

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
BUREAU OF CONSTRUCTION PROJECT REVIEW
1601 ATLANTIC AVENUE, 6th FLOOR
ATLANTIC CITY, NJ 08401

PROJECT REVIEW APPLICATION

Application Date: _____

DCA Project Number: _____

1. Project Name _____
 Street Address _____
 Municipality _____ County _____ Block _____ Lot _____

Note: Do not use mailing address for the above information.

2. Project Type: New Construction Addition Change of Use Repair Renovation Alteration Reconstruction
 Filing Type: Variation Complete Plan Release Partial Plan Release (see Section 4, below)

3. Project Specifications:

Use Group _____
 Area of largest floor _____
 Gross area of bldg. _____
 Total volume _____
 No. of stories _____
 Maximum height _____
 Construction type _____
 Elevator? Yes No

Total Project Cost—all disciplines:
 \$ _____
 Cost of Barrier Free Reno./Alt. Work
 \$ _____

4. Partial releases requested:

Release Type	Expected Submission Date
<input type="checkbox"/> Footings and foundations	_____
<input type="checkbox"/> Underslab utilities	_____
<input type="checkbox"/> Structural framework	_____
<input type="checkbox"/> Exterior building	_____
<input type="checkbox"/> Interior building	_____
<input type="checkbox"/> Plumbing	_____
<input type="checkbox"/> Mechanical	_____
<input type="checkbox"/> Electrical	_____
<input type="checkbox"/> Fire protection	_____
<input type="checkbox"/> Elevator	_____

5. Applicant information: comments/releases will be sent to Casino Representative.

Owner Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone: () _____

Email Address: _____ **OR** Decline Email Communication

Casino Representative Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone: () _____

Email Address: _____ **OR** Decline Email Communication

Architect/Engineer Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone: () _____

Email Address: _____ **OR** Decline Email Communication

For office use only:

Plan review fee: \$ _____
Permit fee: \$ _____
Training fee: \$ _____
CO/CCO fee: \$ _____
Elevator review: \$ _____
Elevator T & I: \$ _____
Total fees: \$ _____

Rec'd from: _____
Check cash amt \$: _____
Check number: _____
Rec'd by/date: _____ / _____

Owner's or Designated Agent's Signature: