

INSPECTION DIVISION

The Inspection Division is responsible for the safe construction of all structures erected or altered in the Township of Mount Laurel. Our hours are Monday through Friday from 8:00 A.M. to 4:00 P.M. The department is made up of the following personnel. Their phone numbers and e-mail addresses are provided for your convenience.

Raymond C. Holshue, Jr.
Director / Construction Official
Phone: (856) 234-0001, Ext. 300
Email: rholsue@mountlaurel.com

Lisa Rodenbaugh
Asst. to the Director
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Email: lrodenbaugh@mountlaurel.com

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George Boral
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Raymond C. Holshue, Jr.
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Building Inspector
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The following inspection forms are available on line:

Construction Application
Building Technical
Electrical Technical
Fire Technical
Plumbing Technical
Framing Checklist
C.O. / T.C.O. Application
List of required inspections
Chimney Certification
Residential Roofing Survey
Residential Siding Survey
Residential Electrical Service Survey
Required Inspection List
Variance Application
Combustion Air Form
Variation Application

PERMIT REQUEST FORM

Date Received: _____

[Office use Only] [Please Print]

Control Number: _____

Enter all pertinent information. Be specific and descriptive. Do not omit important entries, such as telephone Numbers, Fed ID numbers etc.

COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block : _____ Lot : _____ Agent: _____

Work Site Location: _____ Address : _____

Owner In Fee : _____

Address : _____ Telephone : _____ Fax : _____

License No : _____ Fed Id Number: _____

Telephone : _____ Is this a rental property ? - Yes - No Number of Tenants: _____

BUILDING SECTION

Description Of Work: _____

- | | | |
|---------------------------------------|---|------------------------------------|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Sign _____ Sq.Ft | Contractor _____ |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Pool | Address _____ |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Asbestos Abatement
Subchapter 8 | Phone _____ |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Lead hazard Abatement
N.J.A.C. 5:17 | Lic. No. _____ Fed. Emp. No. _____ |
| <input type="checkbox"/> Siding | <input type="checkbox"/> Demolition | |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Other | |
- Ht _____ (Exceeds 6')

Est Cost Of Bldg. Work:	
1. New Bldg \$ _____	3. Demolition \$ _____
2. Alteration \$ _____	4. Total(1+2+3) \$ _____

I certify that I am the (agent of) owner of record and am authorised to make this application.

X _____
(Signature)

Office Use Only

Plan Review Date Initial _____

No Plans Req'd _____

All _____

Footing _____

Foundation _____

Frame _____

Other _____

Joint Plan review Required:

Elec Plumb Fire

Cubic Ft: _____

Square Ft: _____

% Land Distributed _____

PLUMBING SECTION

Description Of Work: _____

- | | | |
|--|--|--|
| No. Fixture/Equipmt
_____ Water Closet
_____ Urinal/Bidet
_____ Bath Tub
_____ Lavatory
_____ Shower
_____ Floor Drain
_____ Sink
_____ Dishwasher
_____ Drinking Fountain
_____ Washing Machine
_____ Hose Bibb
_____ Water Heater
_____ Fuel Oil Piping | No. Fixture/Equipmt
_____ Gas Piping
_____ Steam Boiler
_____ Hot water Boiler
_____ Sewer Pump
_____ Interceptor/Separator
_____ Back flow Preventor
_____ Greasetrap
_____ Sewer Connection
_____ Water Service Connection
_____ Stacks
_____ Other _____
_____ Other _____
_____ Other _____ | Contractor _____
Address _____
Phone _____
Lic. No. _____ Fed. Emp. No. _____ |
|--|--|--|

I certify that I am the (agent of) owner of record and am authorised to make this application.

