

Appendix 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-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	Tieklter/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

Appendix B - UCC Standard Forms, Logs & Reports

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
<i>Unnumbered</i>	Application to the Construction Bd. of Appeals
<i>Unnumbered</i>	Decision of the Construction Bd. of Appeals



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 _____
street municipality zip code

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	\$		

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	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 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. <input type="checkbox"/> Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	4. <input type="checkbox"/> Refrigeration Systems	8. <input type="checkbox"/> Smoke Control Systems in Open Wells	12. <input type="checkbox"/> Fire Alarm
2. <input type="checkbox"/> High Pressure Boilers	5. <input type="checkbox"/> Cross-Connections/Backflow Preventers	9. <input type="checkbox"/> Underground Storage Tanks	
3. <input type="checkbox"/> Pressure Vessels	6. <input type="checkbox"/> Hazardous Uses/Places of Assembly	10. <input type="checkbox"/> Swimming Pools, Spas and Hot Tubs	
	7. <input type="checkbox"/> Sprinklers/Standpipes	11. <input type="checkbox"/> LPGas Tanks	

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	
<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"/>									

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



Consent to Undertake Proposed Work

Permit # _____
Date Issued _____

IDENTIFICATION

Site Location _____ Block _____ Lot _____ Qualification Code _____

Owner in Fee _____ Builder _____

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



Home Elevation Contractor Certification

Permit # _____
Date Issued _____

IDENTIFICATION

Site Location _____ Block _____ Lot _____ Qualification Code _____

Owner in Fee _____ Home Elevation Contractor _____

Address _____ Address _____

Tel. (____) _____ 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: _____

DATE: _____

HOME ELEVATION CONTRACTOR



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: _____



BUILDING 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. or Builder Registration No. _____ Exp. Date _____

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

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

JOB SUMMARY (Office Use Only)							
PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
				Type:	Failure	Failure	Approval
<input type="checkbox"/>	No Plans Required	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	All	_____	_____	Footings	_____	_____	_____
<input type="checkbox"/>	Footings/Foundations	_____	_____	Footings Bonding	_____	_____	_____
<input type="checkbox"/>	Structural/Framework	_____	_____	Foundation	_____	_____	_____
<input type="checkbox"/>	Exterior	_____	_____	Slab	_____	_____	_____
<input type="checkbox"/>	Interior	_____	_____	Frame	_____	_____	_____
<input type="checkbox"/>	Interior	_____	_____	Truss Sys./Bracing	_____	_____	_____
Joint Plan Review Required:				Barrier-Free	_____	_____	_____
<input type="checkbox"/>	Elec.	<input type="checkbox"/>	Plumb.	<input type="checkbox"/>	Fire	<input type="checkbox"/>	Elevator
SUBCODE APPROVAL for PERMIT				Insulation	_____	_____	_____
Date:	_____	_____	_____	Finishes -Base Layer	_____	_____	_____
Approved by:	_____	_____	_____	Finishes -Final	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE				Energy	_____	_____	_____
<input type="checkbox"/>	CO	<input type="checkbox"/>	CCO	<input type="checkbox"/>	CA	_____	_____
Date:	_____	_____	_____	Mechanical	_____	_____	_____
Approved by:	_____	_____	_____	TCO	_____	_____	_____
				Other	_____	_____	_____
				Final	_____	_____	_____
				Barrier-Free	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____

No. of Stories _____ If Industrialized Building:

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work:

New Bldg. Area/All Floors _____ sq. ft. 1. New Bldg. \$ _____

Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ _____

Max. Live Load _____ 3. Total (1+ 2) \$ _____

Max. Occupancy Load _____

U.C.C. F110
(rev. 11/09)

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 \$ _____

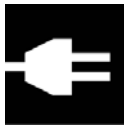
TOTAL FEE \$ _____

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = 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)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required		Rough	_____	_____	_____	_____
<input type="checkbox"/> Partial -Underslab Utilities Approved		Barrier-Free	_____	_____	_____	_____
Date: _____ Approved by: _____		Trench	_____	_____	_____	_____
<input type="checkbox"/> Electric Plans Approved		Temp. Serv.	_____	_____	_____	_____
Date: _____ Approved by: _____		Constr. Serv.	_____	_____	_____	_____
Joint Plan Review Required:		TCO	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.		Other	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Service	_____	_____	_____	_____
Date: _____		Final	_____	_____	_____	_____
Approved by: _____		Barrier-Free	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Final Cut-in-Card Date Issued	_____	_____	_____	_____
Date: _____		Annual Pool Inspection	_____	_____	_____	_____
Approved by: _____		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 \$

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

Table with 3 columns: QTY., FIXTURE/EQUIPMENT, FEE (Office Use Only). Lists items like Water Closet, Urinal/Bidet, Bath Tub, etc.

JOB SUMMARY (Office Use Only) table with columns for PLAN REVIEW, INSPECTIONS, and Dates (Month/Day).

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



FIRE PROTECTION 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

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:

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:

D. TECHNICAL SITE DATA

[] Certified Contractor [] Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

Table with columns: NUMBER, FEE (Office Use Only) \$, and various fire protection items like Alarm Systems, Suppression Systems, etc.

JOB SUMMARY (Office Use Only) table with columns: PLAN REVIEW, INSPECTIONS, Dates (Month/Day), and rows for various inspection types and approvals.

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



**MECHANICAL INSPECTION
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 _____

Federal Emp. ID No. _____ FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3, R-4 or R-5 Proposed: R-3, R-4 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		INSPECTIONS		DATES	
[] No Plans Required		Type:	Failure	Failure	Approval
[] Mechanical Plans Approved		Gas Piping	_____	_____	_____
Date: _____ Approved by: _____		Appliance	_____	_____	_____
Joint Plan Review Required:		Chimney/Vent	_____	_____	_____
[] Bldg. [] Elec. [] Plumb. [] Fire.		Oil Piping	_____	_____	_____
[] Elev.		Oil Tank	_____	_____	_____
SUBCODE APPROVAL for PERMIT		LPG Tank	_____	_____	_____
Date: _____		Hydronic Piping	_____	_____	_____
Approved by: _____		Fireplace	_____	_____	_____
SUBCODE APPPROVAL for CERTIFICATE		Chimney Cert.	_____	_____	_____
[] CA [] CCO		Other _____	_____	_____	_____
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: _____

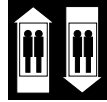
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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 \$		_____



ELEVATOR 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/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	INSPECTIONS
<input type="checkbox"/> No Plans Required	Dates (Month/Day)
<input type="checkbox"/> Building Plans and Elevator Specs.	Type: Failure Failure Approval Initial
Date: _____ Approved by: _____	Temporary _____
<input type="checkbox"/> Elevator Layout Drawings	Final _____
Date: _____ Approved by: _____	
Joint Plan Review Required:	SUBCODE APPROVAL for CERTIFICATE
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire.	<input type="checkbox"/> CO <input type="checkbox"/> CA
SUBCODE APPROVAL for PERMIT	Date: _____
Date: _____	Approved by: _____
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 \$ _____

