Apendix B - UCC Standard Forms, Logs & Reports

Form Number	Description
UCC-F100 (pgs 1, 2 & 3)	Construction Permit Application
UCC-F101-CUPW	Consent to Undertake Proposed Work
UCC-F101-HECC	Home Elevation Contractor Certification
UCC-F101-LEAD	Certification of Homeowner Lead Abatement in Owner-occupied SFD
UCC-F110	Building Subcode Technical Section
UCC-F110STATE	Building Subcode Technical Section, State ver.
UCC-F120	Electrical Subcode Technical Section
UCC-F120STATE	Electrical Subcode Technical Section, State ver.
UCC-F130	Plumbing Subcode Technical Section
UCC-F130STATE	Plumbing Subcode Technical Section, State ver.
UCC-F140	Fire Protection Subcode Technical Section
UCC-F140STATE	Fire Protection Subcode Technical Section, State ver.
UCC-F145	Mechanical Inspectors Technical Section
UCC-F145STATE	Mechanical Inspectors Technical Section, State ver.
UCC-F150	Elevator Subcode Technical Section
UCC-F150STATE	Elevator Subcode Technical Section, State ver.
UCC-F155	Elevator Subcode –Multiple Devices
UCC-F160	Application for a Variation
UCC-F170 (pgs 1 & 2)	Construction Permit, Required Inspections
UCC-F180 (pgs 1 & 2)	Construction Permit Notice
UCC-F190	Permit Update
UCC-F200	Inspection Notice
UCC-F211	Notice of Violation and Order to Terminate
UCC-F211STATE	Notice of Violation and Order to Terminate, State ver.
UCC-F212	Notice and Order of Penalty
UCC-F212STATE	Notice and Order of Penalty, State ver.
UCC-F213	Notice of Violation and Order to Terminate (Post-C of O –Residential)
UCC-F213STATE	Notice of Violation and Order to Terminate (Post-C of O –Residential), State ver.
UCC-F214	Notice and Order of Penalty (Post-C of O –Residential)
UCC-F214STATE	Notice of Order of Penalty (Post-C of O –Residential), State ver.
UCC-F221	Inspection Sticker Approval for Building
UCC-F222	Inspection Sticker Approval for Electric
UCC-F223	Inspection Sticker Approval for Plumbing
UCC-F224	Inspection Sticker Approval for Fire Protection
UCC-F225	Inspection Sticker Approval for Elevator
UCC-F226	Inspection Sticker Apporval for Mechanical Inspection
UCC-F230	Inspection Sticker Approval –NOT Approved
UCC-F241	Notice of Unsafe Structure
UCC-F241STATE	Notice of Unsafe Structure, State ver.
UCC-F242	Notice of Imminent Hazard
UCC-F245	Unsafe Structure Notice
UCC-F245STATE	Unsafe Structure Notice, State ver.
UCC-F250	Stop Construction Order
UCC-F250STATE	Stop Construction Order, State ver.
UCC-F255	Stop Construction Notice
UCC-F260	Certificate
UCC-F270	Application for Certificate
UCC-F280	T.C.O. Control Card
UCC-F290	Ongoing Inspections Control Card
UCC-F300	Ongoing Inspections Schedule
UCC-F310	Elevator Inspection
UCC-F320	Elevator Notice
UCC-F325	Notice of Elevator Device Sealed Out of Operation
UCC-F326	Accident/Incident Report
UCC-F350	Cut-In Card
UCC-F360	Denial of Permit
UCC-F370	Chimney Certification for Replacement of Fuel Fired Equipment
UCC-F375	Tickler/X-Ref Card
UCC-F380	Hydraulic System Data Plate
UCC-F390	Framing Checklist
UCC-F391	DACT Utilizing MFVN Verification
UCC-F392	Air Barrier and Insulation Checklist

Log/Report Number	Description
UCC-L700	Permit Fee Log
UCC-L710	Inspection Log
UCC-L720	Certificate Log
UCC-L730	Ongoing Inspection Log
UCC-R800	Inspector's Report
UCC-R811	Municipal Monthly Activity Report -Certificates
UCC-R812	Municipal Monthly Activity Report -Permits
UCC-R840	State Permit Surcharge Fees Report
Unnumbered	Application to the Construction Bd. of Appeals
Unnumbered	Decision of the Construction Bd. of Appeals

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

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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 (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	$		

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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 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.

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

Consent to Undertake Proposed Work

Permit #

Date Issued

IDENTIFICATION

Site Location _____ Block _____ Lot _____ Qualification Code _____

Owner in Fee _____ Builder _____

Address _____ Address _____

Tel. (___) _____ License No. _____ Tel. (___) _____

Federal Employee No. _____

I, the ☐ Owner ☐ Authorized Agent of the Owner, of the above property hereby consent to the entry onto the property of the Builder/Contractor, and the employees or agents of the Builder/Contractor, for the purpose of correcting violations of the New Jersey Uniform Construction Code.

Further, I consent to the work to be done as described in the attached proposal of the builder, subject to compliance with the Uniform Construction Code as determined by the local enforcement agency.

SIGNED: _____

OWNER/AGENT

☐ OWNER ☐ AGENT

U.C.C. F101-CUPW (10/2014)

Home Elevation Contractor Certification

Permit #

Date Issued

IDENTIFICATION

Site Location _____ Block _____ Lot _____ Qualification Code _____

Owner in Fee _____

Address _____

Tel. (___) _____

Home Elevation Contractor _____

Address _____

License No. _____ Tel (___) _____

Federal Employee No. _____

I hereby certify, as the contractor hired to undertake the home elevation at the owner in fee's address above, that I am certified in accordance with N.J.A.C. 13:45A-17A to perform such work and that I am in compliance with all of the requirements of P.L. 2014, c.34 and the regulations promulgated thereunder. I understand that if any of the foregoing statements made by me is false, I am subject to punishment.

SIGNED: _____

HOME ELEVATION CONTRACTOR

DATE: _____

U.C.C. F101-HECC (10/2014)

Certification of Homeowner Lead Abatement in Owner-occupied Single-family Dwelling

Permit #

Date Issued

IDENTIFICATION

Site Location _____ Block _____ Lot _____ Qualification Code _____

_____

Owner in Fee _____ Address _____

Tel. (___) _____ _____

I own and occupy the single-family dwelling listed above as my principal place of residence. I certify that I will be performing the abatement work. I also certify that I have received the written information for homeowners explaining the danger of improper lead abatement, procedures for conducting safe lead abatement, and the availability of certified lead abatement contractors or of any available training for homeowners.

I am aware that I may request a lead abatement clearance certificate from the enforcing agency upon completion of the work. If I do, the request must include a signed statement by a certified lead evaluation contractor or certified individual inspector/risk assessor indicating clearance that the standards contained in N.J.A.C. 5:17 have been met.

I understand that if any of the statements I have made is willfully false, I am subject to punishment.

SIGNED: _____

HOMEOWNER

DATE: _____

U.C.C. F101-LEAD (10/2014)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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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 _____ 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: (_____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required	____	____
[ ] All	____	____
[ ] Footings/Foundations	____	____
[ ] Structural/Framework	____	____
[ ] Exterior	____	____
[ ] Interior	____	____

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] 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 _____

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.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

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 am authorized to make this application.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] 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 $ _____

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

ELECTRICAL 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.

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (_____) _____ e-mail _____

Address _____
street municipality zip code

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	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 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 Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
____		Lighting Fixtures	
____		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. 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/+ 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	$ _____

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.

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (_____) _____ e-mail _____

Address _____
street municipality zip code

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. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab 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 Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO _____				
Final				
_____				

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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 _____	_____

Administrative Surcharge	$ _____
Minimum Fee	$ _____
State Permit Surcharge Fee	$ _____
TOTAL FEE	$ _____

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

100

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 _____ e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

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

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

B. FIRE PROTECTION CHARACTERISTICS

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 _____

Location: _____

Total Cost of Fire Protection Work $ _____

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: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date:_____ Approved by: _____
[ ] Fire Protection Plans Approved
Date:_____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

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: _____

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
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_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____		

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

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

101

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 _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____ _____

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3 or R-5

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 $ _____

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 APPPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: _____
Approved by: _____

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other _____				

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: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Heater	$ _____
_____	Fuel Oil Piping Connections	_____
_____	Gas Piping Connections	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Hot Air Furnace	_____
_____	Oil Tank	_____
_____	LPG Tank	_____
_____	Fireplace	_____
_____	Generator	_____
_____	Other	

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

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

ELEVATOR SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

102

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/Installer: _____ Tel. (_____) _____

Address _____ e-mail _____

_____

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

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

Maintenance/Service Contractor _____

Address _____

_____ e-mail _____

Tel (_____) _____ FAX (_____) _____

B. ELEVATOR CHARACTERISTICS

Building Use Group _____ Building Registration No. _____

Manufacturer _____ Device I.D. _____

Machine Room Location _____

No. of Stops _____ No. of Openings _____

Travel (ft.) _____ Speed (f.p.m.) _____

Type of Control _____ Type of Operation _____

Passenger _____ Freight _____

Capacity (lbs.) _____

Yr. of Install. _____ Standard Applied _____ Yr. of Alt. _____ Standard Applied _____

Estimated Cost of Elevator Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Building Plans and Elevator Specs.
Date:_____ Approved by: _____
[ ] Elevator Layout Drawings
Date:_____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Temporary	_____	_____	_____	_____
Final	_____	_____	_____	_____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CA
Date: _____
Approved by: _____

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: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
_____	1 to 10 Floors	$ _____
_____	Over 10 Floors	_____
_____	Hydraulic	_____
_____	Roped Hydraulic	_____
_____	Escalator/Moving Walk	_____
_____	Dumbwaiter	_____
_____	Stairway Chairlift, Inclined and Vertical Wheelchair Lifts and Man Lifts	_____
_____	Oil Buffers	_____
_____	Counterweight Governor and Safeties	_____
_____	Auxiliary Power Generator	_____
_____	Alterations	_____
_____	Other _____	_____
_____	Other _____	_____

Administrative Surcharge $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

U.C.C. F150
(rev. 11/09)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

ELEVATOR SUBCODE
TECHNICAL SECTION

SUPPLEMENT FOR MULTIPLE EQUIPMENT

Date Received
Control #

Date Issued
Permit #

103

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

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____ Signature _____ Date _____

	ID	ID	ID	ID	ID	ID	ID
DEVICES CHARACTERISTICS							
Traction/Winding Drum							
Hydraulic							
Roped Hydraulic							
Escalator/Moving Walk							
Dumbwaiter							
Stairway/Chair/Man Lift							
Oil Buffers							
Counterweight Governor							
Auxilary Power Generator							
Manufacturer							
Machine Room Location							
Number of Stops							
Number of Openings							
Travel (ft.)							
Speed (f.p.m.)							
Type of Control							
Type of Operation							
Passenger/Freight							
Capacity							
Year of Installation/Major Alteration							
Temp. Cert. of Comp. Issue Date / Expire Date							
Cert. of Compliance Number / Date							

U.C.C. F155
(rev. 5/03)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

APPLICATION FOR A VARIATION

Date Received: _____ Permit #: _____
Control #: _____ Date Revised: _____
Date Issued: _____ Date Permit Issued: _____

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location _____
_____
Owner in Fee _____
Address _____
Tele. (___) _____
FEE $ _____ *(Determined by Enforcing Agency)*

Contractor _____
Address _____
_____
Tele. (___) _____
License # _____
Federal Emp. # _____

APPLICANT STATEMENT

Please state the requirements of the subcode from which a variation is sought. (Use separate application forms for each variation request):

How would compliance with said provisions result in practical difficulties? Explain the nature and extent of these difficulties:

Please state an alternative to the subcode requirement that will still protect the health, safety and welfare of the occupants:

DATE _____ SIGNED _____
APPLICANT

DETERMINATION
This appplication is to be reviewed within 20 business days.
After reviewing the facts, we [ ] DENY [ ] GRANT the above variation request, in accordance with *N.J.A.C.* 5:23-2.9 through 2.13, for the following reasons:

Date	Building Subcode Official	Plumbing Subcode Official
Elevator Subcode Official	Electrical Subcode Official	Fire Subcode Official
	Construction Official	

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)

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

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

Sample Sample Sample

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued
Control #
Permit #

CONSTRUCTION PERMIT NOTICE

Block _____ Lot _____ Qualification Code _____

Work Site Location: _____

_____

AUTHORIZED FOR:

- ☐ **BUILDING**
- ☐ **PLUMBING**
- ☐ **ELEVATOR DEVICES**
- ☐ **OTHER** _____
- ☐ **ELECTRICAL**
- ☐ **FIRE PROTECTION**
- ☐ **DEMOLITION**

Description of Work: _____

_____

Sample Sample Sample

This notice shall be posted conspicuously at the work site and shall remain so until issuance of a certificate.

U.C.C. F180
(rev. 3/03)

N.J. DIVISION OF CONSUMER AFFAIRS RULE: N.J.A.C. 13:45A - 16.2(a)10.ii

FOR INSPECTION ON CONSTRUCTION PERMITS FOR:
BUILDING
ELECTRIC
PLUMBING
FIRE PROTECTION
OR
ELEVATOR

FINAL PAYMENT TO THE CONTRACTOR IS NOT REQUIRED TO BE MADE BEFORE A FINAL INSPECTION IS PERFORMED.

U.C.C. F180-2
(rev. 6/97)

PERMIT UPDATE

Date Update Issued
Permit #
Date Permit Issued

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location _____

_____

Owner in Fee _____

Address _____

_____

Tel. (_____) _____

Contractor _____

Address _____

_____

Tel. (_____) _____

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

_____

Sample

Is hereby granted permission to perform the following work:

[ ] BUILDING
[ ] ELECTRICAL
[ ] ELEVATOR DEVICES
[ ] PLUMBING
[ ] FIRE PROTECTION
[ ] ASBESTOS ABATEMENT (Subchapter 8 only)
[ ] LEAD HAZARD ABATEMENT
[ ] DEMOLITION
[ ] OTHER _____

DESCRIPTION OF WORK:

Sample

Estimated Cost 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.