X _____
Applicant's Signature/Contractor's Seal and Signature

Estimated Cost of Plumbing Work: \$ _____

Office Use Only

Joint Plan Review Required: No Plans Required

Building Electric Plumbing Plans Approved

Fire Elevator

Date: _____ Approved By: _____

FIRE PROTECTION SECTION

Description Of Work:

Storage Tanks :

Type: Flamm.Liquid Comb Liquid

LPG LNG

Alarm Systems 110v Interconnected System

____ Alarm Devices (i.e. smoke, heat, pulls, waterflow)

____ Supervisory Devices (i.e. tampers, low/high air)

____ Signalling Devices (i.e. horn, strobes, bells)

____ Other Devices _____

Suppressoin Systems Fire Pump GPM Type

____ Dry Pipe/Alarm Valves

____ Pre-action Valves

____ Sprinkler Heads (Dry and Wet)

Estimated Cost Of Fire Protection Work : \$ _____

____ Standpipes

Pre-engineered Systems

____ Wet Chemical

____ Dry Chemical

____ C02 Suppression

____ Foam Suppression

____ Halon Suppression

____ Other _____

____ Kitchen Hood Exh Sys

____ Smoke Control System

____ Gas or Oil Fired Appl.

Contractor _____

Address _____

Phone _____

Lic. No. _____ Fed. Emp. No. _____

I certify that I am the (agent of) owner of record and am authorized to make this application.

X _____
Applicant's Signature/Contractor's Seal and Signature

Office Use Only	<input type="checkbox"/> No Plans Required
Joint Plan Review Required:	<input type="checkbox"/> Fire Plans Approved
<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing Date: _____
<input type="checkbox"/> Electric	<input type="checkbox"/> Fire Approved By: _____

ELECTRICAL SECTION

Description Of Work:

QTY. SIZE ITEMS

____ Lighting Fixtures

____ Receptacles

____ Switches

____ Detectors

____ Light Poles

____ Motors-Fract.HP

____ Emergency & Exit Lights

____ Communication Points

____ Alarm Devices F.A.C Panel

____ Other _____

____ TOTAL NUMBERS

____ Pool Permit/w Uw Lights

____ Storable Pool/Spa/Hot Tub

____ KW Elec.Range /Receptacle

____ KW Oven/Surface Unit

QTY. SIZE ITEMS

____ KW Elec. Water Heater

____ KW Dryer/Receptacle

____ KW Dishwasher

____ HP Garbage Disposal

____ KW Central A/c Unit

____ HP/KW Space Htr/Air Handler

____ KW Base Board Heat

____ HP Motors 1/+ HP

____ KW Transformer/Generator

____ AMP Service

____ AMP SubPanels

____ AMP Motor Control Center

____ KW Elec Sign/Outline Light Unit

____ Other _____

____ Other _____

Contractor _____

Address _____

Phone _____

Lic. No. _____ Fed. Emp. No. _____

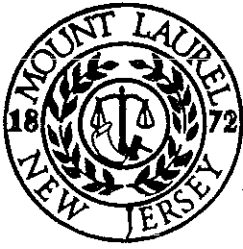
I certify that I am the (agent of) owner of record and am authorised to make this application.

X _____
Applicant's Signature/Contractor's Seal and Signature

Licensed Elec Contractor Exempt Applicant

Office Use Only	<input type="checkbox"/> No Plans Required
Joint Plan Review Required:	<input type="checkbox"/> Electric Plans Approved
<input type="checkbox"/> Building	<input type="checkbox"/> Electric
<input type="checkbox"/> Fire	<input type="checkbox"/> Plumbing
Date : _____	Approved By: _____

Estimated Cost Of Electric Work : \$ _____



MOUNT LAUREL TOWNSHIP
 COMMUNITY DEVELOPMENT
 BUILDING DIVISION
 100 MOUNT LAUREL ROAD
 MOUNT LAUREL, NEW JERSEY 08054

COMBUSTION AIR FORM

Site Location _____ Block _____ Lot _____
 Owner in Fee _____
 Address _____
 State _____ Zip _____ Phone # () _____

MECHANICAL INSPECTION

Contractor _____
 Address _____
 Phone # () _____
 License # _____
 Federal Emp # or SS# _____

SUBMISSIONS W/APPLICATION

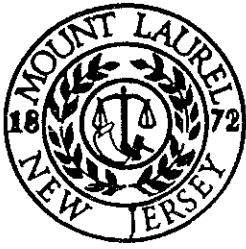
Gas pipe and Size Diagram
 Fuel Oil Piping
 Vent Stack and Size Diagram
 Cubic Feet Area
 BTU Input of Heater/Boiler
 Copy of Manufacturer's Booklet and
 Instructions
 Calculation for Combustion Air
 Per the International Mechanical Code,
 Chapter 7 requires 50 cubic feet of interior
 room air volume per 1,000 BTU inputs, if
 combustion air is drawn from the interior