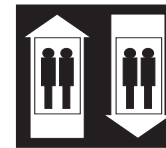
U.C.C. F150
(rev. 11/09)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

SUPPLEMENT FOR MULTIPLE EQUIPMENT

**ELEVATOR SUBCODE
TECHNICAL SECTION**



Date Received
Control #

Date Issued
Permit #

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 _____ Signature _____ Date _____

CERTIFICATION IN LIEU OF OATH

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

	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							
Auxiliary 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	_____	_____	_____	_____	_____	_____	_____



APPLICATION FOR A VARIATION

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

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location _____ Contractor _____

Address _____ Address _____

Owner in Fee _____ Tele. (____) _____

Address _____ License # _____

Tele. (____) _____ Federal Emp. # _____

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



CONSTRUCTION PERMIT

Date Issued _____
Permit # _____

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location _____ Contractor _____
Address _____

Owner in Fee _____
Address _____ Tel. (____) _____

Tel. (____) _____ Lic. No. or Bldrs. Reg. No. _____

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: _____

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	_____

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

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

(see reverse side)

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.



Date Issued
Control #
Permit #

CONSTRUCTION PERMIT NOTICE

Block _____ Lot _____ Qualification Code _____

Work Site Location: _____

AUTHORIZED FOR:

- | | |
|--|---|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> FIRE PROTECTION |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> OTHER _____ | |

Description of Work: _____

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

**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.**



PERMIT UPDATE

Date Update Issued _____
Permit # _____
Date Permit Issued _____

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location _____ Contractor _____
Address _____

Owner in Fee _____
Address _____ Tel. (_____) _____

Tel. (_____) _____ Lic. No. or Bldrs. Reg. No. _____

Is hereby granted permission to perform the following work:

- | | | |
|---|---|--|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> LEAD HAZARD ABATEMENT |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> DEMOLITION |
| <input type="checkbox"/> ELEVATOR DEVICES | <input type="checkbox"/> ASBESTOS ABATEMENT | <input type="checkbox"/> OTHER _____ |
- (Subchapter 8 only)

DESCRIPTION OF WORK:

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

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

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—OFFICE

4 GOLD—APPLICANT

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	_____

INSPECTION NOTICE



To _____

Time _____ Date _____ By _____

Owner/Agent _____

Telephone (____) _____ Permit # _____

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Inspection Requested _____

Availability/Comments _____



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:** _____



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 _____, 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: _____



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 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 this _____ 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 must 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: _____



NOTICE AND ORDER OF PENALTY
(Post-Certificate of Occupancy -Residential Construction)

Order No: _____

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:** _____



For Information Call: _____
Permit No.: _____

APPROVAL FOR BUILDING

	Date	Inspector
<input type="checkbox"/> Footing	_____	_____
<input type="checkbox"/> Foundation	_____	_____
<input type="checkbox"/> Frame	_____	_____
<input type="checkbox"/> Insulation	_____	_____
<input type="checkbox"/> Mechanical	_____	_____
<input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Final	_____	_____

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

Sample



For Information Call _____
Permit # _____

APPROVAL FOR ELECTRICAL

	Date	Inspector
<input type="checkbox"/> Rough	_____	_____
<input type="checkbox"/> Service	_____	_____
<input type="checkbox"/> Other	_____	_____
_____	_____	_____
_____	_____	_____
<input type="checkbox"/> Final	_____	_____



For Information Call: _____
Permit No. _____

APPROVAL FOR PLUMBING

	Date	Inspector
<input type="checkbox"/> Slab	_____	_____
<input type="checkbox"/> Rough	_____	_____
<input type="checkbox"/> Water	_____	_____
<input type="checkbox"/> Gas	_____	_____
<input type="checkbox"/> LPGas Tank	_____	_____
<input type="checkbox"/> Mechanical	_____	_____
<input type="checkbox"/> Sewer	_____	_____
<input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Final	_____	_____

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



For Information Call _____
Permit # _____

APPROVAL FOR FIRE PROTECTION

	Date	Inspector
<input type="checkbox"/> Sprinklers	_____	_____
<input type="checkbox"/> Standpipes	_____	_____
<input type="checkbox"/> Special Supp.	_____	_____
<input type="checkbox"/> Alarm	_____	_____
<input type="checkbox"/> Mechanical	_____	_____
<input type="checkbox"/> Other	_____	_____
_____	_____	_____
<input type="checkbox"/> Final	_____	_____



For Information Call _____
Permit # _____

APPROVAL FOR ELEVATOR

Elevator Number _____

	Date	Inspector
<input type="checkbox"/> Machine Room	_____	_____
<input type="checkbox"/> Car/Floor	_____	_____
<input type="checkbox"/> Hoistway/Pit	_____	_____
<input type="checkbox"/> Temp. 30 Day	_____	_____
<input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> Final	_____	_____

U.C.C. F225



For Information Call _____
Permit # _____

NOT APPROVED

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

Type of Inspection _____

Date _____ Inspector _____

Comments _____



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: _____



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



Date Issued _____

ORDER TO VACATE

Block _____ Lot _____ Qualification Code _____

Address _____

**THIS BUILDING IS DECLARED UNSAFE
FOR HUMAN OCCUPANCY**

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

**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 _____
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 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 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



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.



CERTIFICATE

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

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

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 _____



APPLICATION FOR CERTIFICATE

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

IDENTIFICATION

Work Site Location _____ Block _____ Lot _____ Qualification Code _____

Owner in Fee _____ Contractor _____
Address _____ 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

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 _____



ON-GOING INSPECTIONS SCHEDULE

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	# Fail

ELEVATOR INSPECTION



Name _____ Date _____

Address _____ 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

BUILDING REGISTRATION NO. _____
 If FA, Permit No. _____

DEVICE TYPE DEVICE NUMBER TYPE OF INSPECTION/TEST		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.											

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



ELEVATOR INSPECTION

DEVICE TYPE
DEVICE NUMBER
TYPE OF INSPECTION/TEST

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

D. ESCALATOR/MOVING WALKS (Device Type)	S	U	S	U	S	U	S	U	S	U
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)	S	U	S	U	S	U	S	U	S	U
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	S	U	S	U	S	U	S	U	S	U

ACTION TAKEN	S	U	S	U	S	U	S	U	S	U
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 _____



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.



NOTICE

_____ Date Issued

THIS ELEVATOR DEVICE IS OUT OF OPERATION

Registration Number _____ Device Number _____

Block _____ Lot _____ Qualification Code _____

Address _____

This Elevator Device Is Declared UNSAFE

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

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



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 _____



CUT-IN-CARD

Municipality _____

Location **Sample** _____ 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 **Sample** This approval is void after _____ days.

