

**STATE OF NEW JERSEY – DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF CODES & STANDARDS – BUREAU OF CONSTRUCTION REVIEW**

Project Review Application

Application Date: _____

DCA Project Number: _____

How do you intend to submit your plans? Electronically/Online* Paper

*If you are requesting electronic plan submission, submit this application, a completed fee schedule, the total fee, and a written scope of work. **DO NOT** send paper plans with this application. After your application is processed, you will receive an email with a link to the Online Plan Review system.*

1. Project Name: _____

Street Address: _____

(Project location - NOT mailing address)

Municipality: _____ **County:** _____ **Block #** _____ **Lot #** _____

2. Project Type: New Construction Addition Change of Use Repair Renovation Alteration Reconstruction

Filing Type: Variation Complete Plan Release Partial Plan Release Amendment

3. Project Specifications:

Use Group _____
Area of largest floor _____
Gross area of bldg. _____
Total volume _____
No. of stories _____
Max. height _____
Construction type _____
No. of elevator devices _____
Total Project Cost _____
all disciplines: _____
Cost of Barrier Free _____
Renov./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 | _____ |

FOR DCA USE ONLY

Plan Review Fee: _____
Permit Fee: _____
Training Fee: _____
CO/CCO Fee: _____
Elevator Review: _____
Elevator T&I: _____
Total Fees: _____

5.

- For **online** submissions, specify a **Project Coordinator***, who will be responsible for uploading files and receiving change requests.
- Check a **selection box**** below to specify whether the Owner or the Owner's Designated Agent should receive project notifications.
- **Do not** list Architect/Engineer of record as Owner's Designated Agent.

* **Project Coordinator:** _____
Email: _____

** **Owner Name:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Email: _____ **Phone:** _____

** **Owner's Designated Agent Name:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Email: _____ **Phone:** _____

Architect/Engineer Firm: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Email: _____ **Phone:** _____

Received from: _____
Check Amount: _____
Check Number: _____
Rec'by/Date: _____

Owner or Designated Agent Signature:

Signature

Printed Name

Date