



Inspections Department
One Rev. Dr. Martin Luther King, Jr. Drive
Willingboro NJ 08046
Phone # 609-877-2200 Ext. 1214 FAX # 609-877-1278

ADDITIONS, PATIOS/OVERHANGS, PORCH ENCLOSURES PROCEDURES/REQUIREMENTS

Additions:

- 1) Complete the Zoning Application.
- 2) Submit copy of Survey/Plot Plan indicating location, dimensions of proposed addition, rear, and side setbacks along with completed Zoning Application to MUA. Once they mark out, submit the approved Zoning Application and Survey from MUA to the Inspections Dept along with the following -
- 3) Complete Building, Electrical, and Fire Technical forms (depending on scope of work Plumbing and /or Mechanical may also be required) along with Construction Jacket.
- 4) Submit (4) copies of the plans.
- 5) Copy of the contract.

Zoning Requirements:

Refer to the attached schedule of requirements packet.

Must maintain at least a 20 foot rear setback and minimum 6 foot side setback on the smallest side and minimum 7 foot side setback on the opposite side for a combined minimum total of 13 feet for side setbacks.

Garage Conversions:

- 1) Complete Building, Electrical, and Fire Technical forms (depending on scope of work, Plumbing and /or Mechanical may also be required) along with Construction Jacket.
- 2) Submit (4) copies of the plans. Show framing, indicating size/type of lumber and insulation, method of leveling floor, heat source, size of windows/doors, switches, receptacles, fixtures, detectors, and any plumbing or mechanical if needed.

Patios/Overhangs/Porch Enclosures:

- 1) Complete the Zoning Application
- 2) Submit copy of Survey/Plot Plan indicating location, dimensions, rear and side setbacks along with completed Zoning Application to MUA. Once they mark out, submit the approved Zoning Application and Survey from MUA to the Inspections Dept along with the following-
- 3) You must also complete Building Technical (and Electrical Technical depending on the scope of the work) form along with Construction Jacket.
- 4) Submit (4) copies of the plans.
- 5) Copy of the Contract.

Zoning Requirements:

Refer to the attached schedule of requirements packet.

Must maintain at least a 20 foot rear setback and minimum 6 foot side setback on the smallest side and minimum 7 foot side setback on the opposite side for a combined minimum total of 13 feet for side setbacks.

Fee is calculated based on the cost of the job.

All contractors listed as the principal contractor on any project are required to submit architectural drawings.

Incomplete submissions, including inadequate drawings will cause a delay in processing your application. All applications are subject to review by Zoning Official, Sub Codes and Construction Official prior to issuance.



Inspections Department
1 Rev. Dr. Martin Luther King, Jr. Drive
Willingboro NJ 08046
Phone # 609-877-2200 Ext. 1214 FAX # 609-877-1278

ZONING APPLICATION

Block _____ Lot _____

Work Location: _____ Zoning Class: _____

Owner Name: _____ Phone#: _____

Owner Address/City/State/Zip: _____

Description of Work: _____

Height of proposed structure: _____

Circle one: Corner Lot or Inside Lot

Setbacks: Front _____ Rear _____ Smallest Side _____

Percentage of Lot Covered by existing Buildings/Concrete/Asphalt/Pool: _____

(Optional) Aggregate: _____

Copy of Survey/Plot Plan must be submitted showing existing buildings, shed, driveway, pools, patios, walkways and proposed work with dimensions shown. Indicate front, rear, and side setbacks on Survey. (Refer to Schedule of Requirements if needed.)

When doing work other than a driveway or service walk - Submit this Zoning Application along with Survey/Plot Plan to MUA. Once they mark out and approve, submit to Inspections Dept with completed Construction Jacket, Building Technical and any other required forms.

Applicant: _____ Phone#: _____

Signature: _____ Date: _____

***Note: Rejected applications can be revised to comply with the Ordinance, or you may apply to the Zoning Board for relief of the Zoning Official's Decision. (When a variance is obtained, a copy of the resolution must be attached to the application.)*

TOWNSHIP OFFICE USE ONLY

MUA Approved Denied Signature: _____ Date: _____

Inspections Dept Approved Denied

Denied based on the non-compliance with the following sections of the Ordinance –
Chapter _____ Section _____