Description of Service _____

Installed By _____ License # _____

Date _____ Permit # _____ Inspector _____

Called In / / License # _____

Sample



DENIAL OF PERMIT

Date Issued:
Control #:

IDENTIFICATION

Block _____ Lot _____ Qualification Code _____
 Work Site Location _____ Agent/Contractor _____
 Owner in Fee _____ Address _____
 Address _____
 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 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)



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS _____

Owner in Fee _____

Verifying Individual _____ Company _____

Address _____

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: Size

- "B" Label Vent [] Chimney-Interior
- "L" Label Vent [] Chimney-Exterior
- Flexible Liner [] Masonry Chimney-Tile Lined
- Power Vent/Exhauster [] Masonry Chimney-Unlined
- Other _____ [] Other _____

Fuel Type

- Appliance 1: _____ Oil / Gas / Other: _____
- Appliance 2: _____ Oil / Gas / Other: _____
- Appliance 3: _____ Oil / Gas / Other: _____

Fuel Type

- _____ Oil / Gas / Other: _____
- _____ Oil / Gas / Other: _____
- _____ 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.

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

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 date: _____
Test by: _____ 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 'NA' in the space provided.

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:

- | 1 ST | 2 ND | 3 RD | 4 TH | FLOOR |
|---|---|---|---|---|
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | SIZE |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | GRADE, SPECIES |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | SINGLE OR DOUBLE |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | PRE-ENGINEERED PER MAN-FACTURER'S SPECS |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | CANTILEVERS AS PER DESIGN |

2. GIRDERS AND BEAMS:

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

3. FLOOR JOIST:

- | 1 ST | 2 ND | 3 RD | 4 TH | FLOOR |
|---|---|---|---|--|
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | SIZE PER PLAN |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | GRADE, SPECIES |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | PRE-ENGINEERED COMPONENTS AS SPECIFIED |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | BEARING |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | NAILING |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | BRIDGING |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | CUTTING AND NOTCHING (AS PER CODE) |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | POINT LOADS - SUPPORTED AS PER PLAN |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | SPAN HANGERS |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | HEADERS |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | FRAMED OPENINGS |

4. FLOORING, SHEATHING, OR DECKING:

- | 1 ST | 2 ND | 3 RD | 4 TH | FLOOR |
|---|---|---|---|-----------------------|
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | PANEL SPAN, THICKNESS |

5. STAIR ATTACHMENT:

- | 1 ST | 2 ND | 3 RD | 4 TH | FLOOR |
|---|---|---|---|---------|
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | BEARING |
| <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | 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: _____

C. WALL FRAMING

1. EXTERIOR WALL FRAME:

1 ST	2 ND	3 RD	4 TH	FLOOR
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	SIZE
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	SPACE
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	SPECIES AND GRADE
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	CUTTING, NOTCHING AND BORING
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	HEADER SIZES
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	JACK STUD BEARING
TOP PLATES				
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	NAILING
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	LAPS
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	RAFTER TIES
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	HURRICANE STRAPS (AS REQUIRED)

2. INTERIOR LOAD-BEARING WALLS:

1 ST	2 ND	3 RD	4 TH	FLOOR
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	SIZE
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	SPACE
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	LAYOUT - SUPPORT BELOW PER CODE
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	SPECIES AND GRADE
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	CUTTING, NOTCHING AND BORING
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	FIRE BLOCKING
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	HEADER SIZES
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	JACK STUD BEARING
TOP PLATES				
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	NAILING
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	LAPS
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	STRAPPING

3. INTERIOR NON-LOAD-BEARING WALLS:

1 ST	2 ND	3 RD	4 TH	FLOOR
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	SIZE
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	SPACE
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	SPECIES AND GRADE
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	CUTTING, NOTCHING AND BORING
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	FIRE BLOCKING
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	HEADER SIZES
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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:

<input type="checkbox"/> <input type="checkbox"/>	LAYOUT PLANS
<input type="checkbox"/> <input type="checkbox"/>	TRUSS MEMBERS
<input type="checkbox"/> <input type="checkbox"/>	CONNECTION SCHEDULE
<input type="checkbox"/> <input type="checkbox"/>	PERMANENT BRACING DETAILS
<input type="checkbox"/> <input type="checkbox"/>	DORMERS/ROOF STRUCTURES ON MANUFACTURER'S DRAWINGS
<input type="checkbox"/> <input type="checkbox"/>	EQUIPMENT/APPLIANCES ON MAN- UFACTURER'S DRAWINGS
<input type="checkbox"/> <input type="checkbox"/>	LOCATION AS PER LAYOUT
<input type="checkbox"/> <input type="checkbox"/>	ALIGNMENT
<input type="checkbox"/> <input type="checkbox"/>	BEARING
<input type="checkbox"/> <input type="checkbox"/>	SPACING
<input type="checkbox"/> <input type="checkbox"/>	CONNECTIONS TO BEARING POINTS
<input type="checkbox"/> <input type="checkbox"/>	NO CONNECTION TO NON-BEARING POINTS
<input type="checkbox"/> <input type="checkbox"/>	DAMAGE AND DEFECTS
<input type="checkbox"/> <input type="checkbox"/>	ENGINEERED METHOD OF REPAIR

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

<input type="checkbox"/> <input type="checkbox"/>	LAYOUT
<input type="checkbox"/> <input type="checkbox"/>	SIZE
<input type="checkbox"/> <input type="checkbox"/>	TYPE
<input type="checkbox"/> <input type="checkbox"/>	NAILING
<input type="checkbox"/> <input type="checkbox"/>	OVERLAP
<input type="checkbox"/> <input type="checkbox"/>	TERMINATION
<input type="checkbox"/> <input type="checkbox"/>	TRANSITION (I.E., CROSS) BRACING

3. GABLE END BRACING (AS PER DESIGN):

<input type="checkbox"/> <input type="checkbox"/>	LAYOUT
<input type="checkbox"/> <input type="checkbox"/>	SIZE
<input type="checkbox"/> <input type="checkbox"/>	TYPE
<input type="checkbox"/> <input type="checkbox"/>	NAILING
<input type="checkbox"/> <input type="checkbox"/>	OVERLAP
<input type="checkbox"/> <input type="checkbox"/>	TERMINATION

4. SOLID SAWN ROOF FRAMING:

<input type="checkbox"/> <input type="checkbox"/>	SIZE
<input type="checkbox"/> <input type="checkbox"/>	GRADES, SPECIES
LAYOUT	
<input type="checkbox"/> <input type="checkbox"/>	SPACING
<input type="checkbox"/> <input type="checkbox"/>	SPAN
<input type="checkbox"/> <input type="checkbox"/>	BEARING
<input type="checkbox"/> <input type="checkbox"/>	FASTENING
<input type="checkbox"/> <input type="checkbox"/>	DAMAGE CAUSED BY FASTENERS (RAFTERS NOT SPLIT BY TOENAILS)
<input type="checkbox"/> <input type="checkbox"/>	CUTTING, NOTCHING, AND BORING
<input type="checkbox"/> <input type="checkbox"/>	BRIDGING
<input type="checkbox"/> <input type="checkbox"/>	RIDGE SIZE
<input type="checkbox"/> <input type="checkbox"/>	HURRICANE TIES WHERE APPLICABLE