Technical Site Data (List all fixtures)

<u>ITEM</u>	<u>Location</u>	<u>No.</u>	<u>Size/BTU's</u>
Central Heat Oil or Gas	_____	_____	_____
Steam Boiler	_____	_____	_____
Hot Water Boiler	_____	_____	_____
Chimney Certification	_____	_____	_____
Chimney Liner	_____	_____	_____
Gas Piping (Existing / New)	_____	_____	_____
Fuel Oil Piping (Existing / New)	_____	_____	_____
Water Heater OIL GAS ELECTRIC	_____	_____	_____
Dryer	_____	_____	_____
TOTAL BTU's			_____

Area = Length _____ x Width _____ x Height _____ = Total Cubic Feet _____

REQUIRED 50 Cubic Feet per 1,000 BTU _____ Cubic Feet Provided



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**CHIMNEY CERTIFICATION FOR REPLACEMENT OF
 FUEL FIRED EQUIPMENT**

BLOCK: _____ LOT: _____ PERMIT#: _____

WORKSITE LOCATION: _____

Certifying Individual (print name)
 Name: _____
 Street Address: _____
 State: _____

Company
 Name: _____
 City: _____
 Zip: _____
 Phone: _____

Check the Appropriate Box

- Type of replacement:
- Oil to Gas Conversion
 - Gas Appliance Replacement
 - Oil to Oil Replacement
 - Other (describe): _____

- Existing vent/chimney:
- B label vent
 - L label vent
 - Masonry chimney-tile lined
 - Flexible liner
 - Power vent/exhauster
 - Other (describe): _____

**PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS
 CERTIFICATION**

For Oil to Gas Conversions:

I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

 Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

 Signature Date

Certification Not Submitted:

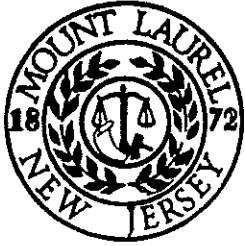
I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

 Signature Date

Direct Vent Appliance:

No certification required:

 Signature Date



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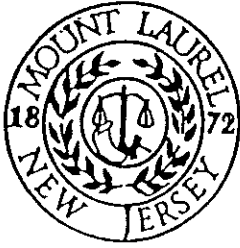
RESIDENTIAL ROOFING

Please circle your answers to all of the questions below:

- 1) Are you replacing more than 25% of the roofing? YES NO
- 2) The slope of the roof
Is it flat? YES NO
Is it a minimum pitch of 2:12 or greater? YES NO
- 3) Is this a re-roof over an existing layer? YES NO
If 2 layers exist, than a 3rd layer cannot be applied.
Are you removing both layers? YES NO
- 4) If removing all shingles, than 15lb felt paper shall be applied over sheathing.
Is the felt paper 15lb? YES NO N/A
- 5) If new roof sheathing is being installed, list type of materials
Is the thickness a minimum of 7/16" or 1/2"? YES NO N/A
- 6) Are you altering/replacing any of the roof structural members in anyway? YES NO

I AM AWARE THAT BATTERY OPERATED SMOKE DETECTORS SHALL BE INSTALLED AS PER NJAC 5:23-6.4(F) OR 6.5(F) AND LOCATED AS PER NFPA 72-2-2.1.1.1.

Signature: _____ Date: _____



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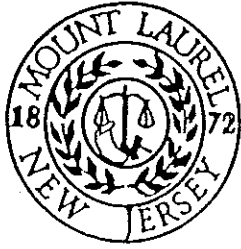
RESIDENTIAL SIDING

Please answer all of the questions below.

- 1.) Are you replacing more than 25% of the siding? Yes or No
- 2.) List the type of material, such as vinyl, aluminum, etc.? _____
- 3.) Is there any asbestos siding being removed? Yes or NO

**I AM AWARE THAT BATTERY OPERATED SMOKE DETECTORS SHALL
BE INSTALLED AS PER NJAC 5:23-6.4(f) OR 6.5(f) AND
LOCATED AS PER NFPA 72-2-2.1.1.1.**

Signature: _____ **Date:** _____



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RESIDENTIAL ELECTRICAL SERVICE

Please answer all of the questions below.

