### Form Number | Form Description
--- | ---
UCC-F100 (pgs 1, 2 & 3) | Construction Permit Application
UCC-F101 | Consent to Undertake Project Work
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 and 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 | Tickler/X-Ref Card
UCC-F380 | Hydraulic System Data Plate
UCC-F390 | Framing Checklist
UCC-L700 | Permit Fee Log
UCC-L710 | Inspection Log
UCC-L720 | Certificate Log
UCC-L730 | Ongoing Inspection Log
UCC-R800 | Inspector’s Report
UCC-R811 | Municipal Monthly Activity Report -Certificates
UCC-R812 | Municipal Monthly Activity Report -Permits
UCC-R840 | State Permit Surcharge Fees Report
*Unnumbered* | Application to the Construction Bd. of Appeals
*Unnumbered* | Decision of the Construction Bd. of Appeals
### Construction Permit Application

**IDENTIFICATION**

- Proposed Work Site at:
- Name of Owner in Fee:
- Tel. (___) ___-____-____ e-mail: ________________________
- Address ___________________________ street municipality ______ zip code
- Ownership in Fee: Public _______ Private _______
- Principal Contractor: ___________________________ Tel. (___) ___-____-____ 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: (___) ___-____-____
- Architect or Engineer ___________________________ Contact ___________________________ Tel. (___) ___-____-____ e-mail: ________________________
- Responsible Person in Charge once Work has Begun: ___________________________ Fax: (___) ___-____-____

**PROPOSED WORK**

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

**SUBCODES**

- ☐ Building
- ☐ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

**FEE SUMMARY**

<table>
<thead>
<tr>
<th>Item</th>
<th>Fee</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Elevators/Escalators/Lifts</td>
<td>$</td>
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<tr>
<td>2. Electrical</td>
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<tr>
<td>3. Plumbing</td>
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<td></td>
</tr>
<tr>
<td>4. Fire Protection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Elevator Devices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Subtotal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Less 20% for State Plan Review</td>
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<td></td>
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<tr>
<td>8. Subtotal</td>
<td>$</td>
<td></td>
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<tr>
<td>9. State Permit Surcharge Fee</td>
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</tr>
<tr>
<td>10. Subtotal</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>11. Cert. of Occupancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. TOTAL</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

**BUILDING/SITE CHARACTERISTICS**

- ☐ Number of Stories
- ☐ Height of Structure
- ☐ Area — Largest Floor
- ☐ Building Area
- ☐ Volume of New Structure
- ☐ Max. Live Load
- ☐ Max. Occupancy Load
- ☐ If Industrialized Building: State Approved
- ☐ HUD
- ☐ Total Land Area Disturbed
- ☐ Flood Hazard Zone
- ☐ Base Flood Elevation
- ☐ Wetlands

**SUBCODES**

- ☐ Flood Hazard Zone
- ☐ State Permit Surcharge Fee
- ☐ Other

**DESCRIPTION OF BUILDING USE**

- ☐ Residential (primary use)
- ☐ Non-Residential (primary use)
- ☐ Mixed Use -List secondary use(s):

**PLAN REVIEW**

- ☐ DO YOU WANT:
  1. Partial Releases
  2. Prototype Processing
  3. Pressure Vessels
  4. Refrigeration Systems
  5. Cross-Connections/Backflow Preventers
  6. Hazardous Uses/Places of Assembly
  7. Sprinklers/Standpipes
  8. Smoke Control Systems in Open Wells
  9. Underground Storage Tanks
  10. Swimming Pools, Spas and Hot Tubs
  11. LPGas Tanks
  12. Fire Alarm

**SUBJECT TO**

- ☐ Federal Emp.
- ☐ Lost, Sale
- ☐ Gained, Sale
- ☐ Lost, Rental
- ☐ Gained, Rental

**OCCUPANCY**

- ☐ Yes
- ☐ No

**ADDRESS (SITE)**

- ☐ BLOCK ________ LOT ________ QUALIFICATION CODE ________ ADDRESS (SITE) ___________________________

**FOR OFFICE USE ONLY**

- ☐ Est. Cost
- ☐ Plans Rec’d by
- ☐ Date Rec’d
- ☐ Rejection Date
- ☐ Approval Date
- ☐ Reviewer
- ☐ Resubmission Dates
- ☐ Approval
- ☐ Rejection
- ☐ Reviewer