E. SHEATHING

1. SHEATHING - EXTERIOR WALLS:

MATERIAL	
<input type="checkbox"/> <input type="checkbox"/>	PANEL SPAN, THICKNESS
SPECIAL REQUIREMENTS	
<input type="checkbox"/> <input type="checkbox"/>	GAPPING
<input type="checkbox"/> <input type="checkbox"/>	LAYOUT
<input type="checkbox"/> <input type="checkbox"/>	CORNER BRACING (IF REQUIRED)

2. SHEATHING - ROOF:

MATERIAL	
<input type="checkbox"/> <input type="checkbox"/>	PANEL SPAN, THICKNESS
SPECIAL REQUIREMENTS	
<input type="checkbox"/> <input type="checkbox"/>	BLOCKING, EDGE (IF REQUIRED)
<input type="checkbox"/> <input type="checkbox"/>	CLIPS (IF REQUIRED)
<input type="checkbox"/> <input type="checkbox"/>	GAPPING
<input type="checkbox"/> <input type="checkbox"/>	LAYOUT

SHEATHING, FRT - ROOF

<input type="checkbox"/> <input type="checkbox"/>	FOUR FEET FROM FIREWALL
<input type="checkbox"/> <input type="checkbox"/>	NONCORROSIVE FASTENERS



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

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.				

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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 _____

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	



ON-GOING INSPECTIONS

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



DAILY/WEEKLY INSPECTOR'S REPORT

FOR THE DAY/WEEK OF _____ INSPECTOR _____

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

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.																				

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

Municipality _____ County _____

For Month of _____

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

Certificate Fees not previously collected \$ _____

Prepared by _____ Date Prepared _____

UCC Municipal Monthly Activity Report (Permits) Residential Use Groups

Municipality _____ County _____
For Month of _____

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

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

Municipality _____ County _____

For Month of _____

Use Group	Perm Type	# of Perm	# of Upd.	CHARACTERISTICS												Total Value of Constr.			
				# of Square Feet	# of Cubic Feet	# Pvt. Owned	# Pub. Owned	Housing Units Gained			Housing Units Lost			SALE	RENT		RENT		
								All Units	Income-restricted	RENT	All Units	Income-restricted	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	\$ _____	Fire	\$ _____
Electrical	\$ _____	Elevator	\$ _____
Plumbing	\$ _____	Certificate	\$ _____
		Other	\$ _____

Prepared by _____ Date Prepared _____

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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

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

<u>FORM NUMBER</u>	<u>DESCRIPTION & REQUIRED SPECIFICATIONS</u>
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.

REQUIRED FORMS –REQUIRED SPECIFICATIONS (continued)

<u>FORM NUMBER</u>	<u>DESCRIPTION & REQUIRED SPECIFICATIONS</u>
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 1 white, Part 2 canary, Part 3 pink. Print black ink on one side.

REQUIRED FORMS –RECOMMENDED SPECIFICATIONS

<u>FORM NUMBER</u>	<u>DESCRIPTION & RECOMMENDED SPECIFICATIONS</u>
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 1 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 1 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 1 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)

<u>FORM NUMBER</u>	<u>DESCRIPTION & RECOMMENDED SPECIFICATIONS</u>
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)

<u>FORM NUMBER</u>	<u>DESCRIPTION & RECOMMENDED SPECIFICATIONS</u>
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

<u>FORM NUMBER</u>	<u>DESCRIPTION & RECOMMENDED SPECIFICATIONS</u>
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

<u>FORM NUMBER</u>	<u>DESCRIPTION & RECOMMENDED SPECIFICATIONS</u>
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.

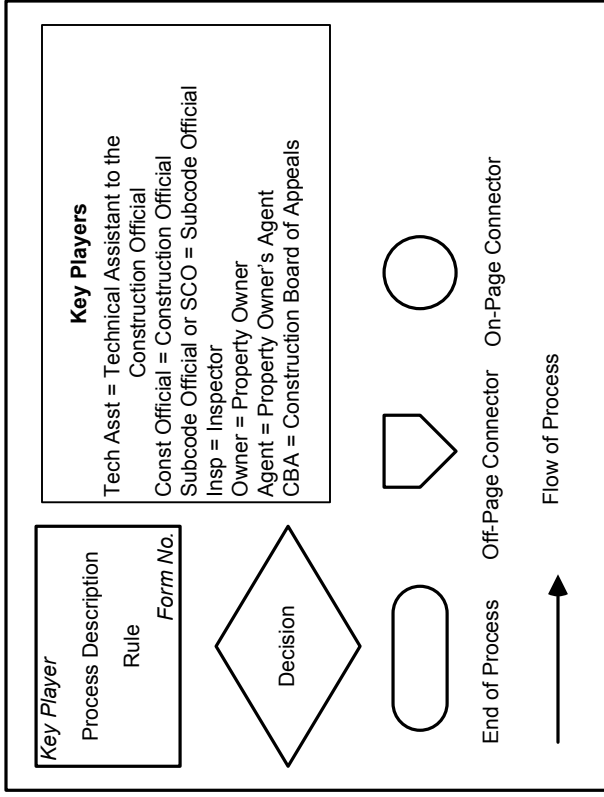
REQUIRED REPORTS –RECOMMENDED SPECIFICATIONS

<u>FORM NUMBER</u>	<u>DESCRIPTION & RECOMMENDED SPECIFICATIONS</u>
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.

