCRIPTION OF BUILDING USE**

A. RESIDENTIAL (primary use)

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

2. Use Group, Proposed: \_\_\_\_\_

3. Change in Use Group, Indicate Present: \_\_\_\_\_

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale	
Gained, Rental	
Lost, Sale	
Lost, Rental	

B. NON-RESIDENTIAL (primary use)

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

2. Use Group, Proposed: \_\_\_\_\_

3. Change in Use Group, Indicate Present: \_\_\_\_\_

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

D. Construct. Classification: Present \_\_\_\_\_ Proposed \_\_\_\_\_

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

## Construction Permit Application (F100)

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

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

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

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

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

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

9

**CERTIFICATION IN LIEU OF OATH**

**I. OWNER SECTION** (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.b:  
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.

**NEW JERSEY CONSTRUCTION PERMIT**

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

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

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

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

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

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

☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT

☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION

☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER \_\_\_\_\_

(Subchapter 8 only)

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

**7** 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)

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

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

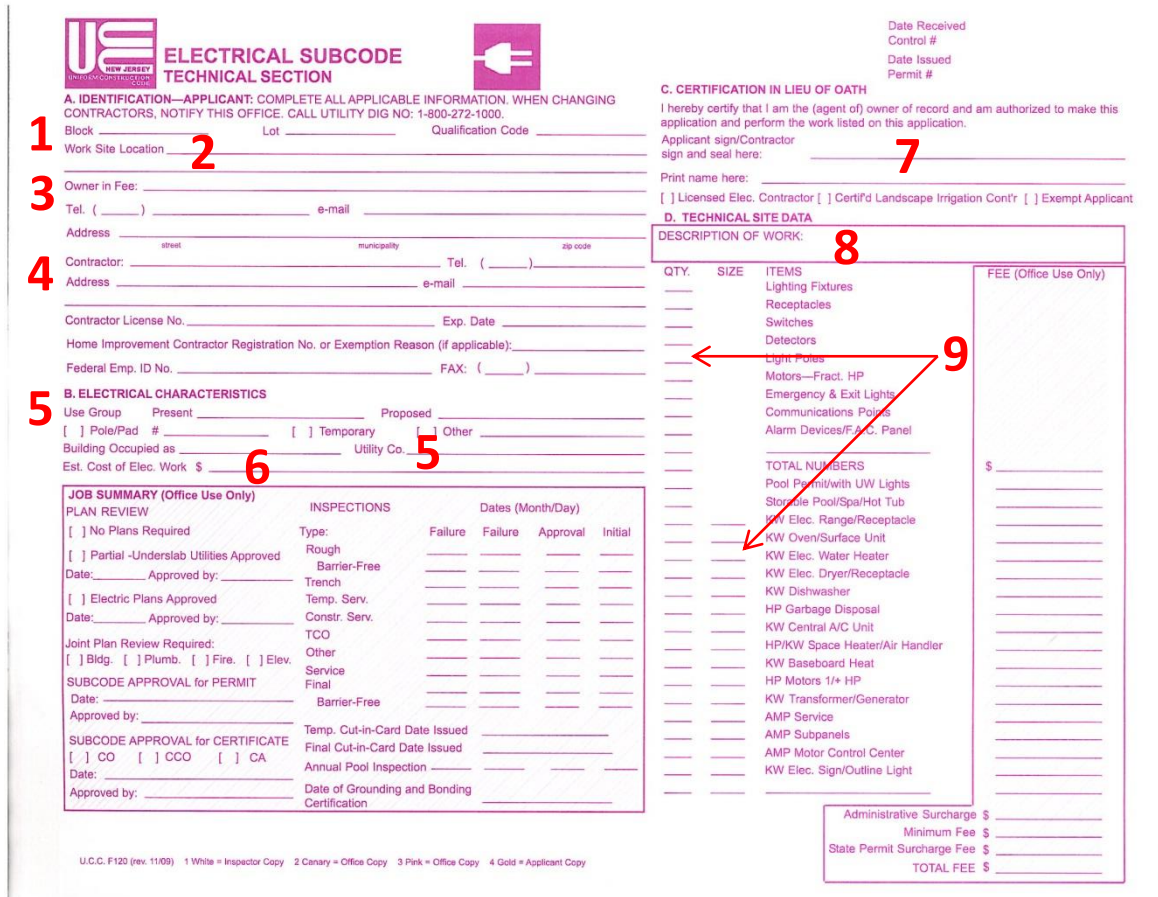
## Construction Permit (F170)

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

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

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





**NEW JERSEY ELECTRICAL SUBCODE TECHNICAL SECTION**

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

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

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

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

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

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

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

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

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

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

**B. ELECTRICAL CHARACTERISTICS**

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

[ ] Pole/Pad # \_\_\_\_\_ [ ] Temporary [ ] Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

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

[ ] Electric Plans Approved

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

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: \_\_\_\_\_

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

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: \_\_\_\_\_

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

INSPECTIONS

Type: \_\_\_\_\_

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 \_\_\_\_\_

Dates (Month/Day)