**VII. TOTAL COST**

- ☐ Gained, Sale
- ☐ Gained, Rental
- ☐ Lost, Sale
- ☐ Lost, Rental

- ☐ Federal Emp.
- ☐ Lost, Sale
- ☐ Lost, Rental

**U.C.C. F100-1 (rev. 8/08)**
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.

U.C.C. F100-2 (rev. 5/2007)
### VIII. PRIOR APPROVALS CHECKLIST (office use only)

<table>
<thead>
<tr>
<th>LOCAL APPROVAL</th>
<th>COUNTY APPROVAL</th>
<th>REGIONAL APPROVAL</th>
<th>STATE APPROVAL</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prelim. Initial</td>
<td>Final Date</td>
<td>Prelim. Initial</td>
<td>Final Date</td>
<td></td>
</tr>
<tr>
<td>Prelim. Initial</td>
<td>Final Date</td>
<td>Prelim. Initial</td>
<td>Final Date</td>
<td></td>
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<tr>
<td>Prelim. Initial</td>
<td>Final Date</td>
<td>Prelim. Initial</td>
<td>Final Date</td>
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<td>Prelim. Initial</td>
<td>Final Date</td>
<td>Prelim. Initial</td>
<td>Final Date</td>
<td></td>
</tr>
</tbody>
</table>

- **Zoning Officer**
- **Planning Board**
- **Zoning Board**
- **Sewer Authority**
- **Water Authority**
- **Police Department**
- **Health Department**
- **Soil Conservation**
- **N.J. Department of Community Affairs**
- **N.J. Department of Transportation**
- **N.J. Department of Environmental Protection**
- **Utility Dig No.**

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

<table>
<thead>
<tr>
<th>Building</th>
<th>Electrical</th>
<th>Plumbing</th>
<th>Fire Protection</th>
<th>Mechanical</th>
<th>Energy</th>
<th>Barrier Free</th>
<th>Flood Hazard</th>
<th>As Built Elevation Cert.</th>
<th>Other</th>
</tr>
</thead>
</table>

### X. CERTIFICATES ISSUED (office use only)

<table>
<thead>
<tr>
<th>Certificate Type</th>
<th>No.</th>
<th>DATE ISSUED</th>
<th>DATE EXPIRED</th>
<th>DATE REISSUED</th>
<th>DATE EXPIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporary Certificate of Occupancy</td>
<td>No.</td>
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<tr>
<td>Temporary Certificate of Compliance</td>
<td>No.</td>
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</tr>
<tr>
<td>Continued Certificate of Occupancy</td>
<td>No.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Certificate of Compliance</td>
<td>No.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate of Occupancy</td>
<td>No.</td>
<td></td>
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</tr>
<tr>
<td>Certificate of Approval</td>
<td>No.</td>
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<tr>
<td>Lead Abatement Clearance Certificate</td>
<td>No.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
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 ____________________________________________________________

Contractor: ___________________________ Tel. ( ________ ) ___________________________ e-mail ___________________________

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: ( ________ ) ___________________________

JOBSUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required ________ ________ Initial ________ ________
[ ] All ________ ________ ________ ________
[ ] Footings/Foundations ________ ________ ________ ________
[ ] Structural/Frame ________ ________ ________ ________
[ ] Exterior ________ ________ ________ ________
[ ] Interior ________ ________ ________ ________

Joint Plan Review Required: ___________________________

SUBCODE APPROVAL for PERMIT
Date: ___________________________ Approved by: ___________________________

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA

Date: ___________________________ Approved by: ___________________________

B. BUILDING CHARACTERISTICS

Use Group Present ________ Proposed ________
No. of Stories Present ________ Proposed ________

Height of Structure ___________________________ ft.
Area — Largest Floor ___________________________ sq. ft.
New Bldg. Area/All Floors ___________________________ sq. ft.
Volume of New Structure ___________________________ cu. ft.
Max. Live Load ___________________________
Max. Occupancy Load ___________________________

Constr. Class Present ________ Proposed ________

If Industrialized Building: ___________________________

State Approved ________ HUD ________

Est. Cost of Bldg. Work:
1. New Bldg. $ ___________________________
2. Rehabilitation $ ___________________________
3. Total (1+ 2) $ ___________________________

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: ___________________________