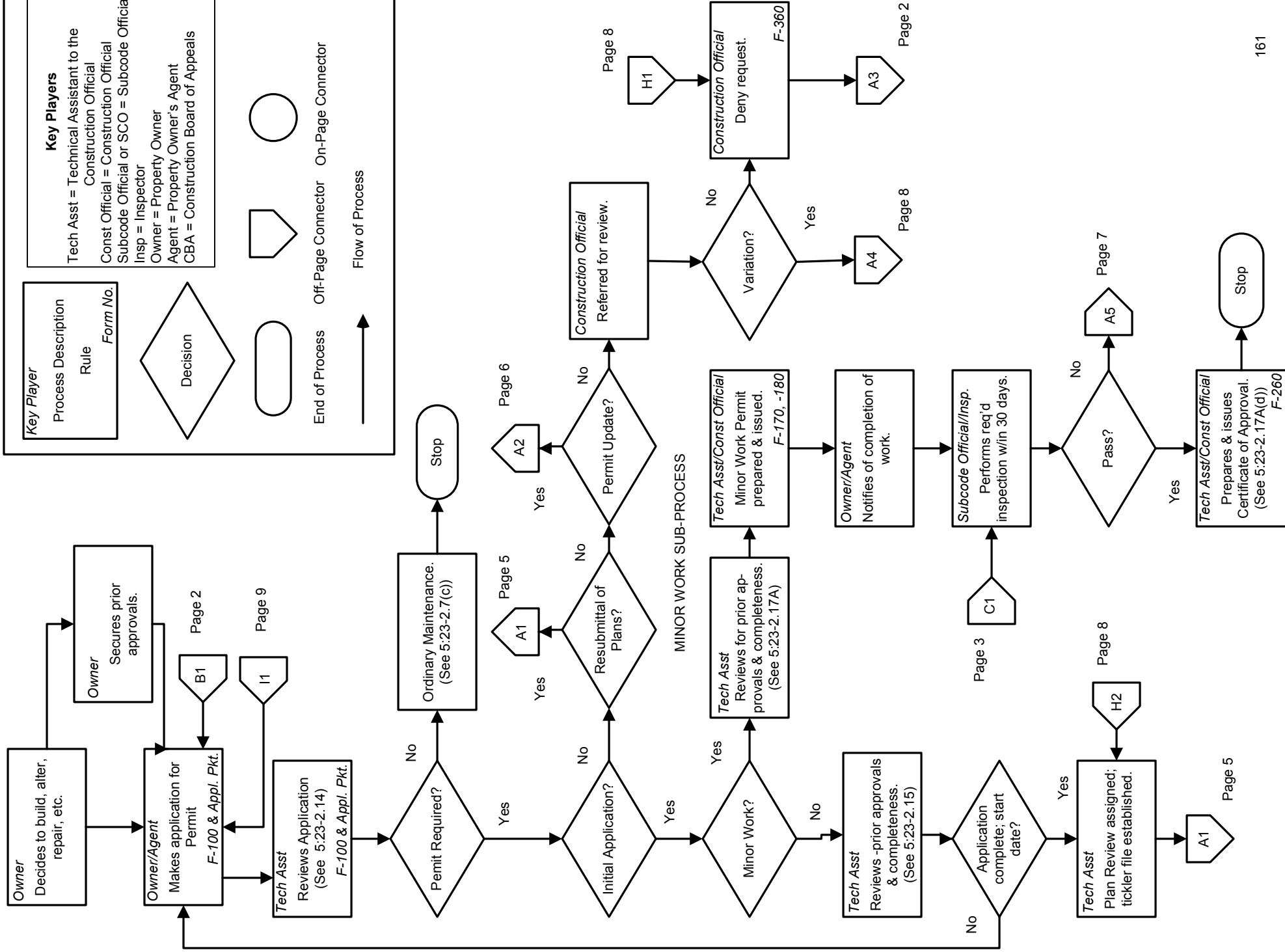
NEW JERSEY CONSTRUCTION PROCESS

(Page 1)