Zoning Official Signature: _____ Date: _____

ZONING

370 Attachment 1

Township of Willingboro

Schedule of Area, Yard and Height Requirements

Section	Zone District	Permitted Uses	Minimum Size of Lot		Minimum Yard Requirements (feet)(d)										Maximum Lot Coverage (percent)	Minimum Floor Area (square feet)
					Principal Building		Side		Detached Accessory Building		Maximum Building Height					
					Front	Rear	One	Both	Rear	Side	Feet	Stories				
Ch. 370, Art. IV	R-1 ^h	1-family dwelling														
		(a)	25	20	6	13	4	4	35	2 1/2			35	600 ground floor 1,100 total floor area		
		(b)	25	20	6	13	4	4	35	2 1/2			35	600 ground floor 1,100 total floor area		
Ch. 370, Art. V	R-1A	(c)	25	20	6	13	4	4	35	2 1/2			35	600 ground floor 1,100 total floor area		
		1-family dwelling ^h														
		Townhouses	50 (a)	50 (a)	50 (a)	100 (a)	—	—	35	2 1/2			25	720/d.u.		
Ch. 370, Art. VI	R-1B	Planned unit residential development	50	50	50	100										
		1-family dwelling ^h														
		(a)	25	20	6	13	4	4						600 ground floor 1,100 total floor area		
(b)	25	20	6	13	4	4							750/d.u.			

WILLINGBORO CODE

Section	Zone District	Permitted Uses	Minimum Size of Lot		Minimum Yard Requirements (feet)(d)										Maximum Lot Coverage (percent)	Minimum Floor Area (square feet)
					Principal Building		Side		Detached Accessory Building		Maximum Building Height					
					Front	Rear	One	Both	Rear	Side	Feet	Stories				
Ch. 370, Art. VII	R-1C	(c)	Area (square feet)	Frontage (feet)	25	20	6	13	4	4						
Ch. 370, Art. VIII	R-2 ^h	1-family dwelling														
		(a)	20,000	150	25	20	6	13	4	4	4	35	2 1/2	35	600 ground floor 1,100 total floor area	
		(b)	12,000	100	25	20	6	13	4	4	4	35	2 1/2	35	600 ground floor 1,100 total floor area	
Ch. 370, Art. IX	R-3 ^h	(c)	10,000	80	25	20	6	13	4	4	4	35	2 1/2	35	600 ground floor 1,100 total floor area	
		1-family detached dwellings cluster designs ^e	8,000	40	25	20	7	15	4	4	4	35	2 1/2	40	600 ground floor	
		1-family dwellings														
Ch. 370, Art. X	A-1	(a)	20,000	150	25	20	6	13	4	4	4	35	2 1/2	35	600 ground floor 1,100 total floor area	
		(b)	15,000	125	25	20	6	13	4	4	4	35	2 1/2	35	600 ground floor 1,100 total floor area	
		(c)	12,000	140	25	20	6	13	4	4	4	35	2 1/2	35	600 ground floor 1,100 total floor area	
		1-family detached dwellings cluster designs ^e	8,000	10	25	20	7	15	4	4	4	35	2 1/2	40	600 ground floor	
		Administrative and professional offices	20,000	100	25	20	15	25	10	10	35	2 1/2	35	1,000 total floor area		

ZONING

Section	Zone District	Permitted Uses	Minimum Size of Lot		Minimum Yard Requirements (feet)(d)								Maximum Lot Coverage (percent)	Minimum Floor Area (square feet)		
			Area (square feet)	Frontage (feet)	Principal Building		Side		Detached Accessory Building		Maximum Building Height					
					Front	Rear	One	Both	Rear	Side	Feet	Stories				
Ch. 370, Art. XI	B-1	Primary business light industry	40,000 (c)	150	50	20	40	20	25	45	10	10	35(f)	2 1/2	50	1,000
Ch. 370, Art. XII	B-2	Planned neighborhood business center	8 acres	400	50	50	50	100	100	10	10	35	2 1/2	50	8,000 initial construction	
Ch. 370, Art. XIII	B-3	Retail and service store	20,000 minimum 43,560 maximum	100	30	20	10	30	10	10	10	35	2 1/2	30	800	
Ch. 370, Art. XIV	I-1 Industrial uses*	43,560	150	50	40	25	60	20	45	—	—	—	—	—	—	—

* Includes manufacturing, fabrication, processing, warehousing, office buildings and other similar industries.