Print name here: ___________________________

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:
[ ] New Building ___________________________
[ ] Addition ___________________________
[ ] Rehabilitation ___________________________
[ ] Roofing ___________________________
[ ] Siding ___________________________
[ ] Fence ________ Height (exceeds 6') ___________________________
[ ] Sign ________ Sq. Ft. ___________________________
[ ] Pool ___________________________
[ ] Retaining Wall ________ Sq. Ft. ___________________________
[ ] Asbestos Abatement Subchapter 8 ___________________________
[ ] Lead Haz. Abatement NJAC 5:17 ___________________________
[ ] Radon Remediation ___________________________
[ ] Other ___________________________

[ ] Demolition ___________________________

FEE (Office Use Only)

Administrative Surcharge $ ___________________________

Minimum Fee $ ___________________________

State Permit Surcharge Fee $ ___________________________

TOTAL FEE $ ___________________________

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

<table>
<thead>
<tr>
<th>Work Site Location</th>
<th>Lot</th>
<th>Qualification Code</th>
</tr>
</thead>
</table>

Owner in Fee: ____________________________________________
Tel. ( _____ ) ___________________________ e-mail ____________
Address ___________________________________________________

**Contractor:** ____________________________________________
Tel. ( _____ ) ___________________________ e-mail ____________
Address ___________________________________________________

Contractor License No. ________________________ Exp. Date ____________

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ________________________
Federal Emp. ID No. ________________________ FAX: ( _____ ) ____________

**B. ELECTRICAL CHARACTERISTICS**

<table>
<thead>
<tr>
<th>Use Group</th>
<th>Present</th>
<th>Proposed</th>
<th>Pole/Pad</th>
<th>Temporary</th>
<th>Other</th>
</tr>
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</table>

Building Occupied as ________________________ Utility Co. ________________________
Est. Cost of Elec. Work $ ____________

**JOBSUMMARY (Office Use Only)**

<table>
<thead>
<tr>
<th>PLAN REVIEW</th>
<th>INSPECTIONS</th>
<th>Dates (Month/Day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] No Plans Required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Partial -Underslab Utilities Approved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date: ________ Approved by: __________</td>
<td>Type: Rough</td>
<td></td>
</tr>
<tr>
<td>[ ] Electric Plans Approved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date: ________ Approved by: __________</td>
<td>Temp. Serv.</td>
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</tr>
<tr>
<td>Joint Plan Review Required:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Bldg.</td>
<td>[ ] Plumb.</td>
<td>[ ] Fire.</td>
</tr>
</tbody>
</table>

**SUBCODE APPROVAL for PERMIT**

| Date: ________ Approved by: __________ | Temp. Cut-in-Card Date Issued | |

**SUBCODE APPROVAL for CERTIFICATE**

| [ ] CO | [ ] CCO | [ ] CA |

| Date: ________ 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:**

<table>
<thead>
<tr>
<th>QTY.</th>
<th>SIZE</th>
<th>ITEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Lighting Fixtures</td>
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<tr>
<td></td>
<td></td>
<td>Receptacles</td>
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<td></td>
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<td>Detectors</td>
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<tr>
<td></td>
<td></td>
<td>Light Poles</td>
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<tr>
<td></td>
<td></td>
<td>Motors—Fract. HP</td>
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<tr>
<td></td>
<td></td>
<td>Emergency &amp; Exit Lights</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communications Points</td>
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<tr>
<td></td>
<td></td>
<td>Alarm Devices/F.A.C. Panel</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HP Garbage Disposal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>KW Central A/C Unit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HP/KW Space Heater/Air Handler</td>
</tr>
<tr>
<td></td>
<td></td>
<td>KW Baseboard Heat</td>
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<tr>
<td></td>
<td></td>
<td>HP Motors 1/+ HP</td>
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<tr>
<td></td>
<td></td>
<td>KW Transformer/Generator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AMP Service</td>
</tr>
<tr>
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<td>AMP Subpanels</td>
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<td></td>
<td></td>
<td>AMP Motor Control Center</td>
</tr>
<tr>
<td></td>
<td></td>
<td>KW Elec. Sign/Outline Light</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL NUMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pool Permit/with UW Lights</td>
</tr>
<tr>
<td>Storable Pool/Spa/Hot Tub</td>
</tr>
<tr>
<td>KW Elec. Range/Receptacle</td>
</tr>
<tr>
<td>KW Oven/Surface Unit</td>
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<tr>
<td>KW Elec. Water Heater</td>
</tr>
<tr>
<td>KW Elec. Dryer/Receptacle</td>
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<td>KW Dishwasher</td>
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<td>HP Garbage Disposal</td>
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<td>KW Baseboard Heat</td>
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<td>KW Transformer/Generator</td>
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<td>AMP Subpanels</td>
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<tr>
<td>AMP Motor Control Center</td>
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<tr>
<td>KW Elec. Sign/Outline Light</td>
</tr>
</tbody>
</table>