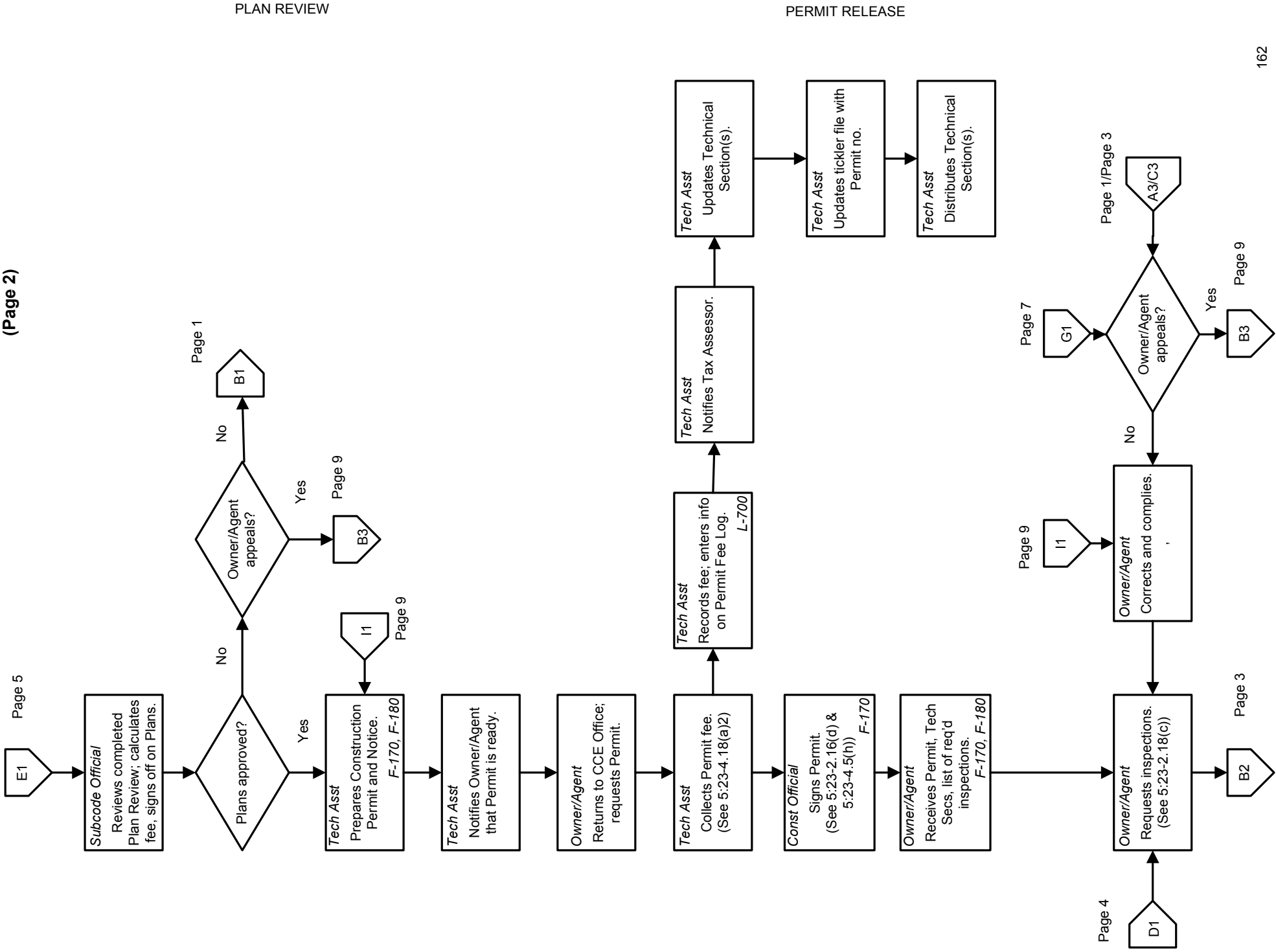
LEGEND



APPLICATION INTAKE, ROUTING AND FILE SETUP



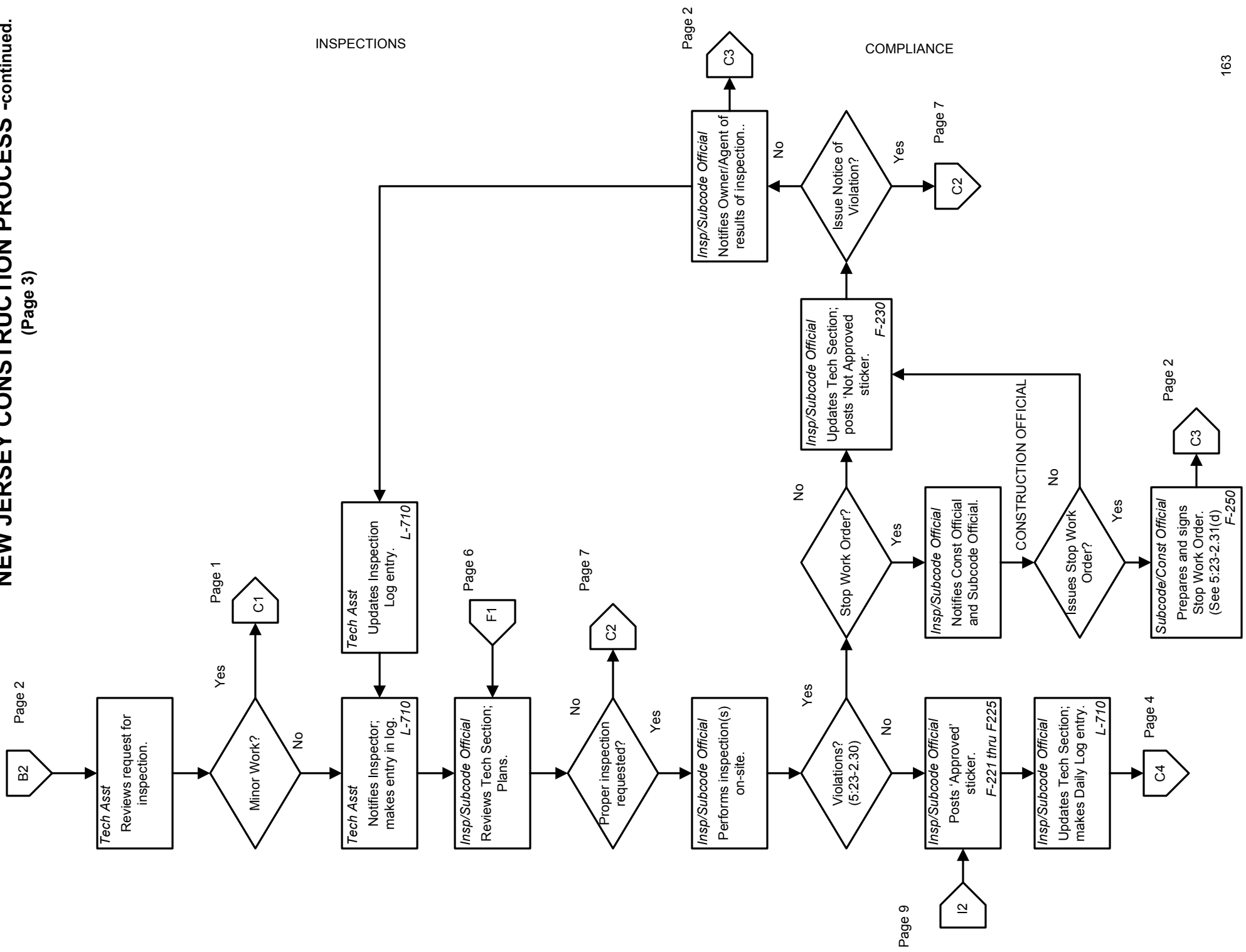
NEW JERSEY CONSTRUCTION PROCESS -continued.
(Page 2)



PLAN REVIEW

PERMIT RELEASE

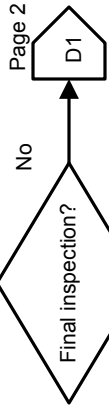
NEW JERSEY CONSTRUCTION PROCESS -continued. (Page 3)



INSPECTIONS

COMPLIANCE

NEW JERSEY CONSTRUCTION PROCESS -continued. (Page 4)



No

Page 2



Yes

Insp/Subcode Official
Complete Tech Section;
Marks 'Final'.
F-110 thru F-150

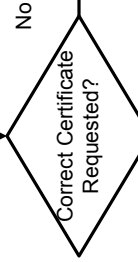
Subcode Official
Reviews Tech Section.
F-110 thru F-150

Tech Asst
Retrieves file; makes
final review for
completion.

Tech Asst
Prepares approp. Cert
based on pg. 3.
(See 5:23-2.23 & 5:23-
2.23A)
F-260

Owner/Agent
Requests Certificate.
(See 5:23-2.23(g), (i),
(m) and (p);
& 5:23- 2.24)
F-270

Tech Asst
Reviews and compares
request to prepared
Certificate.



No

Yes

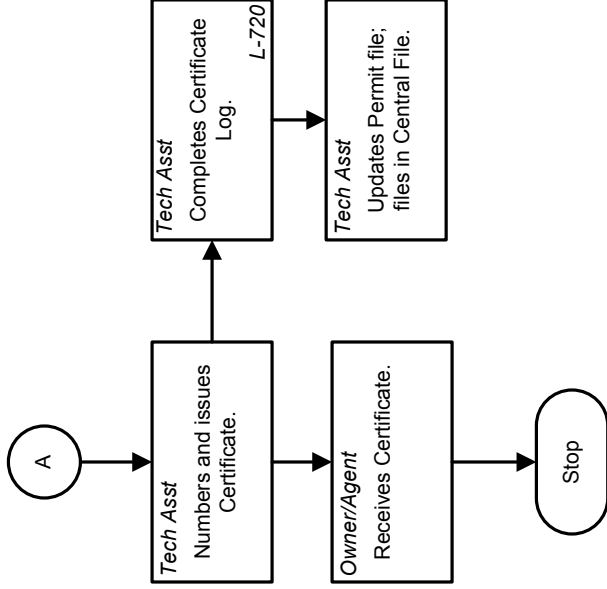
Tech Asst
Collects fee, if any.

