

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



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block _____ Lot _____ Qualification Code _____
Work Site Location _____

Owner in Fee: _____
Tel. (_____) _____ e-mail _____

Address _____ street _____ municipality _____ zip code _____
Contractor: _____ Tel. (_____) _____
Address _____ e-mail _____

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

Federal Emp. ID No. _____ FAX: (_____) _____
B. ELECTRICAL CHARACTERISTICS
Use Group Present _____ Proposed _____
 Pole/Pad # _____ Temporary Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
<input type="checkbox"/> No Plans Required	Type:	
<input type="checkbox"/> Partial Understab Utilities Approved	Rough	Failure Failure Approval Initial
Date: _____ Approved by: _____	Barrier-Free	
<input type="checkbox"/> Electric Plans Approved	Trench	
Date: _____ Approved by: _____	Temp. Serv.	
	Const. 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	

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's Signature/Contractor's Seal and Signature _____

Licensed Elec. Contractor Certif'd Landscape Irrigation Contr' Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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

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 Spas Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/4- 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	\$ _____



BUILDING SUBCODE TECHNICAL SECTION



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 _____ e-mail _____

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	Type:	Failure	Dates (Month/Day)	Approval	Initial
<input type="checkbox"/> No Plans Required				Footings				
<input type="checkbox"/> All				Footings Bonding				
<input type="checkbox"/> Footings/Foundations				Foundation				
<input type="checkbox"/> Structural/Framework				Slab				
<input type="checkbox"/> Exterior				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				Insulation				
SUBCODE APPROVAL for PERMIT				Finishes -Base Layer				
Date:				Finishes -Final				
Approved by: _____				Energy				
SUBCODE APPROVAL for CERTIFICATE				Mechanical				
<input type="checkbox"/> CO <input type="checkbox"/> CCC <input type="checkbox"/> CA				TCO				
Date:				Other				
Approved by: _____				Final				
				Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area - Largest Floor _____ sq. ft.

New Bldg. Area/Alt Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building: State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1+2) \$ _____

U.C.C. P110 (rev. 12/07)

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

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.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DESCRIPTION OF WORK	FEE (Office Use Only)
<input type="checkbox"/> New Building	\$ _____
<input type="checkbox"/> Addition	\$ _____
<input type="checkbox"/> Rehabilitation	\$ _____
<input type="checkbox"/> Roofing	\$ _____
<input type="checkbox"/> Siding	\$ _____
<input type="checkbox"/> Fence _____ Height (exceeds 6')	\$ _____
<input type="checkbox"/> Sign _____ Sq. Ft.	\$ _____
<input type="checkbox"/> Pool	\$ _____
<input type="checkbox"/> Retaining Wall _____ Sq. Ft.	\$ _____
<input type="checkbox"/> Asbestos Abatement Subchapter 8	\$ _____
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17	\$ _____
<input type="checkbox"/> Radon Remediation	\$ _____
<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> Demolition	\$ _____

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

Administrative Surcharge \$ _____

Minimum Fee \$ _____

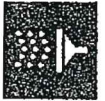
State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

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



PLUMBING SUBCODE TECHNICAL SECTION



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-7000.

Block _____ Lot _____ Qualification Code _____
Work Site Location _____

Owner In Fee: _____

Tel (____) _____ e-mail _____

Address _____ street _____ municipality _____ zip code _____

Contractor: _____ Tel. (____) _____ e-mail _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

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

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

No Plans Required

Partial - Under/Slab Utilities Approved

Date: _____ Approved by: _____

Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required: _____

Bldg. Elec. Fire. Elev.