**FEE (Office Use Only)**

<table>
<thead>
<tr>
<th>Administrative Surcharge $</th>
<th>Minimum Fee $</th>
<th>State Permit Surcharge Fee $</th>
<th>TOTAL FEE $</th>
</tr>
</thead>
</table>

U.C.C. F120 (rev. 11/09)  1 White = Inspector Copy  2 Canary = Office Copy  3 Pink = Office Copy  4 Gold = Applicant Copy
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 ___________________ Tel. (_____ ) ___________________

Contractor: ___________________ 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>
<thead>
<tr>
<th>QTY.</th>
<th>FIXTURE/EQUIPMENT</th>
<th>FEE (Office Use Only)</th>
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<tbody>
<tr>
<td></td>
<td>Water Closet</td>
<td>$ ___________________</td>
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<tr>
<td></td>
<td>Urinal/Bidet</td>
<td>$ ___________________</td>
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<tr>
<td></td>
<td>Bath Tub</td>
<td>$ ___________________</td>
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<tr>
<td></td>
<td>Lavatory</td>
<td>$ ___________________</td>
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<tr>
<td></td>
<td>Shower</td>
<td>$ ___________________</td>
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<td></td>
<td>Floor Drain</td>
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<td>Sink</td>
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<td></td>
<td>Dishwasher</td>
<td>$ ___________________</td>
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<td>Drinking Fountain</td>
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<td>Water Heater</td>
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<td>Fuel Oil Piping</td>
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<td>Hot Water Boiler</td>
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<td>Interceptor/Separator</td>
<td>$ ___________________</td>
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<td>Backflow Preventer</td>
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<td>Greasetraps</td>
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<td>Sewer Connection</td>
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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.

- **Work Site Location:**
- **Owner in Fee:**
  - Tel. (______) ________ e-mail ________
- **Address:**
  - street ________ municipality ________ zip code ________
- **Contractor:**
  - Tel. (______) ________ 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

<table>
<thead>
<tr>
<th>Use Group:</th>
<th>Present</th>
<th>Proposed</th>
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<td>Constr. Class:</td>
<td>Present</td>
<td>Proposed</td>
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<tr>
<th>Heating System:</th>
<th>New OR Modification to Existing</th>
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<tbody>
<tr>
<td>Fuel Type:</td>
<td>Gas</td>
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</table>

| Location: | |

#### Total Cost of Fire Protection Work $ ________

#### JOB SUMMARY (Office Use Only)

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<tr>
<th>PLAN REVIEW</th>
<th>INSPECTIONS</th>
<th>Dates (Month/Day)</th>
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<tr>
<td>[ ] No Plans Required</td>
<td>Type:</td>
<td>Failure</td>
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<tr>
<td>[ ] Partial /Underslab Utilities Approved</td>
<td>Alarm System</td>
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<tr>
<td>Date: Approved by:</td>
<td>Suppression Sys.</td>
<td></td>
</tr>
<tr>
<td>[ ] Fire Protection Plans Approved</td>
<td>Standpipe</td>
<td></td>
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<tr>
<td>Date: Approved by:</td>
<td>Fire Pump</td>
<td></td>
</tr>
<tr>
<td>Joint Plan Review Required:</td>
<td>Pre-Eng. System</td>
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</tr>
<tr>
<td>[ ] Bldg. [ ] Elec. [ ] Plum. [ ] Elev.</td>
<td>Mechanical</td>
<td></td>
</tr>
<tr>
<td>SUBCODE APPROVED for PERMIT</td>
<td>Smoke Control</td>
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<tr>
<td>TCO</td>
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<td>Date: Approved by:</td>
<td>Flamm/Combust Tanks</td>
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<td>SUBCODE APPROVED for CERTIFICATE</td>
<td>Fireplace Venting</td>
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<tr>
<td>[ ] CO [ ] CCO [ ] CA</td>
<td>Final</td>
<td></td>
</tr>
<tr>
<td>Date: Approved by:</td>
<td></td>
<td></td>
</tr>
</tbody>
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#### 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 and seal here: ___________________________

