

DCA/State Buildings Unit Permit Instructions

1. Letter of Authorization

A letter of authorization from the owning agency is required to authorize the company to apply for and proceed with the permit application process. If the contractor wants a copy of the permit, this must be stated in the letter.

2. Application Completeness

All sections of the application form must be completed accurately and in full. Incomplete or incorrect applications will NOT be accepted.

3. Resubmission of Applications

If an application is not filled out completely or correctly, resubmission with the necessary corrections will be required before processing can continue.

4. Plan review project number must be included if applicable

5. Fire Alarm Installation

When Installing fire alarm devices, both a fire technical and electrical technical permit are required.

6. Mechanical Inspection Technical Sections

This office does not accept mechanical inspection technical sections. Please refer to item 7 under building and plumbing technical section.

7. Construction Permit Application (F100)

All permit applications shall include a (F100) construction permit application.

8. Tank installation and tank removal

Separate Construction Permit Applications must be submitted for all tank installations and tank removals.

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



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, V, and VI

I. IDENTIFICATION

1 Proposed Work Site at **2**

3 Name of Owner in Fee
Tel. () _____ e-mail _____
Address _____

4 Ownership in Fee: ☐ Public ☐ Private ☐ Jointly owned
Address _____

5 Principal Contractor: _____ Tel. () _____
Address _____

License No. ORL of new home Builder Reg. No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable) _____
Federal Emp. ID No. _____ FAX: () _____

6 Architect or Engineer _____
Address _____
Tel. () _____ FAX: () _____

7 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		
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

II. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. - Subch. B ☐ LEAD HAZARD ABATEMENT ☐ Radon Remediation ☐ Annual Permit

III. SUBCODES (check all that apply)

	Est. Cost	Permit Fee/Qty	Date Rec'd	Revision Date	Approval Date	Re-issue	Redetermination Date	Re-issue
6 <input type="checkbox"/> Building								
<input type="checkbox"/> Electrical								
<input type="checkbox"/> Plumbing								
<input type="checkbox"/> Fire Protection								
<input type="checkbox"/> Elevator								
TOTAL COST								

FOR OFFICE USE ONLY (Optional)

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 Proposed/Existing**

Owned, Sale _____
 Owned, Rental _____
 Leased, Rental _____

B. NON-RESIDENTIAL (primary use)

1 State Specific Use _____

2 Use Group, Proposed _____

3 Change in Use Group, Indicate Present _____

C. MIXED USE (not secondary use(s))

D. Construct Classification: Present _____ Proposed _____

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

1 <input type="checkbox"/> Partial Release	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"/> Prototype Processing	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/Pieces of Assembly	10 <input type="checkbox"/> Swimming Pools, Spas and Hot Tubs	
	7 <input type="checkbox"/> Sprinkler/Standpipes	11 <input type="checkbox"/> LP Gas Tanks	

U.C.C. § 17-2 (rev. 2005)

CERTIFICATION IN USE 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. 45:28-1 et seq.) and that such fact shall be disclosed to any person purchasing the 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(d) 1. 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

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)(2): 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)(2): 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)

U.C.C. § 17-2 (rev. 2005)

Construction Permit Application (F100)

1. Block and lot of property.
2. The street address of the work site location.
3. The property owner's name (Owner and Fee), mailing address (if different than the work site address), telephone number, and e-mail address.
4. If owner agency is doing the work and the property is owner-occupied, fill in the agency name. You do not need to fill in your contact information.
If a contractor is doing the work, fill in the contractor's business name, street address, telephone, e-mail address, license or registration number and expiration date, and their Federal Employment ID Number (FEIN).
5. Architect or engineers contact information if applicable.
6. Check off applicable box(es) in II(a). and II(b), fill in each discipline's cost of work in the space provided, and fill in the total.
7. Complete this section only if the permit is for additions &/or new construction.
8. B2 is for non-residential. Complete use group as appropriate.
9. Plan Review is optional. Selection # 1 is for partial release. If selected, it allows individual disciplines to be issued separately.

Inside cover of permit jacket (Certification in Lieu of Oath.

10. **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").

USE BUILDING SUBCODE TECHNICAL SECTION

1 Block and lot of property.

2 The street address of the work site location.

3 The property owner's name (Owner and Fee), mailing address (if different than the work site address), telephone number, and e-mail address.