1.) Is an additional meter being installed? Yes or No

2.) For what purpose is this service? _____

I AM AWARE THAT BATTERY OPERATED SMOKE DETECTORS
SHALL BE INSTALLED AS PER NJAC 5:23-6.4(f) OR 6.5(f) AND
LOCATED AS PER NFPA 72-2-2.1.1.1.

Signature: _____ Date: _____

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.

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

A. BASEMENT OR CRAWL SPACE

1. ANCHORAGE:

BOLTS

SPACING

SIZE

STRAPS

SPACING (PER MANUFACTURER'S SPECS)

SIZE

2. SILL PLATES:

SIZE

GRADE, SPECIES

TREATMENT

LAPS

SILL SEALER

PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)

TERMITE PROTECTION

3. BEAM POCKETS:

BEARING/SHIMS

TERMITE PROTECTION OR CLEARANCE

4. COLUMNS:

SIZED PER PLAN

ATTACHMENT/PLATES

SPACING/LOCATION

PAINT/COATING

B. FLOOR FRAMING AND FLOORING

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

1ST FLOOR

2ND FLOOR

3RD FLOOR

SIZED PER PLAN

TYPE

GRADE, SPECIES

LOCATION AND RELATION TO THE PLAN

NAILING

ATTACHMENT SCHEDULE

BEARING

LAPPING

3. FLOOR JOIST:

1ST

2ND

3RD FLOOR

SIZED PER PLAN

GRADE, SPECIES

PRE-ENGINEERED COMPONENTS AS SPECIFIED

BEARING

NAILING

BRIDGING

CUTTING AND NOTCHING (AS PER CODE)

POINT LOADS - SUPPORTED AS PER PLAN

SPAN HANGERS

HEADERS

FRAMED OPENINGS

2. GIRDERS AND BEAMS:

SIZED PER PLAN

TYPE

GRADE, SPECIES

LOCATION AND RELATION TO THE PLAN

NAILING

ATTACHMENT SCHEDULE

BEARING

LAPPING

4. FLOORING, SHEATHING, OR DECKING:

1ST FLOOR

2ND FLOOR

3RD FLOOR

MATERIAL

PANEL SPAN, THICKNESS

5. STAIR ATTACHMENT:

1ST

2ND

3RD FLOOR

BEARING

NAILING

SPECIAL REQUIREMENTS

EDGE BLOCKING (IF REQUIRED)

GAPPING

LAYOUT

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:

1 ST	2 ND	3 RD	FLOOR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SIZE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPACE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPECIES AND GRADE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CUTTING, NOTCHING, AND BORING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEADER SIZES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JACK STUD BEARING
TOP PLATES			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NAILING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LAPS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RAFTER TIES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HURRICANE STRAPS (AS REQUIRED)

2. INTERIOR LOAD-BEARING WALLS:

1 ST	2 ND	3 RD	FLOOR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SIZE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPACE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LAYOUT - SUPPORT BELOW PER CODE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPECIES AND GRADE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CUTTING, NOTCHING, AND BORING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FIRE BLOCKING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEADER SIZES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JACK STUD BEARING
TOP PLATES			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NAILING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LAPS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STRAPPING

3. INTERIOR NON-LOAD-BEARING WALLS:

1 ST	2 ND	3 RD	FLOOR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SIZE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPACE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPECIES AND GRADE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CUTTING, NOTCHING, AND BORING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FIRE BLOCKING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEADER SIZES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TOP PLATE NAILING

D. ROOF FRAMING

1. TRUSS ROOF FRAMING (AS PER DESIGN):

APPROVED DOCUMENTS WHICH SHOW:

LAYOUT PLANS

TRUSS MEMBERS

CONNECTION SCHEDULE

PERMANENT BRACING DETAILS

DORMERS/ROOF STRUCTURES ON MANUFACTURER'S DRAWINGS

EQUIPMENT/APPLIANCES ON MANUFACTURER'S DRAWINGS

LOCATION AS PER LAYOUT

ALIGNMENT

BEARING

SPACING

CONNECTIONS TO BEARING POINTS

NO CONNECTION TO NON-BEARING POINTS

DAMAGE AND DEFECTS

ENGINEERED METHOD OF REPAIR

E. SHEATHING

1. SHEATHING - EXTERIOR WALLS:

MATERIAL

PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

GAPPING LAYOUT

CORNER BRACING (IF REQUIRED)

2. PERMANENT TRUSS-TO-TRUSS BRACING (AS PER DESIGN):

LAYOUT

SIZE

TYPE

NAILING

OVERLAP

TERMINATION

TRANSITION (I.E., CROSS) BRACING

3. GABLE END BRACING (AS PER DESIGN):

LAYOUT

SIZE

TYPE

NAILING

OVERLAP

TERMINATION

4. SOLID SAWN ROOF FRAMING:

SIZE

GRADES, SPECIES

LAYOUT

SPACING

SPAN

BEARING

FASTENING

DAMAGE CAUSED BY FASTENERS (RAFTERS NOT SPLIT BY TOENAILS)

CUTTING, NOTCHING, AND BORING

BRIDGING

RIDGE SIZE

HURRICANE TIES WHERE APPLICABLE

SHEATHING, FRT - ROOF

FOUR FEET FROM FIREWALL

NONCORROSIVE FASTENERS

TOWNSHIP OF MOUNT LAUREL
REQUIRED INSPECTIONS FOR CONSTRUCTION PERMITS
856-234-9686

Construction work must be inspected in accordance with the NJ UCC Regulations (N.J.A.C. 5:23-2.18). This office will carry out such periodic inspections during the progress for work as is necessary to ensure that work installed conforms to the requirement for the code. The owner and/or owner's agent must notify this office 24 hours prior to the time the inspection is desired. Inspections will take place as soon as possible, but in no case longer than 72 hours after the inspection time desired. No specific time can be set. We can only take inspection 3 days in advance. Work cannot proceed until the required inspection has been performed and passed.

- Footings: The bottom of footing trenches before pouring concrete.
- Foundations: Foundations and walls up to the grade level prior to backfilling. For new residential construction (new SFD's), a **foundation location survey** (as built surveys) as defined by N.J.A.C. 5:23-18(b)1ii(1) shall be submitted prior to any further inspections being requested.
- Plate Inspection.
- Water and/or Sewer Laterals (if applicable).
- Electrical Service (if applicable).
- All Slabs: (if applicable/prior to pouring).
- Rough: Electrical or Plumbing.
- Air Test for Gas piping (if applicable).
- Rough: Fire suppression system, heat producing devices and/or smoke detectors.
- Sheathing.
- Framing: All structural framing and connections prior to covering with finisher infill material. **All rough inspections must pass prior to framing inspections. A Framing Checklist shall be provided to this office prior to requesting a framing inspection on any residential new SFD's, Additions, Major Alterations and Proto's, no request for framing inspection will be taken without provided checklist.**
- Insulation.
- Above Ceiling (Building, Electric, Plumbing & Fire whichever is applicable).
- Final Inspections: Building, Electric, Plumbing & Fire is required.
- All **new** residential & commercial **Backflow Preventer Device** installs will require to perform a CERTIFIED TEST, and submit a copy of the TEST SHEET & TESTER'S CARD to our office prior to final plumbing inspection, this includes lawn irrigation systems.

The owner or the owner's agent shall file a Certificate of Occupancy prior to/or when calling in final inspections with this office. A building or structure hereafter enlarged, extended or altered shall NOT be occupied or used until the Construction Official has issued the Certificate of Occupancy.

SWIMMING POOLS:

- Steel (Re-bar) or Concrete Collar (prior to pouring)
- Bonding/Steel Bonding – Electric
- Trench (underground conduit) - Electric
- Bonding Grid – Electrical
- Air Test for Gas Piping
- Final Inspections: Fire (for gas fired heaters), Plumbing, Electric, & Building (Code required fence/barrier must be installed).

ALL RELEASED PLANS MUST BE ON SITE WHEN INSPECTIONS ARE PERFORMED. AS OWNER OF THE PROPERTY, YOU ARE RESPONSIBLE TO MAKE SURE ALL INSPECTIONS ARE COMPLETED AND APPROVED PRIOR TO CONTINUING WORK.