Failure \_\_\_\_\_

Failure \_\_\_\_\_

Approval \_\_\_\_\_

Initial \_\_\_\_\_

**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 [ ] Certif'd Landscape Irrigation Contr'r [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

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

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Poles

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

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

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

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

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

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

## Electrical (F120)

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

**PLUMBING SUBCODE  
TECHNICAL SECTION**

Date Received  
Control #

Date Issued  
Permit #

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

1 Block \_\_\_\_\_ 2 Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

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

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

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

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

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

Print name here: \_\_\_\_\_ [ ] Licensed Plumbing Contractor [ ] Exempt Applicant

**B. PLUMBING CHARACTERISTICS**

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

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

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

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

**JOB SUMMARY (Office Use Only)**

**PLAN REVIEW**

[ ] No Plans Required

[ ] Partial -Understab 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: \_\_\_\_\_

INSPECTIONS	Dates (Month/Day)			
	Failure	Failure	Approval	Initial
Type:				
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

**D. TECHNICAL SITE DATA**

8 DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	\$ _____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LPGas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other	_____

9

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

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

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

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

## Plumbing (F130)

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

**U.S. FIRE PROTECTION SUBCODE TECHNICAL SECTION**

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

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

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

**B. FIRE PROTECTION CHARACTERISTICS**

5 Use Group: Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Constr. Class: Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Heating System: [ ] New or [ ] Modification to Existing  
or [ ] Conversion or [ ] Replacement  
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar  
Other \_\_\_\_\_

Fuel Storage Tank: \_\_\_\_\_  
Fuel Type: [ ] Flammable or [ ] Combustible  
Capacity \_\_\_\_\_  
Fire Alarm System: [ ] New or [ ] Existing  
Location of Panel: \_\_\_\_\_  
Fire Suppression/Standpipe System: \_\_\_\_\_  
[ ] New or [ ] Existing  
Location of Main Control Valve: \_\_\_\_\_

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

**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

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

9 **NUMBER OF FEES (Office Use Only)**

10 Flammable/Combustible Tanks  
Alarm Systems  
[ ] System  
[ ] 110v Interconnected  
[ ] CO Detectors/110v  
Alarm Devices (i.e., smoke, heat, pulls, water/flow)  
Supervisory Devices (i.e., tamper, low/high air)  
Signaling Devices (i.e., horn/strobes, bells)  
Other Devices \_\_\_\_\_

11 **TOTAL**  
Suppression Systems  
Fire Pump \_\_\_\_\_ GPM Type \_\_\_\_\_  
Dry Pipe/Alarm Valves \_\_\_\_\_  
Pre-action Valves \_\_\_\_\_  
Sprinkler Heads (Dry and Wet) \_\_\_\_\_  
Standpipes \_\_\_\_\_  
Pre-engineered Systems  
Wet Chemical \_\_\_\_\_  
Dry Chemical \_\_\_\_\_  
CO, Suppression \_\_\_\_\_  
Foam Suppression \_\_\_\_\_  
FM200 Suppression \_\_\_\_\_  
Other \_\_\_\_\_

12 **Other Systems**  
Kitchen Hood Exhaust System \_\_\_\_\_  
Smoke Control System \_\_\_\_\_  
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid \_\_\_\_\_  
Fireplace Venting/Metal Chimney \_\_\_\_\_  
Other \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

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

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

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

## Fire (F140)

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



# MECHANICAL INSPECTOR TECHNICAL SECTION



Date Received  
Control #  
Date Issued  
Permit #

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

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

**3** Owner in Fee: \_\_\_\_\_  
Tel. (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

**4** 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: (\_\_\_\_) \_\_\_\_\_

## B. MECHANICAL CHARACTERISTICS

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

Heating System work: ☐ New or ☐ Modification to Existing or ☐ Conversion or ☐ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other \_\_\_\_\_

Estimated Cost of Mechanical Work \$ **6** \_\_\_\_\_

## JOB SUMMARY (Office Use Only)

### PLAN REVIEW

☐ No Plans Required

☐ Mechanical Plans Approved

Date: \_\_\_\_\_

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

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire.

☐ Elev.

SUBCODE APPROVAL FOR PERMIT

Date: \_\_\_\_\_

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

SUBCODE APPROVAL FOR CERTIFICATE

☐ CA ☐ CCO

Date: \_\_\_\_\_

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

### INSPECTIONS

Type:

Gas Piping

Appliance

Chimney/Vent

Oil Piping

Oil Tank

LPG Tank

Hydronic Piping

Fireplace

Chimney Cert.

Other \_\_\_\_\_

### DATES

Failure

Failure

Approval

Initial

**C. CERTIFICATION IN LIEU OF OATH**  
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

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

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

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

**8** \_\_\_\_\_

### NO. FIXTURE/EQUIPMENT

Water Heater

Fuel Oil Piping Connections

Gas Piping Connections

Steam Boiler

Hot Water Boiler

Hot Air Furnace

Oil Tank

LPG Tank

Fireplace

Other \_\_\_\_\_

### FEE (Office Use Only)

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

1 White = Inspector Copy  
3 Pink = Office Copy

2 Canary = Office Copy  
4 Gold = Applicant Copy

## Mechanical (F145)

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