Const Official
Signs Certificate.
(See 5:23-2.23(j)3 &
5:23-4.5(h))
F-260



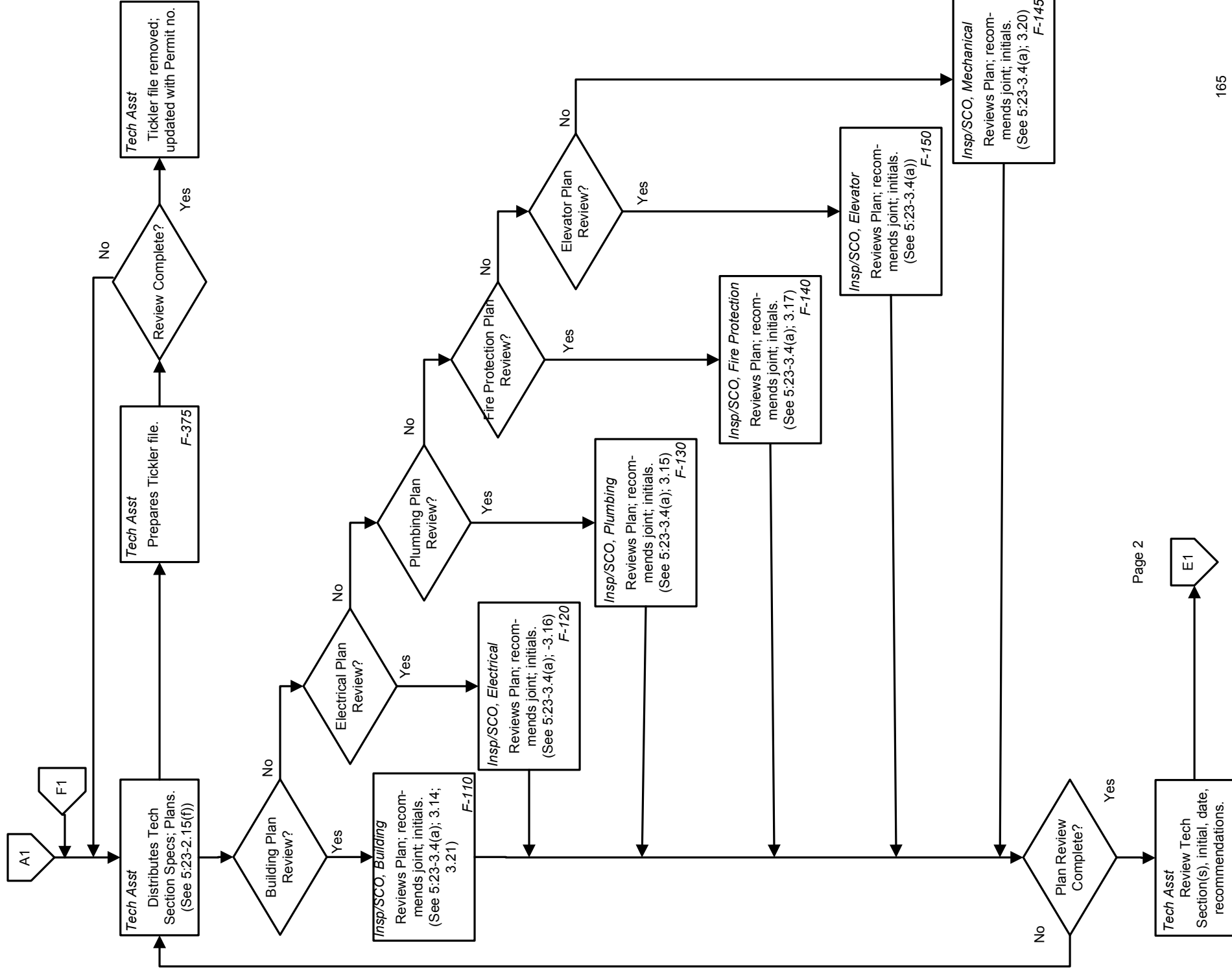
FINAL INSPECTIONS

CERTIFICATE



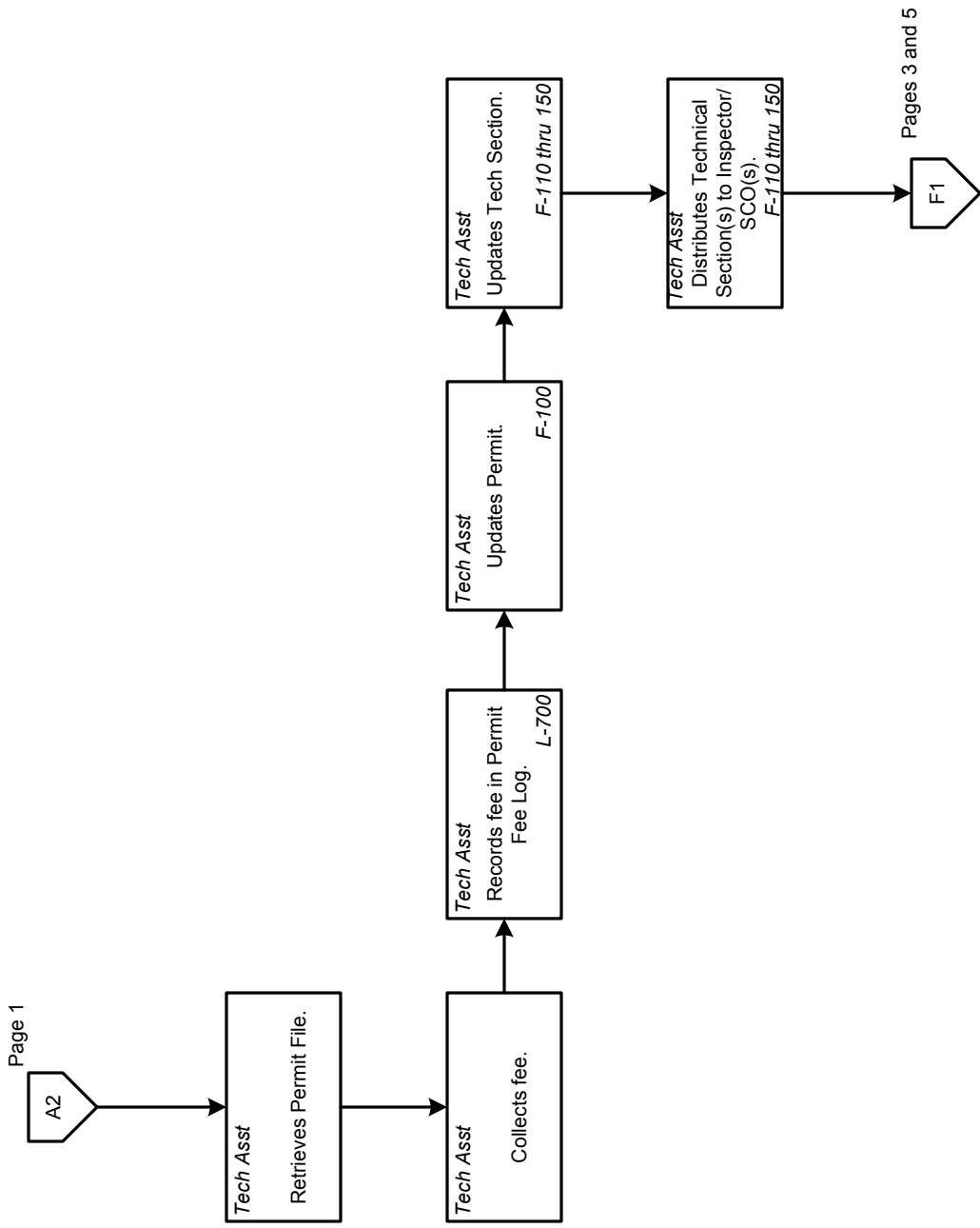
NEW JERSEY CONSTRUCTION PROCESS -Subroutine A: Plan Review (Page 5)