_____ _____

Construction Official Date

PAYMENTS (Office Use Only)

Building _____
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
State Permit Surcharge Fee _____
Cert. of Occupancy _____
Other _____
Total _____
Check No. _____
Cash _____
Collected by _____

Sample

U.C.C. F190 (rev. 1/04)

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

INSPECTION NOTICE

NEW JERSEY
UNIFORM CONSTRUCTION CODE

To _____

Time _____ Date _____ By _____

Owner/Agent _____

Telephone (____) _____ Permit # _____

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

_____

Inspection Requested _____

_____

_____

Availablity/Comments _____

_____

_____

_____

_____

U.C.C. F200
(rev. 3/04)

NOTICE OF VIOLATION AND ORDER TO TERMINATE

Permit #
Date Issued
- or -
Control #

IDENTIFICATION

Work Site Location _____ Block _____ Lot _____ Qualification Code _____

Owner in Fee _____ Agent/Contractor _____

Address _____ Address _____

To: ☐ Owner ☐ Other: _____

☐ Agent/Contractor

DATE OF INSPECTION: _____ DATE OF THIS NOTICE: _____ COMPLIANCE DUE DATE: _____

ACTION

TAKE *NOTICE* that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:

You are hereby ***ORDERED*** to terminate the said violations on or before_____ .

No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

Further, take *NOTICE* that failure to comply with this ***ORDER*** may result in the assessment of penalties of up to $2,000 per week per violation, and a certificate of occupancy will *not* be issued until such penalty has been paid.

If you wish to contest this ***ORDER***, you may request a hearing before the Construction Board of Appeals of the _____ of _____, within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23A-2.1. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $ _____ and should be forwarded with your application to the Construction Board of Appeals Office at : _____

If you have any questions concerning this matter, please call: _____

NOTICE of Violation and ***ORDER*** to Terminate: _____ Date: _____

SubCode Official

NOTICE AND ORDER OF PENALTY

Permit #
Date Issued
- or -
Control #

IDENTIFICATION

Work Site Location _____ Block _____ Lot _____ Qualification Code _____

Owner in Fee _____ Agent/Contractor _____
Address _____ Address _____

To: ☐ Owner ☐ Other: _____
☐ Agent/Contractor _____
_____

ACTION

☐ On _____ , you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A [ ] **Notice of Violation and Order to Terminate** [ ] **Notice of Unsafe Structure** [ ] **Notice of Imminent Hazard** was issued. Reinspection of the work site on _____ revealed the following violation(s) remain:

☐ On _____ , you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you [ ] **made a false or misleading written statement, or omitted required information in an application or request for approval; or** [ ] **failed to obtain a construction permit; or** [ ] **failed to request required inspections; or** [ ] **allowed occupancy prior to receiving a certificate of occupancy**.

☐ On _____ , you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **Stop Construction Order** was issued. Reinspection of the work site on _____ revealed a failure to comply with that **Stop Construction Order**.

PENALTY

Therefore, you are hereby ***ORDERED*** to pay a penalty in the amount of $ _____ for each violation for a total penalty of $ _____.

Further, take *NOTICE* that for each [ ] week [ ] day that any of the said violations remain outstanding after _____, an additional penalty of $ _____ per [ ] week [ ] day shall result.

If you wish to contest this ***ORDER*** you may request a hearing before the Construction Board of Appeals of the _____ of _____, within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23A-2.1. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $ _____ and should be forwarded with your application to the Construction Board of Appeals Office at : _____

If you have any questions concerning this matter, please call: _____

Notice and ***Order*** of Penalty: _____ Date: _____
Construction Official

Sample

NOTICE OF VIOLATION AND ORDER TO TERMINATE

Order No:

(Post-Certificate of Occupancy -Residential Construction)

IDENTIFICATION

Work Site Location _____ Block _____ Lot _____ Qualification Code _____

_____

_____

To: Contractor/Builder: _____ ***AND*** **Owner** in fee: _____

_____ _____

_____ _____

DATE OF INSPECTION: _____ DATE OF THIS NOTICE: _____ COMPLIANCE DUE DATE: _____

ACTION

TAKE *NOTICE* that violations of the State Uniform Construction Code Act and Regulations promulgated thereunder are present at subject location as follows:

You are hereby ***ORDERED*** to terminate the said violations on or before _____ .

Further, take *NOTICE*, you *must* obtain a Construction Permit for remediation work necessary to bring about compliance. The builder or contractor *must* obtain the property owner's consent in writing and provide such with the Construction Permit Application.

The property *owner bears joint responsibility* with the builder or contractor for bringing about compliance.

Failure to comply with this ***ORDER*** may result in the assessment of penalties of up to $2,000 per week per violation.

Further take *NOTICE* that the following items, which were included in the owner's complaint dated _____ have been found not to constitute violations of the New Jersey Uniform Construction Code (N.J.A.C. 5:23):

If either named party wishes to contest this ***NOTICE*** *and* ***ORDER***, he or she may request a hearing before the Construction Board of Appeals of the _____ of _____ , within 15 days of receipt of this ***NOTICE*** *and* ***ORDER*** as provided by N.J.A.C. 5:23A-2.1. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the specific section of the ***NOTICE*** *and* ***ORDER*** in question, and the extent and nature of your objection to them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $ _____ and should be forwarded with your application to the Construction Board of Appeals Office at : _____

If you have any questions concerning this matter, please call: _____

NOTICE of Violation and ***ORDER*** to Terminate: _____ Date: _____

SubCode Official

Sample Sample Sample

NOTICE AND ORDER OF PENALTY

Order No:

(Post-Certificate of Occupancy -Residential Construction)

IDENTIFICATION

Work Site Location _____ Block _____ Lot _____ Qualification Code _____

_____

_____

To: Contractor/Builder _____ **Copy**: Homeowner _____

_____ _____

_____ _____

NOTICE

On _____ , you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **Notice of Violation and Order to Terminate** was issued. Reinspection of the work site on _____ revealed the following violation(s) remain:

PENALTY

Therefore, you are hereby ***ORDERED*** to pay a penalty in the amount of $ _____ for each violation for a total penalty of $ _____.

Further, take *NOTICE* that for each week that any of the said violations remain outstanding after _____, an additional penalty of $ _____ per week shall result.

If you wish to contest this ***NOTICE*** *and* ***ORDER***, you may request a hearing before the Construction Board of Appeals of the _____ of _____ , within 15 days of receipt of this ***NOTICE*** *and* ***ORDER*** as provided by N.J.A.C. 5:23A-2.1. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, and the address of the building or site in question. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful. The homeowner will be provided an opportunity to explain their denial of consent at any hearing.

The fee for an appeal is $ _____ and should be forwarded with your application to the Construction Board of Appeals Office at : _____

If you have any questions concerning this matter, please call: _____

Notice and ***Order*** of Penalty: _____ Date: _____

Construction Official

U.C.C. F214 (2/2005)

Sample Sample Sample

NEW JERSEY
UNIFORM CONSTRUCTION CODE

For Information Call: _____

Permit No. _____

Sample

APPROVAL FOR BUILDING

		Date	Inspector
[ ]	Footing	_____	_____
[ ]	Foundation	_____	_____
[ ]	Frame	_____	_____
[ ]	Insulation	_____	_____
[ ]	Mechanical	_____	_____
[ ]	Other _____	_____	_____
[ ]	Other _____	_____	_____
[ ]	Final	_____	_____

Sample

Sample

U.C.C. F221
(rev. 3/96)

For Information Call _____

Permit # _____

Sample

APPROVAL FOR ELECTRICAL

	Date	Inspector
[ ] Rough		
[ ] Service		
[ ] Other		
[ ] Final		

Sample

U.C.C. F222A

NEW JERSEY UNIFORM CONSTRUCTION CODE

For Information Call: _____

Permit No. _____

Sample

APPROVAL FOR PLUMBING

		Date	Inspector
[ ]	Slab	_____	_____
[ ]	Rough	_____	_____
[ ]	Water	_____	_____
[ ]	Gas	_____	_____
[ ]	LPGas Tank	_____	_____
[ ]	Mechanical	_____	_____
[ ]	Sewer	_____	_____
[ ]	Other _____	_____	_____
[ ]	Other _____	_____	_____
[ ]	Final	_____	_____

Sample

Sample

U.C.C. F223 (rev. 2/03)

For Information Call _____

Permit # _____

Sample

APPROVAL FOR FIRE PROTECTION

	Date	Inspector
[ ] Sprinklers		
[ ] Standpipes		
[ ] Special Supp.		
[ ] Alarm		
[ ] Mechanical		
[ ] Other		
_____		
[ ] Final		

Sample

Sample

U.C.C. F224A

For Information Call _____

Permit # _____

APPROVAL FOR ELEVATOR

Elevator Number _____

	Date	Inspector
( ) Machine Room	_____	_____
( ) Car/Floor	_____	_____
( ) Hoistway/Pit	_____	_____
( ) Temp. 30 Day	_____	_____
( ) Other	_____	_____
( ) Final	_____	_____

U.C.C. F225

Sample

NEW JERSEY UNIFORM CONSTRUCTION CODE

For Information Call _____

Permit # _____

Sample

NOT APPROVED

- ☐ **BUILDING**
- ☐ **PLUMBING**
- ☐ **ELEVATOR DEVICES**
- ☐ **OTHER** _____
- ☐ **ELECTRICAL**
- ☐ **FIRE PROTECTION**

Sample

Type of Inspection _____

Date _____ Inspector _____

Comments _____

Sample

_____

_____

U.C.C. F230B

NOTICE OF UNSAFE STRUCTURE

Permit #
Date Issued
- or -
Control #:

IDENTIFICATION

Work Site Location _____ Block _____ Lot _____ Qualification Code _____

Owner in Fee _____ Agent _____
Address _____ Address _____

To: ☐ Owner ☐ Other: _____
☐ Agent/Contractor _____

DATE OF INSPECTION: _____ DATE OF THIS NOTICE: _____

ACTION

Take NOTICE that as a result of the inspections conducted by this agency on _____ on the above property, an unsafe condition has been found to exist pursuant to N.J.S.A. 52:27D-132 and N.J.A.C. 5:23-2.32. The building or structure, or portion thereof, deemed an unsafe condition is described as follows:

You are hereby ***ORDERED*** to:

[ ] Vacate the above structure by _____.

[ ] Demolish the above structure by _____ , or correct the above noted unsafe conditions by no later than _____ .

Failure to correct the unsafe condition or refusal to comply with this ***ORDER*** will result in this matter being forwarded to legal counsel for prosecution and assessment of penalties up to $2,000 per week per violation. You must immediately declare to the Construction Official, your acceptance or rejection of the terms of this ***ORDER***.

Any building or structure vacated pursuant to this ***ORDER*** shall not be reoccupied unless and until a certificate of occupancy is issued by the Construction Official.

If you wish to contest this ***ORDER***, you may request a hearing before the Construction Board of Appeals of the _____ of _____ within 15 days of receipt of this notice as provided by N.J.A.C. 5:23-2.1. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the specific sections of the Uniform Construction Code in question and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you, and you may also append any documents that you consider useful.

The fee for an appeal is $ _____ and should be forwarded with your application to the Construction Board of Appeals Office at : _____

If you have any questions concerning this matter, please call: _____

By ***ORDER*** of : _____ Date: _____
CONSTRUCTION OFFICIAL

U.C.C. F241(rev. 1/2004)

Sample Sample Sample

NOTICE OF IMMINENT HAZARD

Permit #
Date Issued
- or -
Control #:

IDENTIFICATION

Work Site Location _____ Block _____ Lot _____ Qualification Code _____

Owner in Fee _____ Agent _____
Address _____ Address _____

To: ☐ Owner ☐ Other: _____
☐ Agent/Contractor _____

DATE OF INSPECTION: _____ DATE OF THIS NOTICE: _____

ACTION

Take NOTICE that as a result of the inspections conducted by this agency on _____ of the above property, an imminent hazard has been found to exist pursuant to N.J.S.A. 52:27D-132 and N.J.A.C. 5:23-2.32. The building or structure, or portion thereof, deemed an imminent hazard is described as follows:

As such, you are hereby ***ORDERED*** to immediately and forthwith vacate the above structure or portion thereof.

Further, you are ***ORDERED*** to:

[ ] Immediately correct the above noticed imminent hazards so as to render the structure temporarily safe and secure.

[ ] Demolish the above structure by _____ .

Failure to immediately comply with this ***ORDER*** may result in the necessary correction being made by the Construction Official at the expense of the property owner pursuant to N.J.A.C. 5:23-2.32(b)5.

Failure to render the structure temporarily safe and secure and/or demolish the structure in accordance with this ***ORDER*** will result in this matter being forwarded to legal counsel for prosecution, and assessment of penalties up to $2,000 per week per violation. You must immediately declare to the Construction Official, your acceptance or rejection of the terms of this ***ORDER***.

If you wish to contest this ***ORDER***, you must apply for a stay to a court of competent jurisdiction within 24 hours.

If you have any questions concerning this matter, please call: _____

By ***ORDER*** of : _____ Date: _____
CONSTRUCTION OFFICIAL

Sample Sample Sample

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued _____

ORDER TO VACATE

Sample

Block _____ Lot _____ Qualification Code _____

Address _____

_____

Sample

THIS BUILDING IS DECLARED UNSAFE FOR HUMAN OCCUPANCY

NO INDIVIDUAL IS TO OCCUPY THIS BUILDING UNTIL THE STRUCTURE IS RENDERED SAFE AND SECURE

Sample

This notice shall be posted conspicuously at the site and shall remain so until permission for its removal is granted.