Note: Additional inspections may be required for your particular job. The Subcode Officials and/or the Construction Official will notify the applicant as early as possible on what special inspection will be required.



APPLICATION FOR A VARIATION

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

IDENTIFICATION Block _____ Lot _____
Work Site Location _____ Contractor _____
Address _____
Owner in Fee _____
Address _____ Tele. (____) _____
Lic. No. _____
Tele. (____) _____ Federal Emp. No. _____
or Social Security No. _____
FEE \$ _____ (Determined by Enforcing Agency)

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 application 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 _____



APPLICATION FOR CERTIFICATE

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

IDENTIFICATION

Work Site Location _____ Block _____ Lot _____ Qualification Code _____

Contractor _____
Owner in Fee _____ Address _____
Address _____
License No. _____ Tel. (____) _____
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



CONSTRUCTION PERMIT APPLICATION

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: (_____) _____

IIa. PROPOSED WORK

- Minor Work
- Repair
- Asbestos Abat. -Subch. 8
- Lead Hazard Abatement
- Radon Remediation
- Annual Permit
- New Building
- Addition
- Alteration
- Renovation
- Demolition
- Reconstruction

IIb. SUBCODES

(Check all that apply)

Subcode	Est. Cost	Plans Recd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Approval	Rejection	Re-viewer
<input type="checkbox"/> Building									
<input type="checkbox"/> Electrical									
<input type="checkbox"/> Plumbing									
<input type="checkbox"/> Fire Protection									
<input type="checkbox"/> Elevator									
TOTAL COSTS									

FOR OFFICE USE ONLY (Optional)

III. PLAN REVIEW (optional)

- DO YOU WANT:
- Partial Releases
 - Prototype Processing

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

- Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- High Pressure Boilers
- Pressure Vessels
- Refrigeration Systems
- Cross-Connections/Backflow Preventers
- Hazardous Uses/Places of Assembly
- Sprinklers
- Smoke Control Systems in Open Wells
- Underground Storage Tanks
- Swimming Pools, Spas and Hot Tubs

V. FEE SUMMARY (for office use only)

Item	Amount	Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review			
8. Subtotal			
9. State Permit Surcharge Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

- 1. Number of Stories _____ ft.
- 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. Construction Classification _____
- 7. Total Land Area Disturbed _____ sq. ft.
- 8. Flood Hazard Zone _____
- 9. Base Flood Elevation _____ ft.
- 10. Wetlands _____ yes _____ no _____
- 11. Max. Live Load _____
- 12. Max. Occupancy Load _____

VII. DESCRIPTION OF BUILDING USE

- A. RESIDENTIAL (primary use)
- 1. State Specific Use: _____
 - 2. Use Group: _____
 - 3. Change in Use Group, Indicate Former: _____
 - 4. No. of dwelling units: _____
- B. NON-RESIDENTIAL (primary use)
- Before Construction _____ All Units _____ Income-restricted
- After Construction _____
- Net Gain or Loss _____
- C. MIXED USE -List secondary use(s): _____

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(e)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.

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	
<input type="checkbox"/> Zoning Officer									
<input type="checkbox"/> Planning Board									
<input type="checkbox"/> Zoning Board									
<input type="checkbox"/> Sewer Authority									
<input type="checkbox"/> Water Authority									
<input type="checkbox"/> Police Department									
<input type="checkbox"/> Health Department									
<input type="checkbox"/> Soil Conservation									
<input type="checkbox"/> N.J. Department of Community Affairs									
<input type="checkbox"/> N.J. Department of Transportation									
<input type="checkbox"/> N.J. Department of Environmental Protection									
<input type="checkbox"/> Utility Dig No.									
<input type="checkbox"/>									
<input type="checkbox"/>									

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
<input type="checkbox"/> Temporary Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Temporary Certificate of Compliance	No. _____	_____	_____	_____
<input type="checkbox"/> Continued Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Compliance	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Approval	No. _____	_____	_____	_____
<input type="checkbox"/> Lead Abatement Clearance Certificate	No. _____	_____	_____	_____