Page 1 Page 6



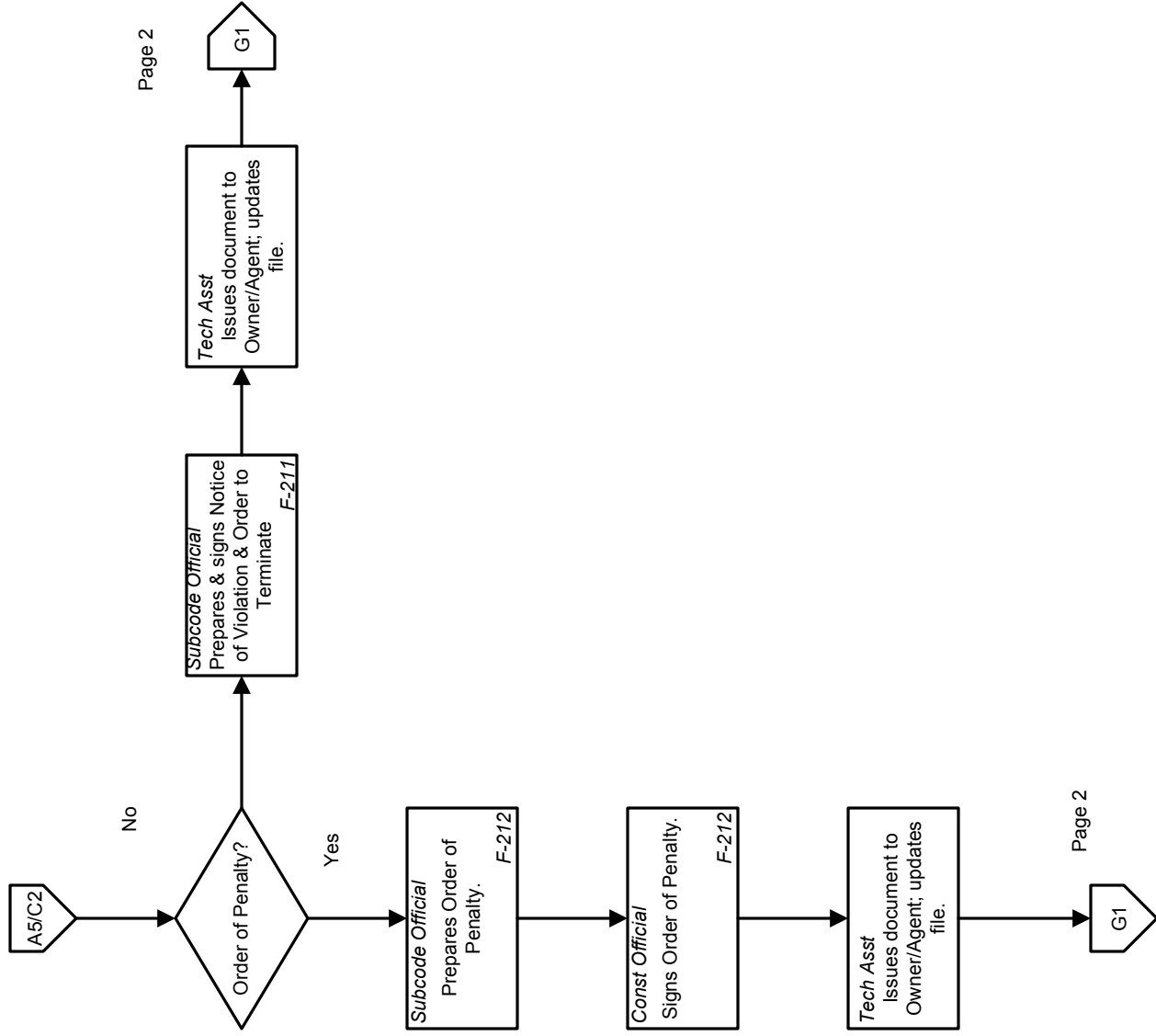
Page 2

NEW JERSEY CONSTRUCTION PROCESS -Subroutine B: Permit Update (Page 6)

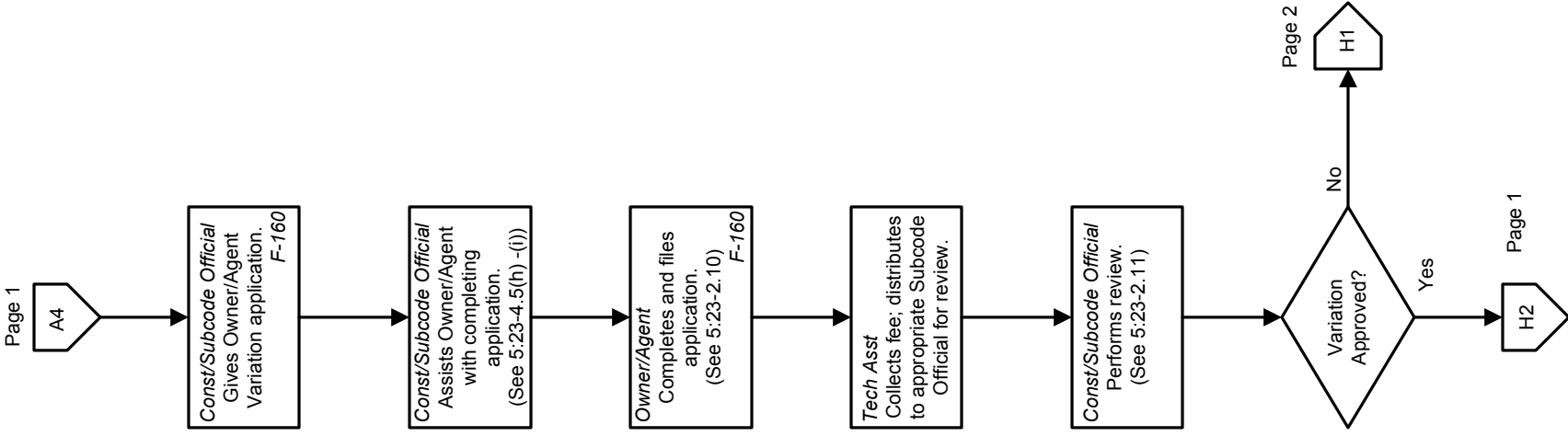


NEW JERSEY CONSTRUCTION PROCESS -Subroutine F: Notice and Order of Penalty; Notice of Violation and Order to Terminate (Page 7)

Pages 1 and 3



NEW JERSEY CONSTRUCTION PROCESS -Subroutine C: Variations
(Page 8)



NEW JERSEY CONSTRUCTION PROCESS -Subroutine G: Appeal Process (Page 9)