TOWNHOUSE NOTES: No townhouse structure shall be closer than 30 feet to any other townhouse structure or accessory building measured perpendicular to the building walls. The above yard requirements, excepting iron, yard requirements, are to be measured from site boundary, zoned boundaries, and major arterials or parkways only, as the case may be. The minimum front yard requirements are to be measured to the nearest street right-of-way and may be reduced as follows:

- (a) Internal streets (33-foot to 50-foot right-of-way): average front yard setback not less than 20 feet; no front yard less than 15 feet. Average setback is to be computed for all dwelling units facing a particular cul-de-sac street.
 - (b) Minor collector streets (50-foot to 60-foot right-of-way): average front yard setback not less than 25 feet; no front yard less than 20 feet. Average setback is to be computed for all dwelling units in each dwelling structure.
 - (c) A major collector street and arterial streets (60-foot-wide or more right-of-way): minimum front yard setback of 25 feet. Average setback is to be computed for all dwelling units in each dwelling structure.
 - (d) The minimum rear yard of any townhouse dwelling unit shall be 18 feet; provided, however, that the average rear yard depth shall be 20 feet, and there shall be a fenced, private, open rear yard of not less than 325 square feet in area for each townhouse unit.
- Attached and detached private garages may encroach upon front yard space to the extent provided above for townhouse structures.
- (e) These yard requirements are to apply only to the periphery of the tract when other than a one-family detached dwelling is to be constructed on a lot which has as one of its lot lines a portion of the original tract boundary, which is also a common boundary with another lot or tract containing or zoned to permit one-family detached dwellings. They

WILLINGBORO CODE

shall also apply when such lot line coincides with a street line and when the lot(s) or tract(s) perpendicular across the street contain or are zoned to permit one-family detached dwelling(s). The minimum yard requirements and lot sizes within a planned residential development shall be in accordance with § 370-27.

- (f) The maximum lot coverage establishes the total percent of the net land area which may be covered by buildings. Individual lot coverage may exceed 20%.

NOTES:

- a With no public water or sewers available.
 - b With either (but not both) public water or sewers available.
 - c With both public water and sewers available.
 - d All yard requirements are measured to the building line.
 - e See § 370-52.
 - f See § 370-52.
 - g Maximum height shall apply to all buildings fronting on Route 130. (See § 370-48.)
 - h In R-1, R-2 and R-3 and one-family dwelling R-1A and R-1B Zone Districts, the rear yard setback requirement shall be 10 feet in situations involving swimming pools.
- All structures shall be placed a minimum of 75 feet from any property line which is also a street line of the main travel way U.S. Route No. 130, but not to include property lines coincident with street lines of turnaround or jug handle areas.



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 _____ Tel. (____) _____ e-mail _____
 Address _____
 License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. _____ FAX: (____) _____
 5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. (____) _____ FAX: (____) _____
 6. Responsible Person in Charge once Work has Begun _____
 Tel. (____) _____ FAX: (____) _____

IIa. PROPOSED WORK

Minor Work 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)

Est. Cost	Plans Recd by	Date Recd	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								

III. PLAN REVIEW (optional)

DO YOU WANT:
 Partial Releases
 Prototype Processing

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

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

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ ft.
 2. Height of Structure _____ ft.
 3. Area — Largest Floor _____ sq. ft.
 4. New Building Area _____ sq. ft.
 5. Volume of New Structure _____ cu. ft.
 6. Max. Live Load _____
 7. Max. Occupancy Load _____
 8. If Industrialized Building: State Approved _____ HUD _____ sq. ft.
 9. Total Land Area Disturbed _____ sq. ft.
 10. Flood Hazard Zone _____ ft.
 11. Base Flood Elevation _____ ft.
 12. Wetlands yes _____ no _____

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 _____

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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. 5:23-2.15(b)4.

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



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

Address _____ street _____ municipality _____ zip code _____

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

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)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Type	Failure	Failure	Approval
<input type="checkbox"/> No Plans Required		Facing			Initial
<input type="checkbox"/> All		Facing 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			
<input type="checkbox"/> Permit Plan Review Required:		Barrier-Free			
<input type="checkbox"/> Fire		Insulation			
<input type="checkbox"/> Elevator		Finishes-Base Layer			
<input type="checkbox"/> Fire		Finishes-Final			
<input type="checkbox"/> Energy		Energy			
<input type="checkbox"/> Mechanical		Mechanical			
<input type="checkbox"/> Electrical		TOO			
<input type="checkbox"/> Other		Other			
<input type="checkbox"/> Final		Final			
<input type="checkbox"/> Barrier-Free		Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories _____

Height of Structure _____ ft. **Constr. Class Present _____ Proposed _____**
Area — Largest Floor _____ sq. ft. **State Approved _____ HUD _____**

New Bldg. Areal/All Floors _____ sq. ft. **Est. Cost of Bldg. Work:**
Volume of New Structure _____ cu. ft. **1. New Bldg. \$ _____**