STOP CONSTRUCTION ORDER

Permit #
Date Issued
- or -
Control #

IDENTIFICATION

Work Site Location _____ Block _____ Lot _____ Qualification Code _____

Owner in Fee _____ Agent _____
Address _____ Address _____

To: ☐ Owner ☐ Other: _____
☐ Agent/Contractor _____
_____

DATE OF INSPECTION: _____ DATE OF THIS NOTICE: _____

ACTION

You are hereby ***ORDERED*** to **STOP**
☐**Building** ☐**Electrical** ☐**Plumbing** ☐**Fire Protection** ☐**Mechanical** ☐**Elevator** ☐**All CONSTRUCTION**
at the above Location as of _____ until further notice from this enforcing agency.

This ***ORDER*** is entered pursuant to N.J.A.C. 5:23-2.31(d) for violation of _____
which provides:

Permission to resume construction may be obtained from this enforcing agency after the following conditions are met:

Further, take *NOTICE* that failure to comply with this ***ORDER*** may result in the assessment of penalties of up to $2,000 per day per violation, and a certificate of occupancy will *not* be issued until such penalty has been paid.

If necessary, the enforcing agency will concurrently seek the Order of a court of competent jurisdiction restraining further work at the above location.

If you wish to contest this ***ORDER***, you may request a hearing before the Construction Board of Appeals of the _____ of _____, within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23A-2.1. The Application to the Construction Board of Apeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of the relief sought by you. You may attach any documents that you consider useful.

The fee for an appeal is $ _____ and should be forwarded with your application to the Construction Board of Appeals Office at : _____

If you have any questions concerning this matter, please call: _____

By ***ORDER*** of: _____ Date: _____
SubCode Official

Sample Sample Sample

NEW JERSEY
UNIFORM CONSTRUCTION CODE

Date Issued

Permit #
Date Issued

- or -
Control #

Sample

STOP CONSTRUCTION NOTICE

Block _____ Lot _____ Qualification Code _____

Work Site Location: _____

_____

Sample

YOU ARE HEREBY ORDERED TO STOP CONSTRUCTION AT THE ABOVE ADDRESS UNTIL FURTHER NOTICE FROM THIS ENFORCING AGENCY

Sample

This notice shall be posted conspicuously at the site and shall remain so until permission for its removal is granted.

U.C.C. F255 (rev. 2/04)

CERTIFICATE

Permit #
Date Issued
- or -
Control #
Certificate Issued Date:

126

IDENTIFICATION

Block _____ Lot _____ Qualification Code _____
Work Site Location _____

Owner in Fee _____
Address _____

Tel. (_____) _____
Contractor _____
Address _____

Tel. (_____) _____ FAX (_____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Employer No. _____

Home Warranty No. _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group _____
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use:

Sample

☐ **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of the inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate:

☐ **CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (_____ years); see file

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____.

Fee $ _____
Paid [ ] Check No. _____
Collected by: _____

_____
CONSTRUCTION OFFICIAL DATE

U.C.C. F260
(rev. 8/05)

1 WHITE — APPLICANT 2 CANARY — OFFICE 3 PINK — TAX ASSESSOR

APPLICATION FOR CERTIFICATE

Permit #
Date Issued
- or -
Control #
Certificate Application Received:
Certificate Issued:

IDENTIFICATION

Work Site Location _____ Block _____ Lot _____ Qualification Code _____

Owner in Fee _____

Address _____

_____

Tel. (___) _____

Contractor _____

Address _____

_____

License No. _____ Tel. (___) _____

Federal Employee No. _____

ACTION

☐ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ _____

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____
OWNER/AGENT

☐ OWNER ☐ AGENT

U.C.C. F270
(rev. 5/2003)

T.C.O. CONTROL CARD

Compliance Deadline _____ Permit # _____

Temporary Certificate Issuance Date _____

Owner/Agent _____

Work Site Location _____

_____

Telephone ( ) _____

Conditions to be resolved

U.C.C. F280B

ON-GOING INSPECTION CONTROL CARD

Date of Initial Service _____

Owner/Agent _____

Address _____

_____

Telephone ( ) _____ Block _____ Lot _____ Qual. _____

Number and Type(s) of Equipment _____

_____

Inspection Month _____

U.C.C. Form F290 (rev. 3/04)

ON-GOING INSPECTIONS SCHEDULE

130

INSPECTOR _____

Name	Location	Number and Type of Inspection	Date Schedule	Amount of Fee	RESULT			INSPECTION			
					# Pass	# Fail	# Not Done	Owner/Agent Notification Date	Inspection Date	RESULT # Pass	RESULT # Fail

U.C.C. F300
(rev. 3/04)

ELEVATOR INSPECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Name _____ Date _____

Address _____

_____

_____

BUILDING REGISTRATION NO. _____

If FA, Permit No. _____

TYPE OF INSPECTION/TEST

1 = FA	4 = 3 Yr	7 = Alteration
2 = 6 Mo	5 = 5 Yr	P = Passenger
3 = 1 Yr	6 = Reinspection	F = Freight

S = SATISFACTORY U = UNSATISFACTORY (Use NA When Not Applicable)

DEVICE TYPE												
DEVICE NUMBER												
TYPE OF INSPECTION/TEST												
	S	U	S	U	S	U	S	U	S	U	S	U
A. MACHINE ROOM & MACHINE ROOM EQUIPMENT												
1. Enclosure/LIghting/Vents												
2. Machine/Brake/Gears/Motor												
3. Hydro Power Motor Unit												
4. Motor Generator Set/SCR Drive												
5. Controller/Selector												
6. Governor(s)												
7. Relief & Check Valves												
8. Required Disconnects												
9. Oil/Hydro Fluid, Leaks, Level												
10. Hydro Fluid Hoses or Pipe												
11. Seals, Plates, Labels, Unit ID, Tags, Signs												
12. Routine Maintenance												
13.												
B. ELEVATOR CAR AND COUNTERWEIGHT												
1. Car Enclosure/Platform/Sling/Flooring												
2. Guide Shoes/Rollers												
3. Car Gate/Door/Accessories/Car Door Reopening Device(s)												
4. Car Gate or Door Operator												
5. Car Lighting/Standard & Emergency												
6. Rope Hitches/Platen Hitch												
7. Top-of-Car Operating Station/Stop Switch												
8. Car Operating Station/Stop Switch/Indicators												
9. Emergency Signals & Communication												
10. Emergency Exits/Top/Side												
11. Safeties & Accessories												
12. Seals, Plates, Labels, Unit ID, Tags, Signs												
13. Firefighter Service PHI & II												
14. Counterweight/Car &Counterweight Sheaves												
15. Routine Maintenance												
16.												
C. HOISTWAY, HOISTWAY ENTRANCES AND PIT												
1. Enclosure												
2. Door, Closers & Accessories												
3. Door Interlocks/Emergency Key/Access Keys												
4. Guide Rails: Main & Counterweight												
5. Switches and Cams												
6. Pit/Stop Switch/Light/Ladder												
7. Counterweight Guard												
8. Buffers: Spring or Oil												
9. Ropes: Hoist, Governor, Counterweight, Compensating, Tail												
10. Traveling Cable and Wiring												
11. Plunger, Cylinder and Gland												
12. Governor Rope Tension Sheave & Assembly												
13. Compensating Sheave or Chain												
14. Clearances and Runby												
15. Seals, Plates, Labels, Tags												
16. Hall Station/Hall Position Indicator (if required), Hall Lantern												
17. Routine Maintenance												
18.												

ELEVATOR INSPECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

S = SATISFACTORY U = UNSATISFACTORY (Use NA When Not Applicable)

DEVICE TYPE												
DEVICE NUMBER												
TYPE OF INSPECTION/TEST												
	S	U	S	U	S	U	S	U	S	U	S	U
D. **ESCALATOR/MOVING WALKS** (Device Type)												
1. Stair Treads/Comb Plates												
2. Balustrade/Handrails												
3. Shear Points Protection												
4. Emergency Stop Switches												
5. Steps, Rollers & Tracks												
6. Chains & Sprockets												
7. Safety Devices												
8. Kiosk/Wellway/Safety Zone												
9. Clearances												
10. Protection of Trusses & Machinery Space (Fire)												
11. Skirt & Steps Clearance												
12. Machinery Access Space & Lighting												
13. Escalator Brakes												
14. Machine/Brakes/Gears/Motor												
15. Starting & Switches												
16. Speed Governor												
17. Roller Shutter Device												
18. Signs, Seals, Planks, Labels, Unit ID, Tags												
19. Step Lighting												
20. Required Disconnect												
21. Routine Maintenance												
22. Tests												
23.												

E. **TESTS: TRACTION ELEVATOR DEVICES** (Pass or Fail)						
1. Device Number						
2. Car Rated Speed						
3. Overspeed Switch						
4. Tripping Speed						
5. Capacity						
HYDRO ELEVATOR DEVICES (Pass or Fail)						
1. Car Registration Number						
2. Working Pressure						
3. Relief Pressure						
4. Capacity						
5. Tags						

F. **APPLICABLE CODES**						

ACTION TAKEN						
1. Device Number						
2. Recommended Type of Certificate (Cyclical Inspections Only)						
3. Removed from Operation						

Note: When unsatisfactory conditions are noted, see “Notice” attached.

Inspector’s Name (print) and Lic. No.

Inspector’s Signature

U.C.C. F310-2
(rev. 2/07)

ELEVATOR NOTICE

(TO BE POSTED IN MOTOR ROOM)

Elevator # _____

Address _____
Street

_____
Town State Zip

DATE	TYPE OF INSP.	INSPECTOR SIGNATURE

TYPE OF INSP: FA = Final Acceptance; SA = Semi-Annual (6 Mo.); A = Annual (1 Yr.)
3 Yr. = Three Year; 5 Yr. = Five Year; R = Reinspection.

U.C.C. F320A

NEW JERSEY UNIFORM CONSTRUCTION CODE

NOTICE

_____
Date Issued

THIS ELEVATOR DEVICE IS OUT OF OPERATION

Sample

Registration Number _____ Device Number _____

Block _____ Lot _____ Qualification Code _____

Address _____

_____

Sample

This Elevator Device Is Declared UNSAFE

No Person Is To Use This Elevator Device Until It Is Made Safe

Sample

This notice shall be posted conspicuously at the site
and shall remain so until permission for its removal is granted.

U.C.C. F325
(rev. 03/03)

UCC ELEVATOR DEVICES - ACCIDENT/INCIDENT REPORT

MUNICIPALITY: _____ DATE OF ACCIDENT: _____

Date when accident is reported to municipality: _____

Accident reported by: Name: _____ Telephone #: _____

Address: _____

Building Address: _____

Building Use: _____ Registration #: _____

Inspection Cycle: _____ Device: ID: _____ Type: _____

Owner: Name: _____

_____

ADDRESS CITY STATE ZIP CODE

Name(s) of the injured: _____

Accident resulted in: Death: _____ Injury: _____

Last inspection prior to accident: Date: _____ Type: _____

Performed By: _____ _____

License Number Name

Were violations cited: YES _____ NO _____

Attach a copy of the latest inspection report prior to the accident and a copy of the list of violations when cited.

Latest certificate granted: Type: _____ Date Issued: _____

Expiration Date: _____

List of Codes; Reference Standards the device shall be in compliance with:

_____

_____

Device Data: Capacity: _____ Speed: _____ # of Floors Served: _____

Operation(s): _____ Machine type: _____

Door type: Hoistway _____ Car _____

Device Under Maintenance Contract: YES _____ NO _____

If yes, name of maintenance company: _____

NOTE: U.C.C F310 form shall be used to record S/U conditions and violations found during a special inspection.

Construction Official: _____ _____

Name Signature

Report prepared by: _____ _____

Name Signature

U.C.C. F326
(rev. 6/08)

NEW JERSEY UNIFORM CONSTRUCTION CODE

CUT-IN-CARD

Municipality _____

Location _____ Utility Co. _____

_____ Block ____ Lot ____ Qualif. Code ____

Owner _____ Occupant _____

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☐ FINAL ☐ TEMPORARY This approval is void after _____ days.