SUBCODE APPROVAL FOR PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL FOR CERTIFICATE

CO CCO CA

Date: _____

Approved by: _____

INSPECTIONS	Type:	Failure	Dates (Month/Day)		Approval	Initial
			Failure	Approval		
Slab						
Rough						
Water						
Sewer						
Fixtures						
Gas Equipment						
Gas Piping						
LP Gas Tank						
Fuel Oil Piping						
Solar						
TCO						
Final						

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

Applicant's Signature/Contractor's Seal and Signature
 Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA

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

QTY.	DESCRIPTION OF WORK	FEE (Office Use Only)
	FIXTURE/EQUIPMENT	
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION



A. IDENTIFICATION—APPLICANT COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE CALL UTILITY DIG NO: 1-800-272-1009.

Block _____ Lot _____ Qualification Code _____
Work Site Location _____

Owner in Fee: _____ e-mail _____
Tel. () _____

Address _____ street _____ municipality _____ Tel. () _____ zip code _____
Contractor: _____ e-mail _____

Address _____ e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety, Permit 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 _____ Fuel Storage Tank
Constr. Class: Present _____ Proposed _____ Fuel Type: Flammable or Combustible
Capacity _____
Heating System: New or Modification to Existing Fire Alarm System: New or Existing
or Conversion or Replacement Location of Panel: _____
Location of Main Control Valve: _____

Fuel Type: Gas Oil Electric Solar
 Other _____
Location: _____
Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)
PLAN REVIEW
 No Plans Required
 Partial - Under-slab Utilities Approved
Date: _____ Approved by: _____
 Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
 Bldg. Elec. Plumb. Elev
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
 CO CCO CA
Date: _____
Approved by: _____

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

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application. _____
Applicant's Signature/Contractor's Signature
 Certified Contractor Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

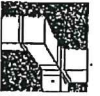
DESCRIPTION OF WORK:	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	_____
Alarm Systems	_____	_____
<input type="checkbox"/> System	_____	_____
<input type="checkbox"/> 110v Interconnected	_____	_____
<input type="checkbox"/> CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pull, water/flow)	_____	_____
Supervisory Devices (i.e., tamper, low/high air)	_____	_____
Signaling Devices (i.e., horns/strobes, bells)	_____	_____
Other Devices	_____	_____
TOTAL	_____	_____
Suppression Systems	_____	_____
Fire Pump _____ GPM Type _____	_____	_____
Dry Pipe/Alarm Valves	_____	_____
Pre-action Valves	_____	_____
Sprinkler Heads (Dry and Wet)	_____	_____
Standpipes	_____	_____
Pre-engineered Systems	_____	_____
Wet Chemical	_____	_____
Dry Chemical	_____	_____
CO ₂ Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other	_____	_____
Other Systems	_____	_____
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fuel-Fired Appliances <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other	_____	_____

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

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 _____ Tel. _____ zip code _____
Contractor: _____ 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-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 \$ _____

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

JOB SUMMARY (Office Use Only)

No Plans Required

Mechanical Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

Bldg. Elec. Plumb. Fire.

Elev.

SUBCODE APPROVAL FOR PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL FOR CERTIFICATE

Date: CA CCO _____

Approved by: _____

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

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 \$ _____		



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS _____

Owner in Fee _____

Verifying Individual _____ Company _____

Address _____

Street City State Zip Code

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

Check the Appropriate Box(es):

Type of Replacement:

- Oil to Gas Conversion
- Gas to Oil Conversion
- Gas Appliance Replacement
- Oil to Oil Replacement
- Other _____

Existing Vent/Chimney:

- "B" Label Vent
- "L" Label Vent
- Flexible Liner
- Power Vent/Exhauster

- Size _____
- Chimney-Interior
 - Chimney-Exterior
 - Masonry Chimney-Tile Lined
 - Masonry Chimney-Unlined
 - Other _____

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

CHIMNEY LINER

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

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

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

Length of Connector: _____ Vent Connector Rise: _____

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

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

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

Signature _____ Date _____

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

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

Signature _____ Date _____

Direct Vent Appliance:

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

Signature _____ Date _____

Verification Not Submitted:

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

Signature _____ Date _____

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

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