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

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

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

Print name here: _____
D. TECHNICAL SITE DATA

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	

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



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 _____
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 \$ _____

JOBS SUMMARY (Office Use Only)

PLAN REVIEW

<input type="checkbox"/> No Plans Required	Type	Rough	Failure	Failure	Approval	Initial
<input type="checkbox"/> Partial Under-slab Utilities Approved	Date	Approved by	Barrier-Free	Trench	Temp. Serv.	
<input type="checkbox"/> Electric Plans Approved	Date	Approved by	Temp. Serv.	Const. Serv.	TCC	
Joint Plan Review Required	Date	Approved by	Other	Service	Final	
1 Bldg. <input type="checkbox"/> 1 Pktn. <input type="checkbox"/> 1 File <input type="checkbox"/> 1 File	Date	Approved by	Other	Service	Final	

SUBCODE APPROVAL FOR PERMIT

Approved by	Date	Barrier-Free	Temp. Cur-in-Card Date Issued
Approved by	Date	Barrier-Free	Final Cur-in-Card Date Issued
1 CO <input type="checkbox"/> 1 OCC <input type="checkbox"/> 1 GA	Date	Annual Pool Inspection	Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.
Applicant sign/Contractor sign and seal here: _____

Print name here: _____
 Licensed Elec. Contractor Certif'd Landscape Irrigation Contr Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEES (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	\$



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block _____ Lot _____ Qualification Code _____
Work Site Location _____

Owner in Fee: _____

Tel. _____ e-mail _____

Address _____ street _____ municipality _____ Tel. _____ zip code _____

Contractor: _____ e-mail _____

Address _____

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

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____

Constr. Class: Present _____ Proposed _____ Capacity _____

Heating System: [] New or [] Modification to Existing Fire Alarm System: [] New or [] Existing

OR [] Conversion or [] Replacement Location of Panel: _____

Fuel Type: [] Gas [] Oil [] Electric [] Solar Fire Suppressor/Standpipe System: [] New or [] Existing

Location: _____ Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS			
PLAN REVIEW	Type:	Failure	Failure	Approval	Initial
[] No Plans Required	Alarm System				
[] Partial - Underslab Utilities Approved	Suppression Sys.				
Date: _____ Approved by: _____	Standpipe				
[] Fire Protection Plans Approved	Fire Pump				
Date: _____ Approved by: _____	Pre-Eng. System				
Joint Plan Review Required:	Mechanical				
[] Bldg. [] Elec. [] Plumb. [] Elev.	Smoke Control				
SUBCODE APPROVAL for PERMIT	TCO				
Date: _____	Flam/Combust Tanks				
Approved by: _____	Fireplace Venting				
SUBCODE APPROVAL for CERTIFICATE	Final				
[] CO [] CCO [] CA	Other				
Date: _____					
Approved by: _____					

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.

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 _____

Flammable/Combustible Tanks	NUMBER	FEE (Office Use Only)
Alarm Systems		
[] System		
[] 110v Interconnected		
[] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL	0	
Suppression Systems		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO ₂ Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [] Gas [] Oil [] Solid		
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge \$		
Minimum Fee \$		
State Permit Surcharge Fee \$		
TOTAL FEE \$		



MECHANICAL INSPECTION TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

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. _____ e-mail _____

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: _____ Proposed: _____

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

NO. _____

FIXTURE/EQUIPMENT

Water Heater _____

Fuel/Oil Piping Connections _____

Gas Piping Connections _____

Steam Boiler _____

Hot Water Boiler _____

Hot Air Furnace _____

Oil Tank _____

LPG Tank _____

Fireplace _____

Generator _____

Other _____

DATE

Failure Approval Initial

INSPECTIONS

Type: _____

Gas Piping _____

Appliance _____

Chimney/Vent _____

Oil Piping _____

Oil Tank _____

LPG Tank _____

Hydronic Piping _____

Fireplace _____

Chimney Cert. _____

Other _____

DATE

Failure Approval Initial

INSPECTIONS

Type: _____

Gas Piping _____

Appliance _____

Chimney/Vent _____

Oil Piping _____

Oil Tank _____

LPG Tank _____

Hydronic Piping _____

Fireplace _____

Chimney Cert. _____

Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
 No. Plans Required
 Mechanical Plans Approved
 Date: _____ Approved by: _____

Joint Plan Review Required:
 Bldg. Elev. Plumb. Fire
 Elev.
 SUBCODE APPROVAL for PERMIT
 Date: _____ Approved by: _____

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

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 \$	_____

U.C.C. F145 (rev. 04/15) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.