Description of Service _____

Installed By _____ License # _____

Date _____ Permit # _____ Inspector _____

☐ Called In ___/___/___ License # _____

Sample Sample Sample

U.C.C. F350 (rev. 3/03) 1 White - Utility 2 Canary - Office/File 3 Pink - Office/Contractor

DENIAL OF PERMIT

Date Issued:
Control #:

IDENTIFICATION

Block _____ Lot _____ Qualification Code _____

Work Site Location _____ Agent/Contractor _____

Owner in Fee_____ Address _____

Address _____ _____

_____ Tele. (___) _____

Tele. (____)_____ Contractor License No. _____

On _____, _____ received an application for a construction permit for the project/work located at the above address. This project/work involves the following:

This application is denied for the following reason(s):

If you wish to contest this action, you may request a hearing before the Construction Board of Appeals of the _____ of _____, within 15 days of receipt of this notice as provided by N.J.A.C. 5:23A-2.1. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the control number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $ _____ and should be forwarded with your application to the Construction Board of Appeals Office located at: _____

_____

If you have any questions concerning this matter, please call: _____

Construction Official: _____ Date: _____
(Signature)

U.C.C. F360
(rev. 4/2003)

1 White - Applicant 2 Canary - Office

Sample Sample Sample

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE_____ PERMIT # _____

WORK SITE ADDRESS _____

Owner in Fee _____

Verifying Individual _____ Company _____

Address _____

Street City State Zip Code

Tel: (____) _____ Fax: (____) _____

Check the Appropriate Box(es):

Type of Replacement:

[ ] Oil to Gas Conversion
[ ] Gas to Oil Conversion
[ ] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other _____

Existing Vent/Chimney:

[ ] "B" Label Vent
[ ] "L" Label Vent
[ ] Flexible Liner
[ ] Power Vent/Exhauster

Size _____

[ ] Chimney-Interior
[ ] Chimney-Exterior
[ ] Masonry Chimney-Tile Lined
[ ] Masonry Chimney-Unlined
[ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	_____	Oil / Gas / Other: _____	_____
Appliance 2:	_____	Oil / Gas / Other: _____	_____
Appliance 3:	_____	Oil / Gas / Other: _____	_____

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

_____
Signature Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____
Signature Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

U.C.C. F370 (rev. 01/12)

Sample Sample Sample

TICKLER/X-REF CARD

Plan Review Due Date _____ _____

Plans Received Date _____ _____

Plans Approved Date _____ _____

Permit No. _____ **Block** _____ **Lot** _____ **Qualif. Code** _____
Date Issued _____

U C C F375
(rev. 3/04)

Fire Sprinkler Hydraulic Data Plate

NEW JERSEY UNIFORM CONSTRUCTION CODE

Project: _____ Date: _____
Work Site Location: _____ System: _____
Contractor: _____ Zone: _____
Contractor Address: _____ Area: _____
_____

SYSTEM DESIGN

Hazard: LH _____ OH-I _____ OH-II _____ EH-I _____ EH-II _____ RES _____
Misc. Storage up to 12 ft. -Class Type _____ is Equal to _____ Hazard
NFPA Standard: _____ Edition: _____ System Type: _____
Area/Sprinkler: _____ sq. ft. used; _____ sq. ft. allowed
Manufacturer:

Model	Type	K-Factor	Size	Degree	Qty

CALCULATION DATA

Density/Area: _____ gpm/sf over _____ sq. ft. area
End sprinkler: _____ gpm @ _____ psi No. of sprinklers flowing _____
Hose stream allowance: _____ gpm Rack demand: _____ gpm
Demand: At base of riser _____ gpm @ _____ psi
At pump discharge _____ gpm @ _____ psi
At source _____ gpm @ _____ psi

SUPPLY DATA

Test location: _____
Test by: _____ Test date: _____
Public: Static _____ psi; Residual _____ psi; Flow _____ gpm
Fire Pump Rating: _____ gpm @ _____ psi; Electric [ ] Diesel [ ]

PIPE DATA

C-Factor: Aboveground = _____ Underground = _____
Type: Sched/40 [ ] Lt. Wall [ ] XL [ ] CPVC [ ] Copper [ ] Other [ ]
If Other, specify: _____

RACK STORAGE

Commodity Class: _____ Max. Height _____ ft. Aisle Width _____ ft.
Figure No. (NFPA 13): _____ Curve: _____ Sprinkler/level to flow: _____
Rack Demand: _____ gpm @ _____ psi @ Reference pt. _____

BACKFLOW PREVENTER Mfg: _____ Model _____

Note: Any item not applicable must be marked as 'N/A' in the space provided.

U.C.C. F380 (rev. 3/09)

Sample Sample Sample

PERMIT # _____ LOT: _____ BLOCK: _____

FRAMING CHECKLIST

Instructions: Builder or Builder's representative checks boxes marked 'B'. Building Inspector checks boxes marked 'I'. Responsible Person in Charge of Work signs, initials and dates in spaces provided. Building Inspector initials and dates in spaces provided.

141

NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

A. BASEMENT OR CRAWL SPACE

1. ANCHORAGE:

BOLTS

- B I SPACING
- B I SIZE

STRAPS

- B I SPACING (PER MANUFACTURER'S SPECS)
- B I SIZE

2. SILL PLATES:

- B I SIZE
- B I GRADE, SPECIES
- B I TREATMENT
- B I LAPS
- B I SILL SEALER
- B I PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)
- B I TERMITE PROTECTION

3. BEAM POCKETS:

- B I BEARING/SHIMS
- B I TERMITE PROTECTION OR CLEARANCE

4. COLUMNS:

- B I SIZED PER PLAN
- B I ATTACHMENT/PLATES
- B I SPACING/LOCATION
- B I PAINT/COATING

B. FLOOR FRAMING AND FLOORING

1. BOX OR RIM JOIST, OR PERIMETER BAND JOIST:

1ST	2ND	3RD	4TH	FLOOR
B I	B I	B I	B I	SIZE
B I	B I	B I	B I	GRADE, SPECIES
B I	B I	B I	B I	SINGLE OR DOUBLE
B I	B I	B I	B I	PRE-ENGINEERED PER MANFACTURER'S SPECS
B I	B I	B I	B I	CANTILEVERS AS PER DESIGN

2. GIRDERS AND BEAMS:

- B I SIZED PER PLAN
- B I TYPE
- B I GRADE, SPECIES
- B I LOCATION AND RELATION TO THE PLAN
- B I NAILING
- B I ATTACHMENT SCHEDULE
- B I BEARING
- B I LAPPING

3. FLOOR JOIST:

1ST	2ND	3RD	4TH	FLOOR
B I	B I	B I	B I	SIZED PER PLAN
B I	B I	B I	B I	GRADE, SPECIES
B I	B I	B I	B I	PRE-ENGINEERED COMPONENTS AS SPECIFIED
B I	B I	B I	B I	BEARING
B I	B I	B I	B I	NAILING
B I	B I	B I	B I	BRIDGING
B I	B I	B I	B I	CUTTING AND NOTCHING (AS PER CODE)
B I	B I	B I	B I	POINT LOADS – SUPPORTED AS PER PLAN
B I	B I	B I	B I	SPAN HANGERS
B I	B I	B I	B I	HEADERS
B I	B I	B I	B I	FRAMED OPENINGS

4. FLOORING, SHEATHING, OR DECKING:

1ST	2ND	3RD	4TH	FLOOR
MATERIAL				
B I	B I	B I	B I	PANEL SPAN, THICKNESS
SPECIAL REQUIREMENTS				
B I	B I	B I	B I	EDGE BLOCKING (IF REQUIRED)
B I	B I	B I	B I	GAPPING
B I	B I	B I	B I	LAYOUT

5. STAIR ATTACHMENT:

1ST	2ND	3RD	4TH	FLOOR
B I	B I	B I	B I	BEARING
B I	B I	B I	B I	NAILING

I hereby certify that I inspected this building using this checklist and it conforms to the released plans and to the requirements of the Uniform Construction Code, N.J.A.C. 5:23.

Responsible Person in Charge of Work: _____ Date: _____

Building Inspector Initials: _____

Date: _____

PERMIT # _____ LOT: _____ BLOCK: _____

C. Wall Framing

1. Exterior Wall Frame:

1ST	2ND	3RD	4TH	Floor
B I	B I	B I	B I	Size
B I	B I	B I	B I	Space
B I	B I	B I	B I	Species and Grade
B I	B I	B I	B I	Cutting, Notching and Boring
B I	B I	B I	B I	Header Sizes
B I	B I	B I	B I	Jack Stud Bearing
Top Plates				
B I	B I	B I	B I	Nailing
B I	B I	B I	B I	Laps
B I	B I	B I	B I	Rafter Ties
B I	B I	B I	B I	Hurricane Straps (as required)

2. Interior Load-Bearing Walls:

1ST	2ND	3RD	4TH	Floor
B I	B I	B I	B I	Size
B I	B I	B I	B I	Space
B I	B I	B I	B I	Layout - Support Below per Code
B I	B I	B I	B I	Species and Grade
B I	B I	B I	B I	Cutting, Notching and Boring
B I	B I	B I	B I	Fire Blocking
B I	B I	B I	B I	Header Sizes
B I	B I	B I	B I	Jack Stud Bearing
Top Plates				
B I	B I	B I	B I	Nailing
B I	B I	B I	B I	Laps
B I	B I	B I	B I	Strapping

3. Interior Non-Load-Bearing Walls:

1ST	2ND	3RD	4TH	Floor
B I	B I	B I	B I	Size
B I	B I	B I	B I	Space
B I	B I	B I	B I	Species and Grade
B I	B I	B I	B I	Cutting, Notching and Boring
B I	B I	B I	B I	Fire Blocking
B I	B I	B I	B I	Header Sizes
B I	B I	B I	B I	Top Plate Nailing

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D. Roof Framing

1. Truss Roof Framing (as per design):

Approved Documents which Show:

- B I Layout Plans
- B I Truss Members
- B I Connection Schedule
- B I Permanent Bracing Details
- B I Dormers/Roof Structures on Manufacturer's Drawings
- B I Equipment/Appliances on Manufacturer's Drawings

B I Location as per Layout

- B I Alignment

B I Bearing

B I Spacing

B I Connections to Bearing Points

B I No Connection to Non-Bearing Points

B I Damage and Defects

- B I Engineered Method of Repair

2. Permanent Truss-to-Truss Bracing (as per design):

- B I Layout
- B I Size
- B I Type
- B I Nailing
- B I Overlap
- B I Termination
- B I Transition (i.e., Cross) Bracing

3. Gable End Bracing (as per design):

- B I Layout
- B I Size
- B I Type
- B I Nailing
- B I Overlap
- B I Termination

4. Solid Sawn Roof Framing:

B I Size

B I Grades, Species

Layout

- B I Spacing
- B I Span

B I Bearing

B I Fastening

- B I Damage Caused by Fasteners (rafters not split by toenails)

B I Cutting, Notching, and Boring

B I Bridging

B I Ridge Size

B I Hurricane Ties Where Applicable

E. Sheathing

1. Sheathing – Exterior Walls:

Material

- B I Panel Span, Thickness

Special Requirements

B I Gapping B I Layout

- B I Corner Bracing (if required)

2. Sheathing – Roof:

Material

- B I Panel span, Thickness

Special Requirements

B I Blocking, Edge (if required) B I Gapping

B I Clips (if required) B I Layout

Sheathing, FRT – Roof

- B I Four Feet from Firewall
- B I Noncorrosive Fasteners

Initials: Resp. Person in Charge of Work _____ Building Inspector _____

Permit #
Date Issued

DIGITAL ALARM COMMUNICATOR TRANSMITTERS (DACT) UTILIZING MANAGED FACILITY VOICE NETWORKS (MFVN) VERIFICATION FORM

IDENTIFICATION

Work Site Location _____ Block _____ Lot _____ Qualification Code _____

Owner in Fee _____ Contractor _____

Address _____ Address _____

Tel. (___) _____ Tel. (___) _____

License/Certification No. _____

Federal Emp. ID No._____

Compliance Checklist

When a DACT's means of transmission is converted from Plain Old Telephone Service (POTS) to Managed Facility Voice Network (MFVN) Service, this checklist is to be completed by the licensed/certified alarm service provider and submitted to the Fire Protection Subcode Official of the Local Enforcing Agency within 24 hours of conversion.

☐ DACT connected to qualified MFVN service

_____

MFVN Provider Name and Telephone no.

☐ DACT telephone circuit(s) configured and tested for loop start.

☐ DACT telephone circuit(s) configured and tested for line seizure.

☐ Minimum 8-hour standby battery installed and tested in MFVN communications equipment.

☐ MFVN communications equipment installed at the protected premises with safeguards to prevent unauthorized access.

☐ DACT alarm, trouble and supervisory signal transmission retested to Supervising Station successfully.

_____

Alarm Service Provider name and telephone no.

_____

Supervising Station Service Provider Name and Telephone no.

_____ _____

Signature *Date*

U.C.C. F391 (3/2012)

PERMIT # _____ LOT: _____ BLOCK: _____

AIR BARRIER AND INSULATION CHECKLIST

In the checklist below, ***AB*** and ***I*** stand for the *air barrier* and *insulation* inspection components to be verified. The local code official will always verify the ***I*** components. In the case where the local code official is not verifying the ***AB*** components, they may be verified by a person independent of the insulation installer, or by the use of a blower door test.

If the permit holder has elected use of a blower door test, documentation of test results verifying air leakage less than 7 air changes per hour when tested at a pressure of 33.5 psf or 50 Pa shall be submitted with this checklist. A passing test demonstrates that the ***AB*** components are verified.

COMPONENT		CRITERIA	Y, N, OR N/A	COMMENTS	INITIALS	DATE
Floors (including above-garage and cantilevered floors)						
General	I	Insulation is installed to maintain permanent contact with underside of subfloor decking.				
	AB	Air barrier is installed at any exposed edge of insulation.				
Rim joists	AB	Rim joists include an air barrier.				
	I	Rim joists are insulated.				
Walls						
General	I	Corners and headers are insulated.				
	AB	Junction of foundation and sill plate is sealed.				
Crawl space walls	I	Insulation is permanently attached to walls.				
	I	Exposed earth in unvented crawl spaces is covered with Class I vapor retarder with overlapping joints taped.				
Windows and doors	AB	Space between window/door jambs and framing is sealed.				
Garage separation	AB	Air sealing is provided between the garage and conditioned spaces.				
Plumbing and wiring	I	Insulation is placed between outside and pipes. Batt insulation is cut to fit around wiring and plumbing, or sprayed/blown insulation extends behind piping and wiring.				
Shower/tub on exterior wall	I	Showers and tubs on exterior walls have insulation.				
	AB	Showers and tubs on exterior walls have an air barrier separating them from the exterior wall.				
Electrical/phone box on exterior walls	AB	Air barrier extends behind boxes or air sealed-type boxes are installed.				
Common wall	AB	Air barrier is installed in common wall between dwelling units.				
Fireplace	AB	Fireplace walls include an air barrier.				