4 The contractor's business name, address, telephone number, e-mail address, and Federal Employment ID Number (FEIN). If you are doing the work yourself and you are the owner and the property is owner-occupied write "owner".

5 Building characteristics: Use Group. If this is a new building &/or an addition complete this section.

6 Estimated cost of work: The State of New Jersey requires this amount to be as accurate as possible.

7 The signature of the owner or contractor. If mechanical work is being performed, the contractor signs, prints name, and affixes seal.

8 A brief but complete description of the work.

9 Select Type of work. Renovations are considered rehabilitation.

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 _____ Quasi-Section Code _____

Work Site Location _____

Owner or Fee
Name _____
Tel. # _____ e-mail _____
Address _____
City _____ State _____ Zip _____
Contractor _____
Address _____ Tel. # _____ e-mail _____
City _____ State _____ Zip _____

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	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required			<input type="checkbox"/> Fencing				
<input type="checkbox"/> All			<input type="checkbox"/> Fencing/Retaining				
<input type="checkbox"/> Footings/Foundation			<input type="checkbox"/> Foundation				
<input type="checkbox"/> Structural Framework			<input type="checkbox"/> Slab				
<input type="checkbox"/> Interior			<input type="checkbox"/> Frame				
<input type="checkbox"/> Interior			<input type="checkbox"/> Truss Sys./Roofing				
<input type="checkbox"/> Joint Plan Review Required:			<input type="checkbox"/> Barrier-Free				
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			<input type="checkbox"/> Insulation				
SUBCODE APPROVAL for PERMIT			<input type="checkbox"/> Finishes - Base Layer				
Date _____			<input type="checkbox"/> Finishes - Final				
Approved by _____			<input type="checkbox"/> Energy				
SUBCODE APPROVAL for CERTIFICATE			<input type="checkbox"/> Mechanical				
<input type="checkbox"/> CO <input type="checkbox"/> CDO <input type="checkbox"/> CA			<input type="checkbox"/> TCO				
Date _____			<input type="checkbox"/> Other				
Approved by _____			<input type="checkbox"/> Barrier-Free				

6 Estimated cost of work: The State of New Jersey requires this amount to be as accurate as possible.

7 The signature of the owner or contractor. If mechanical work is being performed, the contractor signs, prints name, and affixes seal.

8 A brief but complete description of the work.

9 Select Type of work. Renovations are considered rehabilitation.

TYPE OF WORK

☐ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.

☐ Sign _____ Sq. Ft.

☐ Pool _____ Sq. Ft.

☐ Retaining Wall _____ Sq. Ft.

☐ Asbestos Abatement Subchapter 6

☐ Lead Haz. Abatement NJAC 5-17

☐ Radon Remediation

☐ Other _____

☐ Demolition

FEE (Office Use Only)

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

1 FIVE - Industrial Class
2 FIVE - Office Class
3 FIVE - Office Class

Building (F110))

1. Block and lot of property.
2. The street address of the work site location.
3. The property owner's name (Owner and Fee), mailing address (if different than the work site address), telephone number, and e-mail address.
4. The contractor's business name, address, telephone number, e-mail address, and Federal Employment ID Number (FEIN). If you are doing the work yourself and you are the owner and the property is owner-occupied write "owner".
5. Building characteristics: Use Group. If this is a new building &/or an addition complete this section.
6. Estimated cost of work: The State of New Jersey requires this amount to be as accurate as possible.
7. The signature of the owner or contractor. If mechanical work is being performed, the contractor signs, prints name, and affixes seal.
8. A brief but complete description of the work.
9. Select Type of work. Renovations are considered rehabilitation.

Plumbing (F130)

1. Block and lot of property.
2. The street address of the work site location.
3. The property owner's name (Owner and Fee), mailing address (if different than the work site address), telephone number, and e-mail address.
4. The contractor's business name, address, telephone number, e-mail address, plumbing or HVAC license number / expiration date, and Federal Employment ID Number (FEIN).
*If the owning agency is doing the work and property is owner-occupied write the agency name.
5. Plumbing characteristics: Use Group.
6. Estimated cost of work: The State of New Jersey requires this amount to be as accurate as possible.
7. 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. If mechanical work is being performed, the contractor signs, prints name, and affixes seal.
8. A brief but complete description of the work.
9. List the quantity for each type of plumbing fixture.