PERMIT # _____ LOT: _____ BLOCK: _____

Component		Criteria	Y, N, or N/A	Comments	Initials	Date
Ceiling/Attic						
General	AB	Air barrier in any dropped ceiling/soffit is substantially aligned with insulation and any gaps are sealed.				
	AB	Attic access (except unvented attic), knee wall door, or drop down stair is sealed.				
Recessed lighting	I	Recessed light fixtures penetrating the thermal envelope are air tight, IC-rated, and sealed to drywall.				
Other/All						
Air barrier and thermal barrier	I	Exterior thermal envelope insulation for framed assemblies is installed in substantial contact and continuous alignment with building envelope air barrier.				
	AB	Breaks or joints in the air barrier are filled or repaired.				
	AB	Air-permeable insulation is not used as a sealing material.				
	AB	Air-permeable insulation is inside of an air barrier.				
Shafts, penetrations	AB	Duct shafts, utility penetrations, knee walls and flue shafts opening to exterior or unconditioned space are sealed.				
Narrow cavities	I	Batts in narrow cavities are cut to fit, or narrow cavities are filled by sprayed/blown insulation.				
HVAC register boots	AB	HVAC register boots that penetrate building envelope are sealed to subfloor or drywall.				

CODE OFFICIAL: _____ SIGNATURE: _____ DATE: _____

CODE OFFICIAL: _____ SIGNATURE: _____ DATE: _____

CODE OFFICIAL: _____ SIGNATURE: _____ DATE: _____

CODE OFFICIAL: _____ SIGNATURE: _____ DATE: _____

NAME & COMPANY: _____ SIGNATURE: _____ DATE: _____

NAME & COMPANY: _____ SIGNATURE: _____ DATE: _____

NAME & COMPANY: _____ SIGNATURE: _____ DATE: _____

NAME & COMPANY: _____ SIGNATURE: _____ DATE: _____

Page No. _____

PERMIT FEE LOG

For the Month of: _____

PERMIT NO.	DATE ISSUED	BLOCK/LOT/ Qualif.	NAME/ADDRESS	USE GROUP	DESCRIPTION	NEW OR ADDITIONAL AREA (SQ. FT.)	NO. OF CUBIC FEET (NEW BLDG. OR ADDN.)	OWNERSHIP PRI./PUB.	HOUSING UNITS								TOTAL VALUE OF CONSTRUCT.	CENSUS ITEM NO.	FEES COLLECTED										FORM OF PAYMENT
									GAIN SALE		GAIN RENTAL		LOST SALE		LOST RENTAL				BUILD.	PLUMB.	ELEC.	FIRE	ELEV.	MECH.	DCA TRAINING	CERT.	OTHER	TOTAL	CASH CHECK
									All	Inc. Rstr'td	All	Inc. Rstr'td	All	Inc. Rstr'td	All	Inc. Rstr'td													
TOTAL																													

U.C.C. L700 (rev. 2/05)

Page No _____

INSPECTION LOG

Date	Permit #	Block	Lot	Qualif	Name	Construction Location	Type of Inspection Requested	Date Conducted	Conducted By	Inspection Results			Comments
										Pass	Fail	Not Done	

U.C.C. L710 (rev. 2/05)

Page No. _____

CERTIFICATE LOG

For the Month of: _____

CERTIFICATE NO.	DATE ISSUED	BLOCK/LOT/ QUALIF.	NAME/ADDRESS	DESCRIPTION	USE GROUP	CO	CA	CCO	CC	TCO/TCC	CCL N.J.A.C - 5:17	NEW OR ADDITIONAL AREA (SQ. FT.)	NO. OF CUBIC FEET (NEW BLDG. OR ADDN.)	OWNERSHIP PRI./PUB.	HOUSING UNITS								TOTAL VALUE OF CONSTRUCT.	CENSUS ITEM NO.	FEES COLLECTED ($0 INDICATES FEE ALREADY PAID)	FORM OF PAYMENT
															GAIN SALE		GAIN RENTAL		LOST SALE		LOST RENTAL					CASH CHECK
															All	Inc. Rstr'td	All	Inc. Rstr'td	All	Inc. Rstr'td	All	Inc. Rstr'td				
TOTAL																										

U.C.C. L720 (rev. 3/04)

ON-GOING INSPECTIONS

Name	Address	Block/Lot/ Qualif.	Type of Equipment	Registry No.	Date of Initial Service	Date of Inspection	RESULT		TCC Issued for (No. Days)	Date of Reinspection	RESULT		Inspector	Amount of Fee	DATE OF FINAL PASSED INSPECTION							
															19 ___				19 ____			
							No. Pass	No. Fail			No. Pass	No. Fail			3 Mo.	6 Mo.	9 Mo.	12 Mo.	3 Mo.	6 Mo.	9 Mo.	12 Mo.

U.C.C. L730 (rev. 3/04)

DAILY/WEEKLY INSPECTOR'S REPORT

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FOR THE DAY/WEEK OF _____ **INSPECTOR** _____

Date	Time	Permit #	Block	Lot	Owner/Agent	Construction Location	INSPECTION RESULTS			Comments
							Failed	Passed	Not Done	

U.C.C. R800A

UCC Municipal Monthly Activity Report (Certificates)
Residential Use Groups

Municipality _____ County _____

For Month of _____

Use Group	Perm Type	# of Certificates	CHARACTERISTICS								
			# of Square Feet	# of Cubic Feet	# Pvt. Owned	# Pub. Owned	Housing Units Gained		Housing Units Lost		Total Value of Constr.
							SALE	RENT	SALE	RENT	
R-1	New										
	Add.										
	Rehab.										
	Dem.										
R-2	New										
	Add.										
	Rehab.										
	Dem.										
R-3	New										
	Add.										
	Rehab.										
	Dem.										
R-4	New										
	Add.										
	Rehab.										
	Dem.										
R-5	New										
	Add.										
	Rehab.										
	Dem.										

U.C.C. R811-1 (rev. 06/04)

UCC Municipal Monthly Activity Report (Certificates)
Non-Residential Use Groups

Municipality _____ County _____

For Month of _____

Use Group	Perm Type	# of Certificates	CHARACTERISTICS								
			# of Square Feet	# of Cubic Feet	# Pvt. Owned	# Pub. Owned	Housing Units Gained		Housing Units Lost		Total Value of Constr.
							SALE	RENT	SALE	RENT	
	New										
	Add.										
	Rehab.										
	Dem.										
	New										
	Add.										
	Rehab.										
	Dem.										
	New										
	Add.										
	Rehab.										
	Dem.										
	New										
	Add.										
	Rehab.										
	Dem.										
	New										
	Add.										
	Rehab.										
	Dem.										
	New										
	Add.										
	Rehab.										
	Dem.										
	New										
	Add.										
	Rehab.										
	Dem.										
Total											

Certificate Fees not previously collected $ _____

Prepared by _____ Date Prepared _____

U.C.C. R811-2 (rev. 06/04)

UCC Municipal Monthly Activity Report (Permits)
Residential Use Groups

Municipality _____ County _____

For Month of _____

Use Group	Perm Type	# of Perm	# of Upd.	CHARACTERISTICS												
				# of Square Feet	# of Cubic Feet	# Pvt. Owned	# Pub. Owned	Housing Units Gained				Housing Units Lost				Total Value of Constr.
								All Units		Income-restricted		All Units		Income-restricted		
								SALE	RENT	SALE	RENT	SALE	RENT	SALE	RENT	
R-1	New															
	Add.															
	Repair															
	Alt.															
	Renov.															
	Reconst.															
	Dem.															
R-2	New															
	Add.															
	Repair															
	Alt.															
	Renov.															
	Reconst.															
	Dem.															
R-3	New															
	Add.															
	Repair															
	Alt.															
	Renov.															
	Reconst.															
	Dem.															
R-4	New															
	Add.															
	Repair															
	Alt.															
	Renov.															
	Reconst.															
	Dem.															
R-5	New															
	Add.															
	Repair															
	Alt.															
	Renov.															
	Reconst.															
	Dem.															

U.C.C. R812-1 (rev. 6/04)

UCC Municipal Monthly Activity Report (Permits)
Non-Residential Use Groups

Municipality _____ County _____

For Month of _____

Use Group	Perm Type	# of Perm	# of Upd.	CHARACTERISTICS												
				# of Square Feet	# of Cubic Feet	# Pvt. Owned	# Pub. Owned	Housing Units Gained				Housing Units Lost				Total Value of Constr.
								All Units		Income-restricted		All Units		Income-restricted		
								SALE	RENT	SALE	RENT	SALE	RENT	SALE	RENT	
	New															
	Add.															
	Repair															
	Alt.															
	Renov.															
	Reconst.															
	Dem.															
	New															
	Add.															
	Repair															
	Alt.															
	Renov.															
	Reconst.															
	Dem.															
	New															
	Add.															
	Repair															
	Alt.															
	Renov.															
	Reconst.															
	Dem.															
	New															
	Add.															
	Repair															
	Alt.															
	Renov.															
	Reconst.															
	Dem.															
Total																

Fees Collected

Building $ _____
Electrical $ _____
Plumbing $ _____
Fire $ _____
Elevator $ _____
Certificate $ _____
Other $ _____

Prepared by _____ Date Prepared _____

STATE PERMIT SURCHARGE FEES

Municipality _____

County _____

TO: Fiscal Officer

FROM: _____

SUBJECT: State Permit Surcharge Fees

In accordance with *N.J.A.C.* 5:23-4.19, the amount of $ _____ in State Permit Surcharge Fees, based upon _____ cubic feet of new construction, and $ _____ dollars of all other construction except as specified in *N.J.A.C.* 5:23-4.19 (b) 1-5, has been collected by my office for the following period (check one):

[ ] 1 January 1 – March 31, _____
[ ] 2 April 1 – June 30, _____
[ ] 3 July 1 – September 30, _____
[ ] 4 October 1 – December 31, _____

Exempt Fee Permits

_____ cubic feet of new construction

$ _____ in value of construction

_____ Construction Official (or Designee)

_____ Date

Please submit this form along with a municipal check (vouchers are not acceptable), payable to the *"Treasurer, State of New Jersey"* to:

N.J. Department of Community Affairs
Division of Codes and Standards
Att: Fiscal Officer
P.O. Box 802
Trenton, New Jersey 08625-0802

U.C.C. R840 (rev. 10/05)

Appendix C. –UCC Standard Forms Print Specifications

Following are the print specifications for the Uniform Construction Code Standard Forms. Please note that while in some cases the exact weight and color of paper as well as ink color is prescribed, in others, only the form content is dictated, though a paper weight and color, and/or ink color may be recommended.

Distinguishing between required and recommended specifications results from the evolution of the construction code enforcement management software, such as the department's UCCARS and now, PermitsNJ applications, which produce some of the UCC standard forms as system output, and as a matter of practicality, all in black ink on white paper.

REQUIRED FORMS –REQUIRED SPECIFICATIONS

FORM NUMBER	DESCRIPTION & **REQUIRED** SPECIFICATIONS
UCC-F100	CONSTRUCTION PERMIT APPLICATION FILE FOLDER. 11 ¾" X 17 ½" Flat, folded on center for letter size (or 14 ¾ x 17 ½" flat, folded on center for legal size). 110 lb. manila or buff index or equal. Print black ink on two sides.
UCC-F180	CONSTRUCTION PERMIT NOTICE. 6"x 8" placard, 150 lb. tag or equal in bright yellow with black ink for print. Print for outdoor use. (Second side is optional. Print back to back.) Note: This form is for office use only and **may not be purchased by the public.**
UCC-F221	INSPECTION STICKER APPROVAL FOR BUILDING. 4" x 4" permanent pressure sensitive white printed with black ink. Note: This form is for office use only and **may not be purchased by the public**.
UCC-F222A	INSPECTION STICKER APPROVAL FOR ELECTRIC. 4" x 4" permanent pressure sensitive white printed with pantone purple ink. Note: This form is for office use only and **may not be purchased by the public**.
UCC-F223	INSPECTION STICKER APPROVAL FOR PLUMBING. 4" x 4" permanent pressure sensitive white printed with reflex blue ink. Note: This form is for office use only and **may not be purchased by the public.**
UCC-F224A	INSPECTION STICKER APPROVAL FOR FIRE PROTECTION. 4" x 4" permanent pressure sensitive white printed with warm red ink. Note: This form is for office use only and **may not be purchased by the public**.
UCC-F225	INSPECTION STICKER APPROVAL FOR ELEVATOR. 4" x 4" permanent pressure sensitive white printed with pantone green ink. Note: **This form is for office use only and may not be purchased by the public.**
UCC-F226	INSPECTION STICKER APPROVAL FOR MECHNICAL INSPECTION. 4" x 4" permanent pressure sensitive white printed with radiant yellow ink. Note: This form is for office use only and **may not be purchased by the public.**

REQUIRED FORMS –REQUIRED SPECIFICATIONS (continued)

FORM NUMBER	DESCRIPTION & **REQUIRED** SPECIFICATIONS
UCC-F230B	INSPECTION STICKER NOT APPROVED. 4” x 4” permanent pressure sensitive fluorescent red printed with black ink. Note: This form is for office use only and **may not be purchased by the public**.
UCC-F245	UNSAFE STRUCTURE NOTICE. 6”x 8” placard, 150 lb. tag or equal. Fluorescent red printed with black letters. Print for outdoor use.
UCC-F255	STOP CONSTRUCTION NOTICE. 6” x 8” placard, 150 lb. tag or equal. Fluorescent red printed with black letters. Print for outdoor use.
UCC-F320A	ELEVATOR NOTICE. 5 ½”x 8 ½”, 110 lb. white. Print black ink on one side.
UCC-F325	NOTICE OF ELEVATOR DEVICE SEALED OUT OF OPERATION. 6” x 8” placard, 150 lb. tag or equal. Fluorescent red printed with black letters. Print for outdoor use.
UCC-F350	CUT-IN-CARD. 4”x 5 ½”, three part, pre-collated, carbonless sets glued on left side. Part I white, Part 2 canary, Part 3 pink. Print black ink on one side.

REQUIRED FORMS –RECOMMENDED SPECIFICATIONS

FORM NUMBER	DESCRIPTION & **RECOMMENDED** SPECIFICATIONS
UCC-F101	CONSENT TO UNDERTAKE PROPOSED WORK. 8 ½” X 11”, 20 lb. bond white paper. Print black ink on one side.
UCC-F110	BUILDING SUBCODE TECHNICAL SECTION. 8 ½”X 11”, four part, pre-collated, carbonless sets to be glued on left edge. Part I white, Part 2 canary, Part 3 pink, Part 4 goldenrod. Note: While technical sections may be printed in any color or colors of ink, we recommend all parts print black ink on one side.
UCC-F120	ELECTRICAL SUBCODE TECHNICAL SECTION. 8 ½”x 11”, four part, pre-collated, carbonless sets to be glued on left edge. Part I white, Part 2 canary, Part 3 pink, Part 4 goldenrod. Note: While technical sections may be printed in any color or colors of ink, we recommend all parts print pantone purple on one side.
UCC-F130	PLUMBING SUBCODE TECHNICAL SECTION. 8 ½”x 11”, four part, pre-collated, carbonless sets to be glued on left edge. Part I white, Part 2 canary, Part 3 pink, Part 4 goldenrod. Note: While technical sections may be printed in any color or colors of ink, we recommend all parts print reflex blue on one side.

REQUIRED FORMS –RECOMMENDED SPECIFICATIONS (continued)

FORM NUMBER	DESCRIPTION & **RECOMMENDED** SPECIFICATIONS
UCC-F140	FIRE PROTECTION SUBCODE TECHNICAL SECTION. 8 ½"x 11", four part, pre-collated, carbonless sets to be glued on left edge. Part I white, Part 2 canary, Part 3 pink, Part 4 goldenrod. Note: While technical sections may be printed in any color or colors of ink, we recommend all parts print warm red on one side.
UCC-F145	MECHANICAL INSPECTOR TECHNICAL SECTION. 8 ½"x 11", four part, pre-collated, carbonless sets to be glued on left edge. Part I white, Part 2 canary, Part 3 pink, Part 4 goldenrod. Note: While technical sections may be printed in any color or colors of ink, we recommend all parts print black on one side.
UCC-F150	ELEVATOR SUBCODE TECHNICAL SECTION. 8 ½" X 11", four part, pre-collated, carbonless sets to be glued on left edge. Part I white, Part 2 canary, Part 3 pink, Part 4 goldenrod. Note: While technical sections may be printed in any color or colors of ink, we recommend all parts print pantone green on one side.
UCC-F155	ELEVATOR SUBCODE MULTIPLE DEVICES. 8 ½" x 11", four part, pre-collated, carbonless sets to be glued on left edge. Part I white, Part 2 canary, Part 3 pink, Part 4 goldenrod. Note: While technical sections may be printed in any color or colors of ink, we recommend all parts print pantone green on one side.
UCC-F160	APPLICATION FOR VARIATION. 8 ½" x 11", 20 lb. bond white paper. Print black ink on one side.
UCC-F170	CONSTRUCTION PERMIT AND REQUIRED INSPECTIONS. 5 ½" x 8 ½", four part, pre-collated, carbonless sets to be glued on left edge. Part I white, Part 2 canary, Part 3 pink, Part 4 golden rod. Print on two sides; side one in black ink, side two in black ink screened to be readable. This form is for office use only and may not be purchased by the public.
UCC-F190	PERMIT UPDATE. 5 ½" x 8 ½", four part, pre-collated, carbonless sets to be glued on left edge. Part I white, Part 2 canary, Part 3 pink, Part 4 goldenrod. Print black ink on one side. This form is for office use only and may not be purchased by the public.
UCC-F211	NOTICE OF VIOLATION AND ORDER TO TERMINATE. 8 ½" X 11", 20 lb. bond white paper. Print black ink on one side.
UCC-F212	NOTICE AND ORDER OF PENALTY. 8 ½" X 11", 20 lb. bond white paper. Print black ink on one side.

REQUIRED FORMS –RECOMMENDED SPECIFICATIONS (continued)

FORM NUMBER	DESCRIPTION & **RECOMMENDED** SPECIFICATIONS
UCC-F213	NOTICE OF VIOLATION AND ORDER TO TERMINATE (Post-Certificate of Occupancy –Residential Construction). 8 ½" X 11", 20 lb. bond white paper. Print black ink on one side.
UCC-F214	NOTICE AND ORDER OF PENALTY (Post-Certificate of Occupancy – Residential Construction). 8 ½" X 11", 20 lb. bond white paper. Print black ink on one side.
UCC-F241	NOTICE OF UNSAFE STRUCTURE. 8 ½" x 11", three part, pre-collated, carbonless sets to be glued on left edge. Part I white, Part 2 canary, Part 3 pink. Print black ink on one side.
UCC-F242	NOTICE OF IMMINENT HAZARD. 8 ½" x 11", three part, pre-collated, carbonless sets to be glued on left edge. Part I white, Part 2 canary, Part 3 pink. Print black ink on one side.
UCC-F250	STOP CONSTRUCTION ORDER. 8 ½"x 11", three part, pre- collated, carbonless sets to be glued on left edge. Part I white, Part 2 canary, Part 3 pink. Print black ink on one side.
UCC-F260	CERTIFICATE. 8 ½" X 11", three part, pre-collated, carbonless sets to be glued on left edge. Part I white, Part 2 canary, Part 3 pink. Print black ink on one side. This form is for office use only and **may not be purchased by the public**.
UCC-F270	APPLICATION FOR CERTIFICATE. 8 ½"x 11", 20 lb. bond white paper. Print black ink on one side.
UCC-F310	ELEVATOR INSPECTION. 8 ½"x 11", 20 lb. bond white paper. Print black ink.
UCC-F326	UCC ELEVATOR DEVICE ACCIDENT/INCIDENT REPORT. 8 ½" X 11", 20 lb. bond white paper. Print black ink on one side.
UCC-F360	DENIAL OF PERMIT. 8 ½" x 11", two part, pre-collated, carbonless sets glued on left side. Part I white, Part 2 canary. Print black ink on one side.
UCC-F370	CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT. 8 ½" x 11", 20 lb. bond white paper. Print black ink on one side.
UCC-F380	Fire Sprinkler Hydraulic Data Plate. 8 ½"x11", 110-lb. White index or equal. Print black ink on one side.

OPTIONAL FORMS –RECOMMENDED SPECIFICATIONS

FORM NUMBER	DESCRIPTION & **RECOMMENDED** SPECIFICATIONS
UCC-F200	INSPECTION NOTICE. 4 ¼" x 5 ½", 20 lb. bond or equivalent. Print black ink on one side. 100 per pad w/o chip board.
UCC-F280B	T.C.O. CONTROL CARD. 3" x 5" card, 90lb. white index or equal. Print black ink on one side.
UCC-F290	ONGOING INSPECTION CONTROL CARD. 3" x 5" card, 90 lb. white index or equal. Print black ink on one side.
UCC-F300	ONGOING INSPECTIONS SCHEDULE. 8 ½" x 11", 20 lb. bond white paper. Print black ink on one side.
UCC-F375	TICKLER/X-REF CARD. 3"x 5" card, 90 lb. white index or equal. Print black ink on one side.
UCC-R800A	DAILY/WEEKLY INSPECTORS REPORT. 8 ½" x 11", 20 lb. bond white paper. Print black ink on one side.

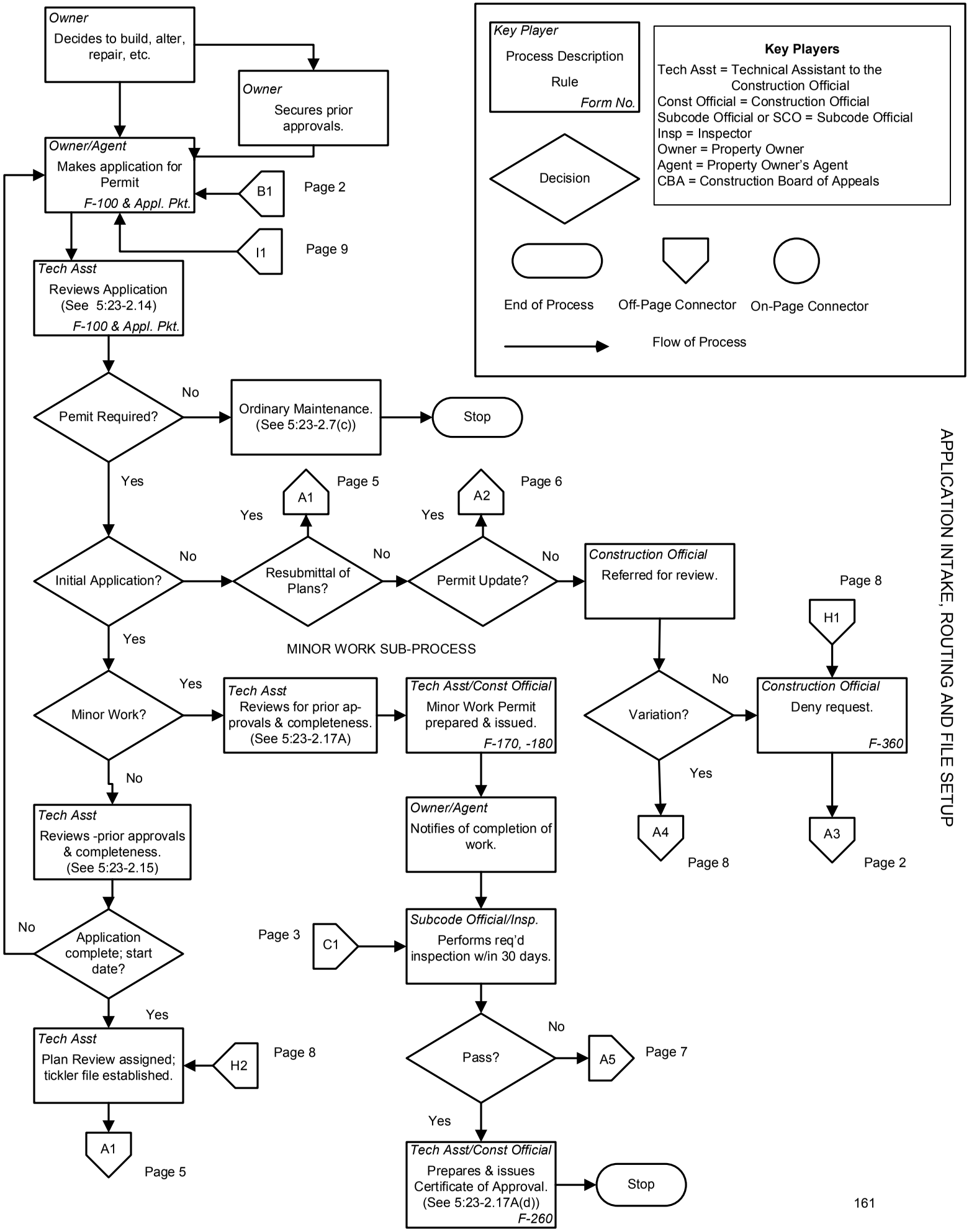
REQUIRED LOGS –RECOMMENDED SPECIFICATIONS

FORM NUMBER	DESCRIPTION & **RECOMMENDED** SPECIFICATIONS
UCC-L 700	PERMIT FEE LOG. 8 ½" x 14", 20 lb. bond white paper. Print in black ink. May be printed one or two sides for log book.
UCC-L710	INSPECTION LOG. 8 ½" x 11", 20 lb. bond white paper. Print in black ink. May be printed one or two sides for log book.
UCC-L720	CERTIFICATE LOG. 8 ½" x 14", 20 lb. bond white paper. Print in black ink. May be printed one or two sides for log book.
UCC-L730	ONGOING INSPECTION LOG. 8 ½" x 14", 20 lb. bond white paper. Print in black ink. May be printed one or two sides for log book.

REQUIRED REPORTS –RECOMMENDED SPECIFICATIONS

FORM NUMBER	DESCRIPTION & **RECOMMENDED** SPECIFICATIONS
UCC-R811	MUNICIPAL MONTHLY ACTIVITY REPORT (Certificates). 8 ½" x 11", 20 lb. bond white paper. Print black ink on one side.
UCC-R812	MUNICIPAL MONTHLY ACTIVITY REPORT (Permits). 8 ½" x 11", 20 lb. bond white paper. Print black ink on one side.
UCC-R840	STATE PERMIT SURCHARGE FEES. 8 ½" x 11", 20 lb. bond white paper. Print black ink on one side.

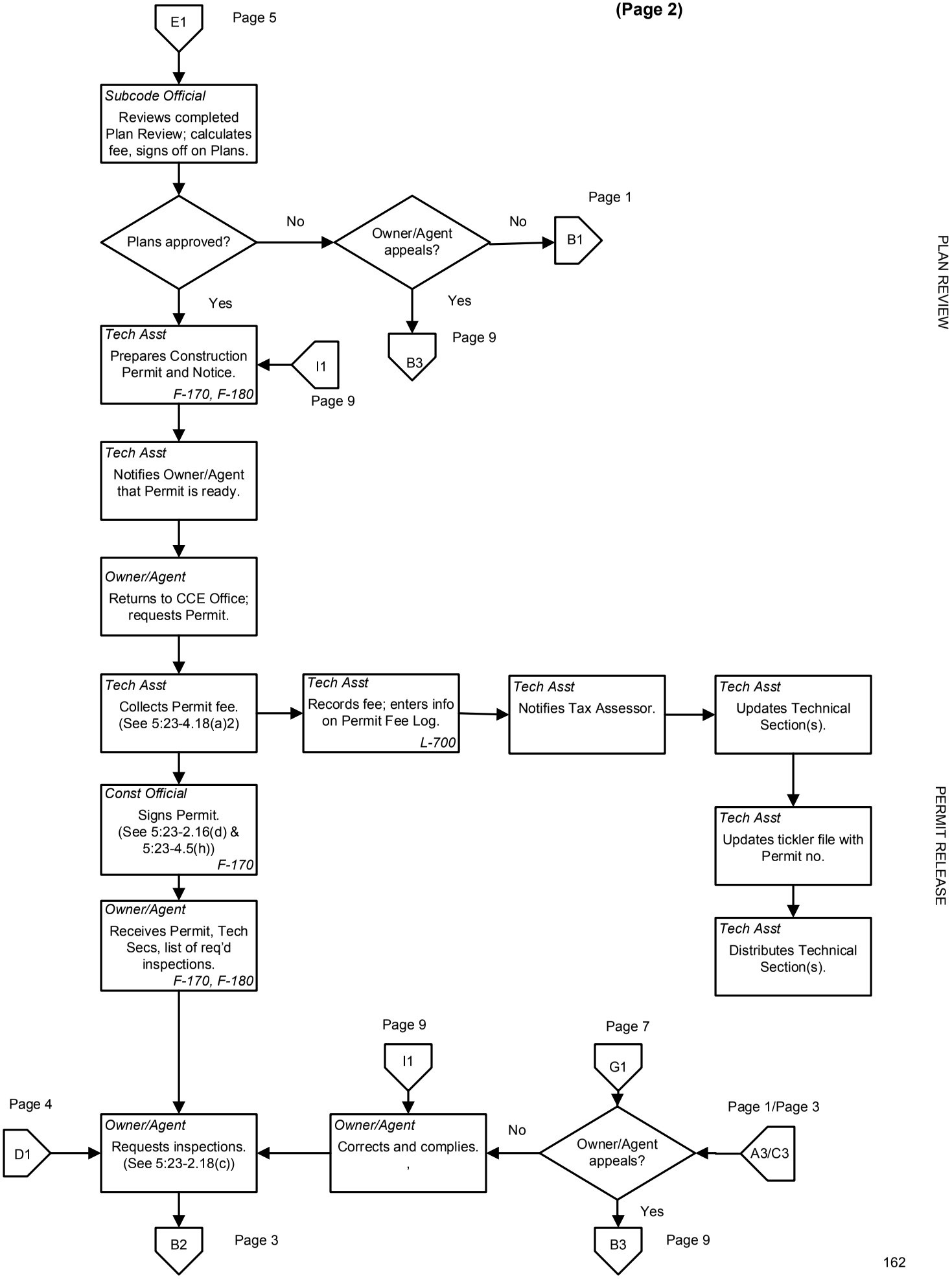
NEW JERSEY CONSTRUCTION PROCESS (Page 1)



APPLICATION INTAKE, ROUTING AND FILE SETUP

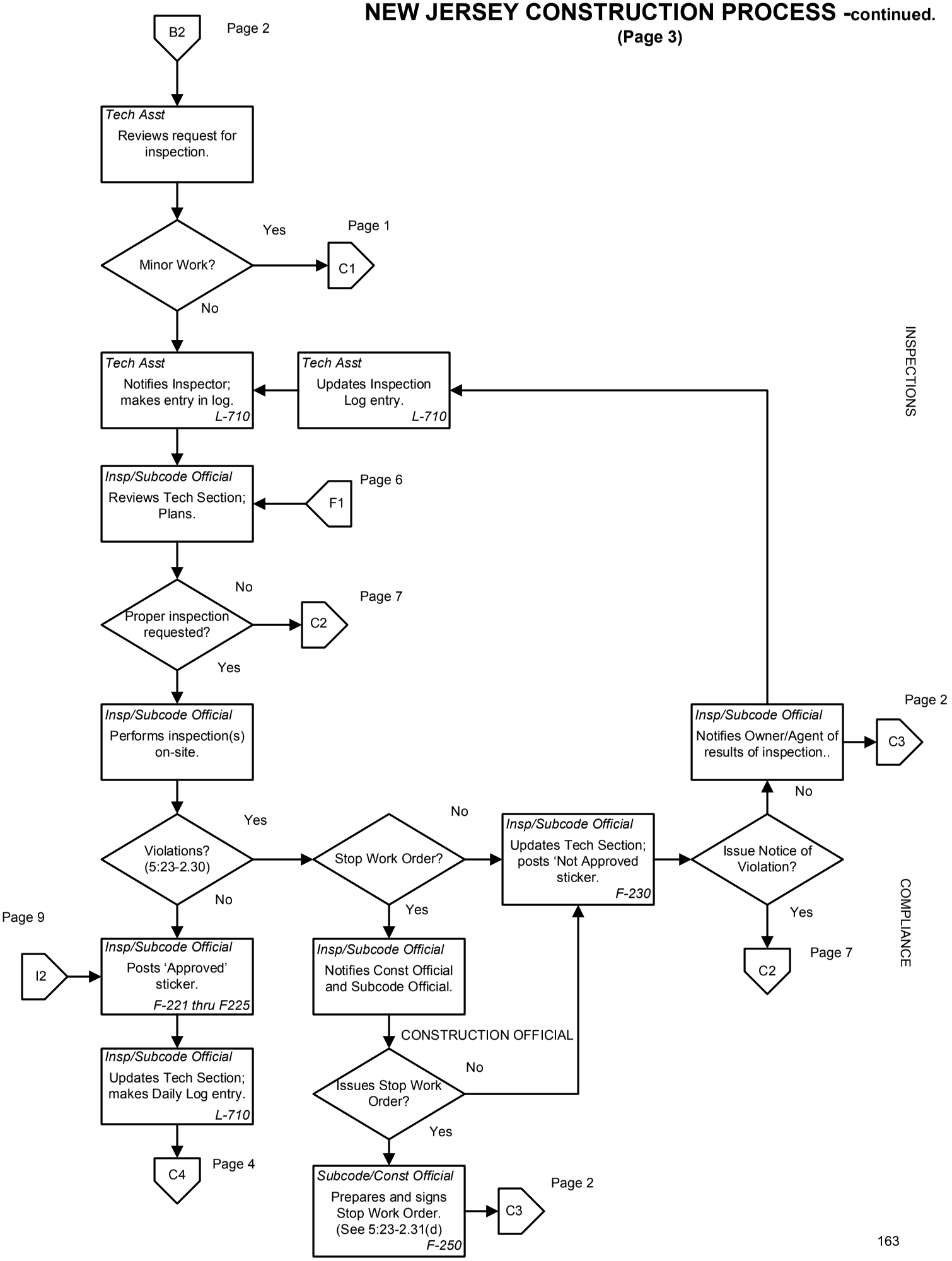
NEW JERSEY CONSTRUCTION PROCESS -continued.

(Page 2)



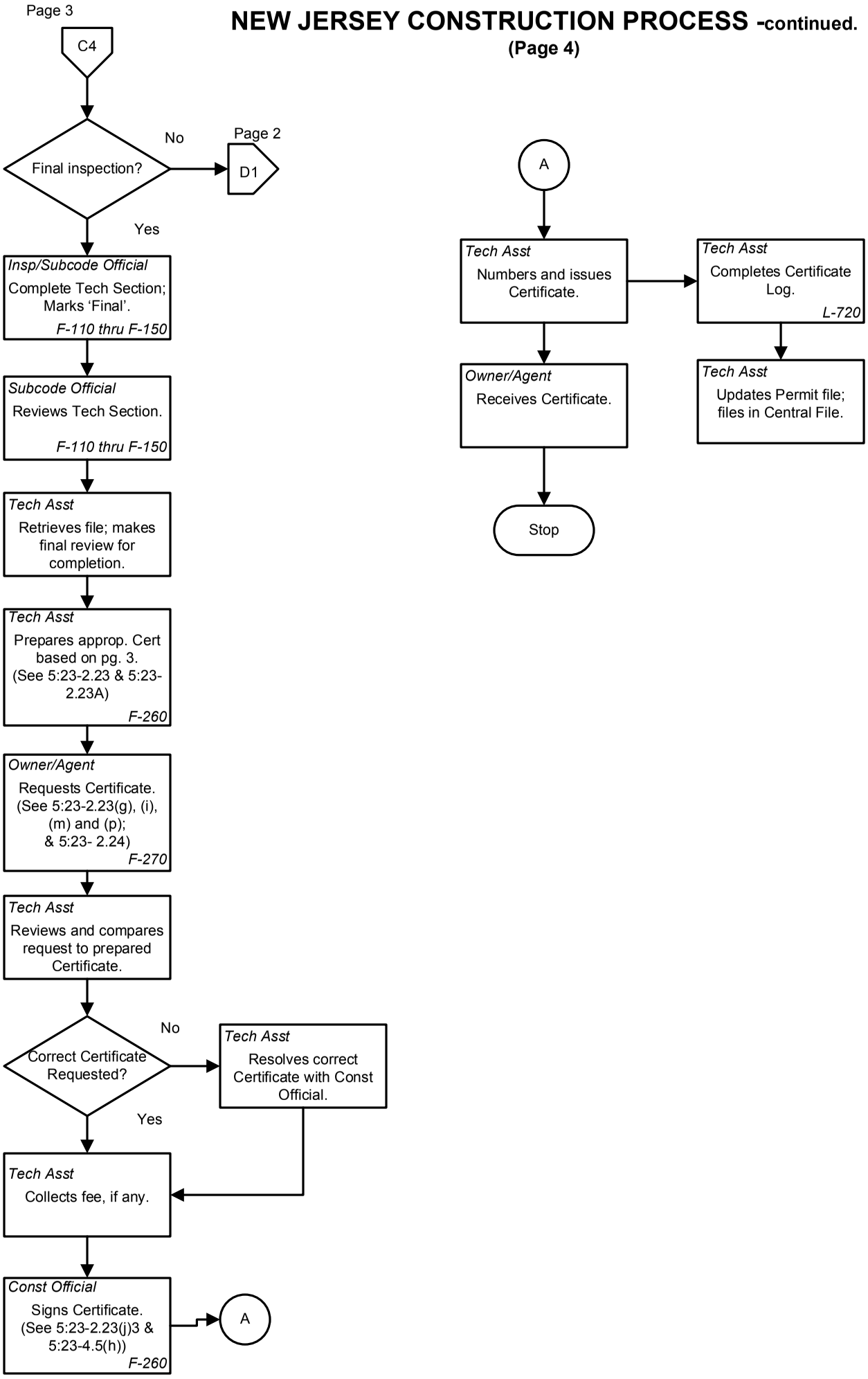
NEW JERSEY CONSTRUCTION PROCESS -continued.

(Page 3)



NEW JERSEY CONSTRUCTION PROCESS -continued.

(Page 4)

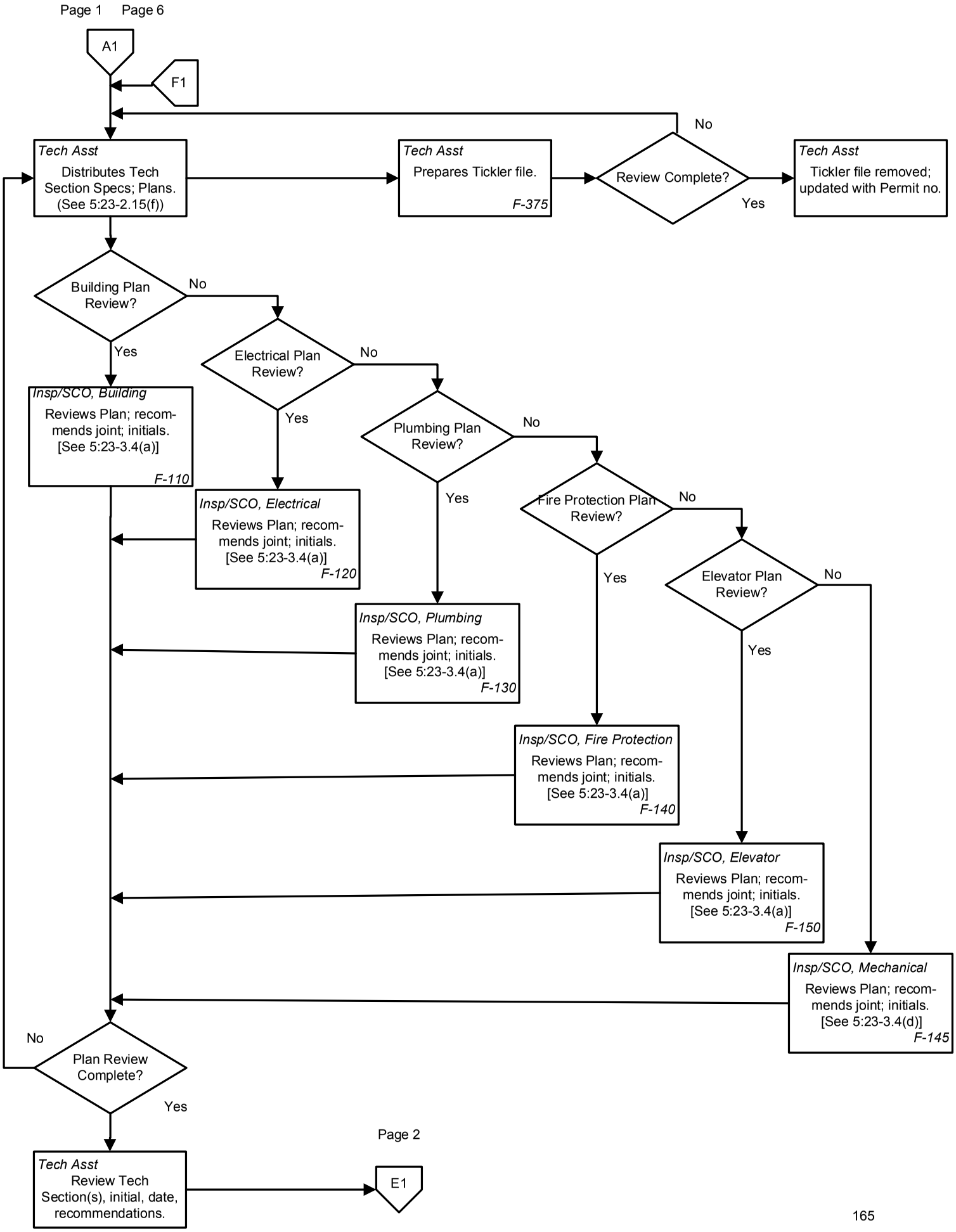


FINAL INSPECTIONS

CERTIFICATE

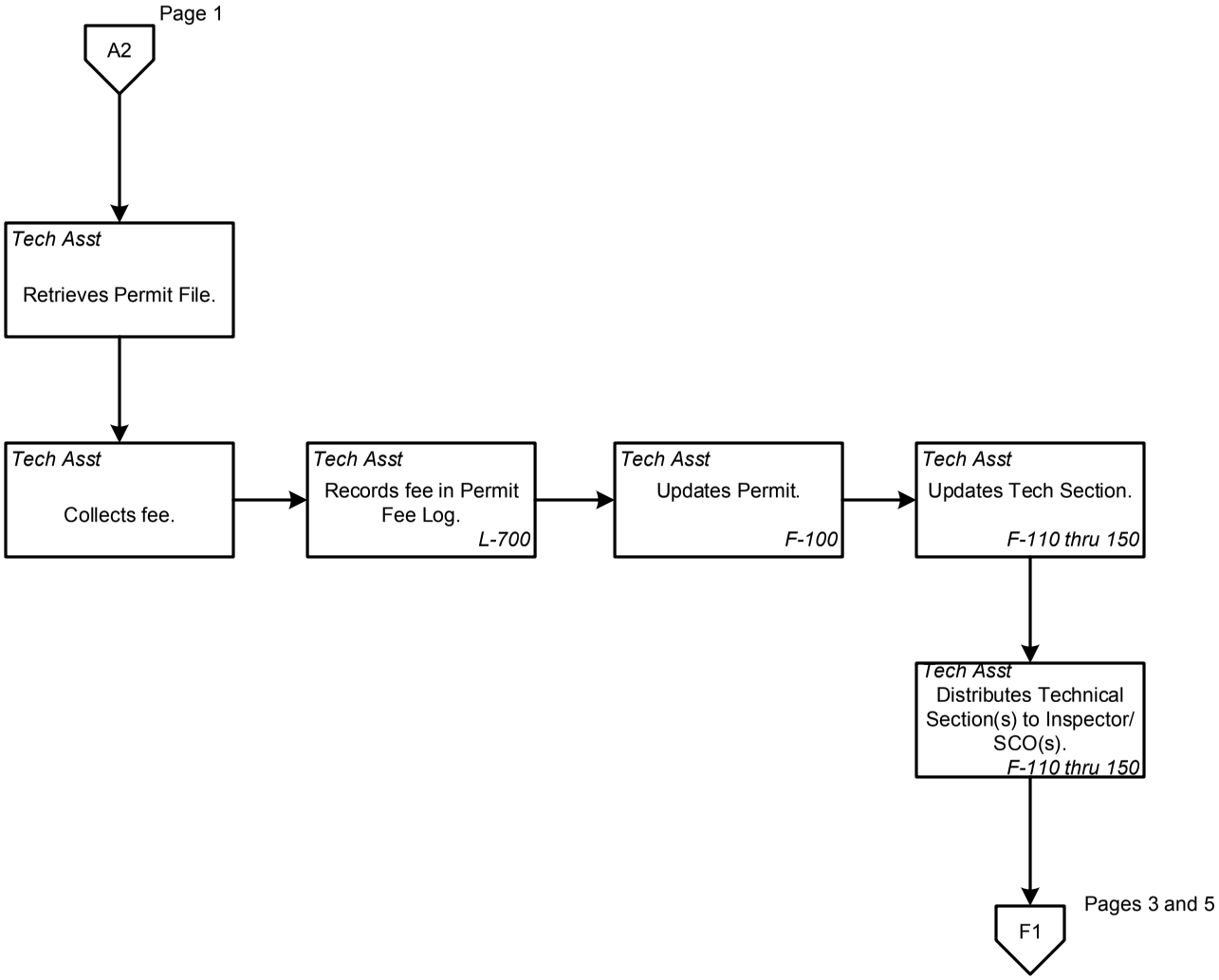
NEW JERSEY CONSTRUCTION PROCESS -Subroutine A: Plan Review

(Page 5)

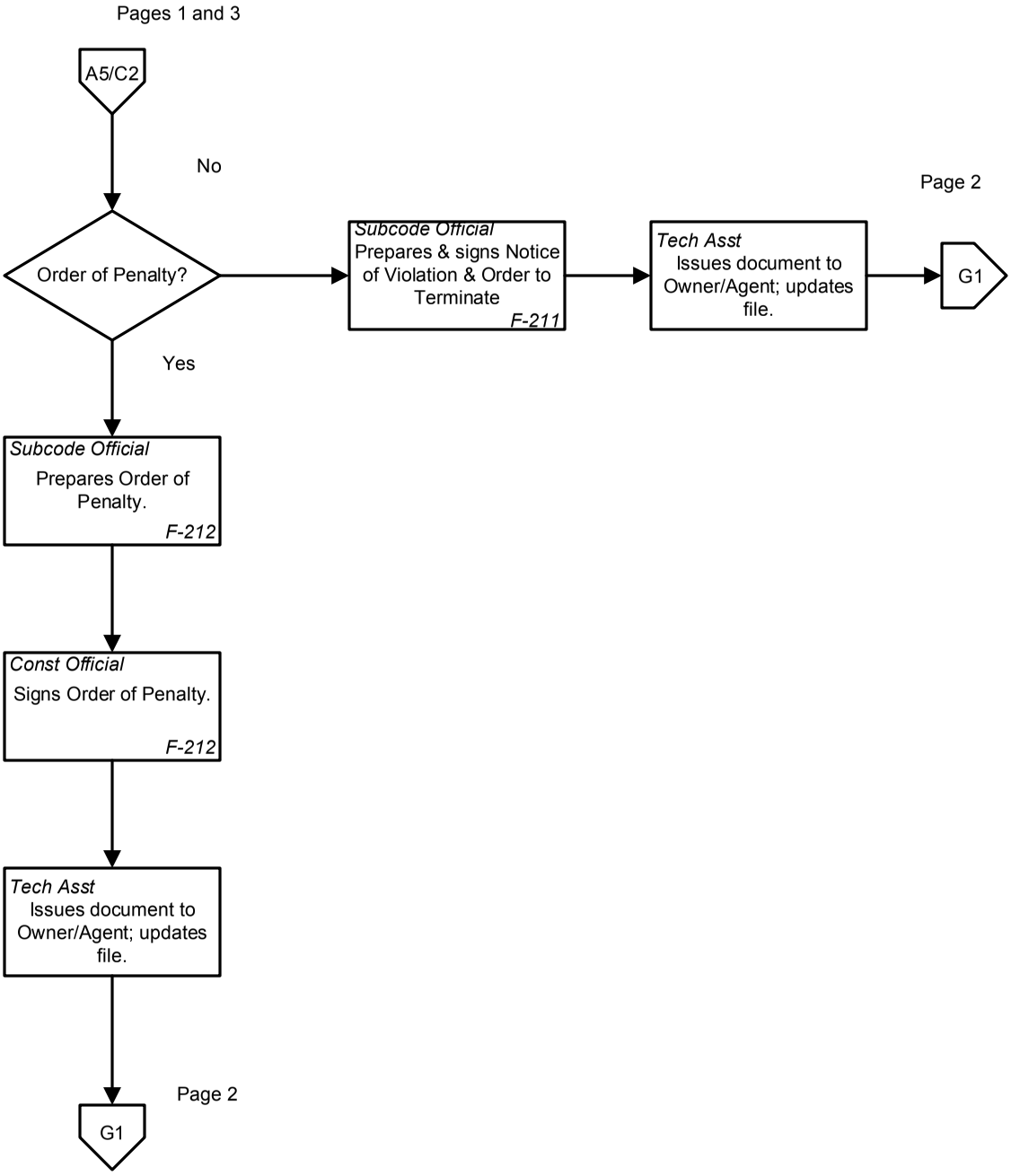


NEW JERSEY CONSTRUCTION PROCESS -Subroutine B: Permit Update

(Page 6)

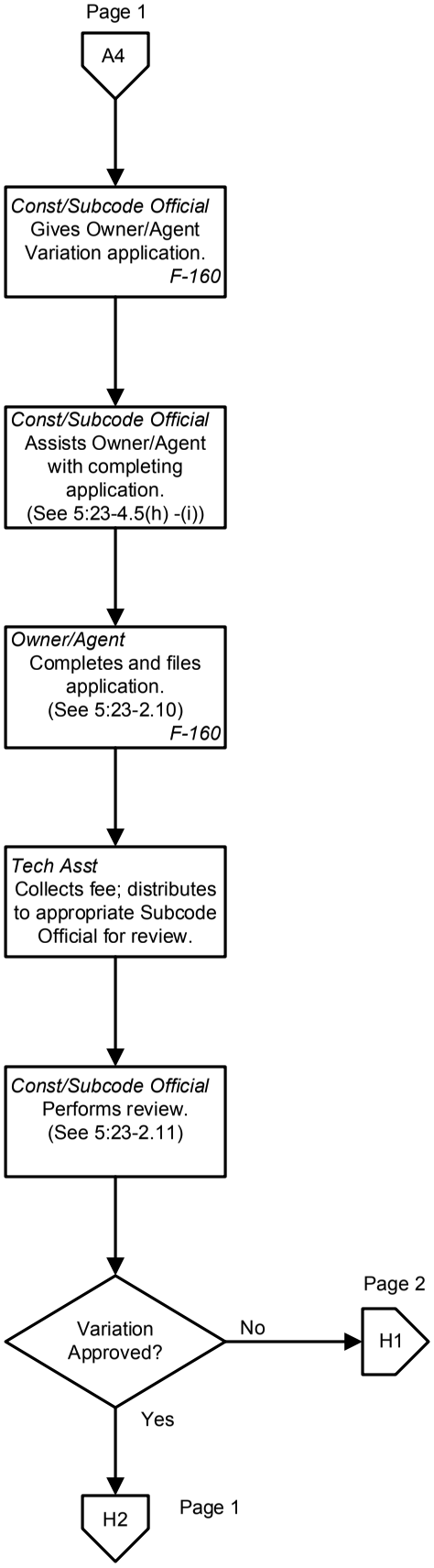


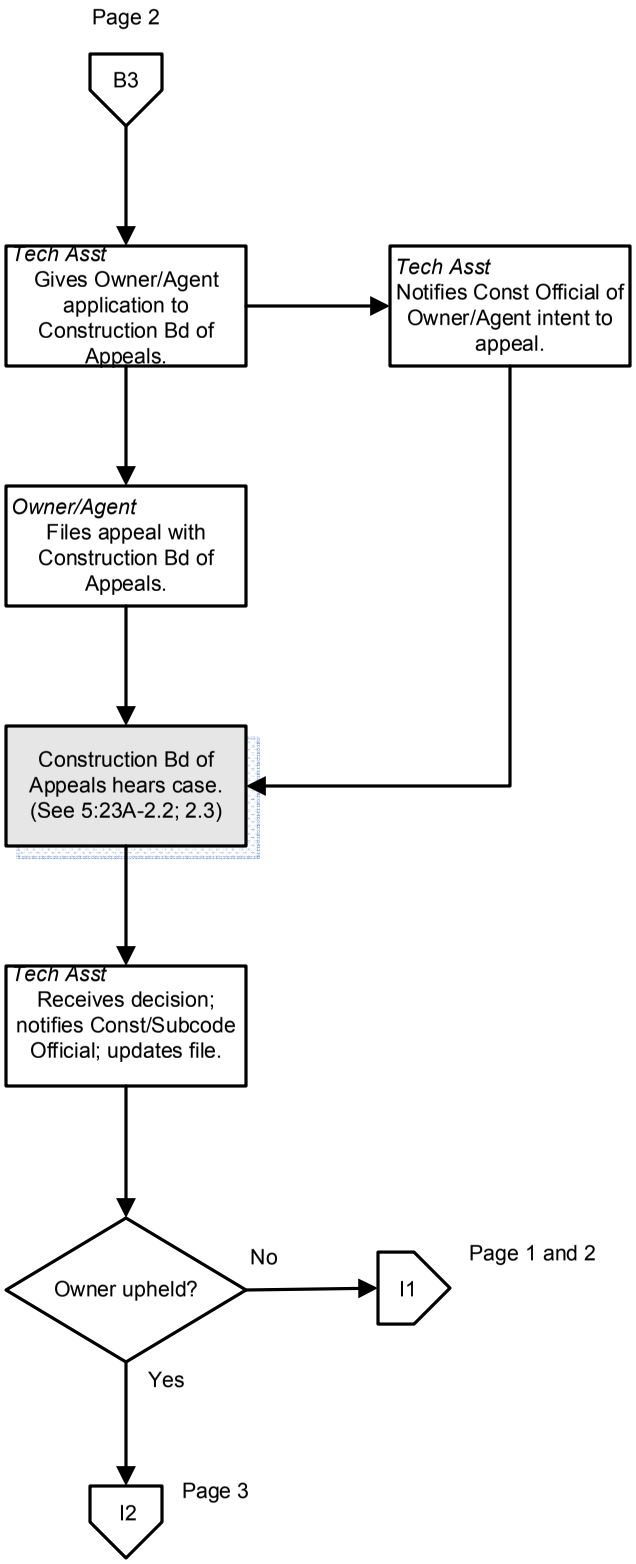
NEW JERSEY CONSTRUCTION PROCESS -Subroutine F: Notice and Order of Penalty; Notice of Violation and Order to Terminate (Page 7)



NEW JERSEY CONSTRUCTION PROCESS -Subroutine C: Variations

(Page 8)



NEW JERSEY CONSTRUCTION PROCESS -Subroutine G: Appeal Process

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