Print name here: ______________________

[ ] Certified Contractor [ ] Exempt Applicant

#### D. TECHNICAL SITE DATA

<table>
<thead>
<tr>
<th>Water Supply Source</th>
<th>Method of Alarm/Suppression System Supervision</th>
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<table>
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<tr>
<th>Flammable/Combustible Tanks</th>
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<tr>
<td>Alarm Systems</td>
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<tr>
<td>[ ] System</td>
</tr>
<tr>
<td>[ ] 110v Interconnected</td>
</tr>
<tr>
<td>[ ] CO Detectors/110v</td>
</tr>
<tr>
<td>Alarm Devices (i.e., smoke, heat, pulls, water/flow)</td>
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<tr>
<td>Supervisory Devices (i.e., tampers, low/high air)</td>
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<tr>
<td>Signaling Devices (i.e., horn/strobes, bells)</td>
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<tr>
<td>Other Devices</td>
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<td>TOTAL</td>
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<table>
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<tr>
<th>Suppression Systems</th>
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<td>Fire Pump GPM Type</td>
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<td>Dry Pipe/Alarm Valves</td>
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<td>Pre-action Valves</td>
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<td>Sprinkler Heads (Dry and Wet)</td>
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<td>Standpipes</td>
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<table>
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<tr>
<th>Pre-engineered Systems</th>
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<tbody>
<tr>
<td>Wet Chemical</td>
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<tr>
<td>Dry Chemical</td>
</tr>
<tr>
<td>CO Suppression</td>
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<tr>
<td>Foam Suppression</td>
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<tr>
<td>FM200 Suppression</td>
</tr>
<tr>
<td>Other</td>
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<table>
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<tr>
<th>Other Systems</th>
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</thead>
<tbody>
<tr>
<td>Kitchen Hood Exhaust System</td>
</tr>
<tr>
<td>Smoke Control System</td>
</tr>
<tr>
<td>Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid</td>
</tr>
<tr>
<td>Fireplace Venting/Metal Chimney</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

Administrative Surcharge $ ________

Minimum Fee $ ________

State Permit Surcharge Fee $ ________

TOTAL FEE $ ________
**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 ______________

Owner in Fee: ____________________________  Tel. ( ____ ) ________________  e-mail ____________________________

Address ____________________________  Street ____________________________  Municipality ____________________________  Zip code ______________

Contractor: ____________________________  Tel. ( ____ ) ________________  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: ( ____ ) ____________________________

**B. MECHANICAL CHARACTERISTICS**

**Use Group:** Present: R-3, R-4 or R-5 (circle one)  Proposed: R-3, R-4 or R-5 (circle one)

**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)**

<table>
<thead>
<tr>
<th>PLAN REVIEW</th>
<th>INSPECTIONS</th>
<th>DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] No Plans Required</td>
<td>Type:</td>
<td>Failure</td>
</tr>
<tr>
<td>[ ] Mechanical Plans Approved</td>
<td>Gas Piping</td>
<td>Failure</td>
</tr>
<tr>
<td>Date:_______ Approved by:___________</td>
<td>Appliance</td>
<td>Approval</td>
</tr>
<tr>
<td>[ ] Joint Plan Review Required:</td>
<td>Chimney/Vent</td>
<td>Initial</td>
</tr>
<tr>
<td>[ ] Bldg.  [ ] Elev.  [ ] Plum.  [ ] Fire.</td>
<td>Oil Piping</td>
<td></td>
</tr>
<tr>
<td>[ ] Elev.</td>
<td>Oil Tank</td>
<td></td>
</tr>
</tbody>
</table>

**SUBCODE APPROVAL for PERMIT**

| Date:_________________________ Approved by:___________ |
| LPG Tank | Hydronic Piping |
| Date:_________________________ Approved by:___________ |
| LPG Tank | Hydronic Piping |

**SUBCODE APPROVAL for CERTIFICATE**

<table>
<thead>
<tr>
<th>CA</th>
<th>CCO</th>
<th>Other ____________________________</th>
</tr>
</thead>
</table>

**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**

<table>
<thead>
<tr>
<th>NO.</th>
<th>FIXTURE/EQUIPMENT</th>
<th>FEE (Office Use Only)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Water Heater</td>
<td>$ __________________</td>
</tr>
<tr>
<td></td>
<td>Fuel Oil Piping Connections</td>
<td>$ __________________</td>
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<td>Gas Piping Connections</td>
<td>$ __________________</td>
</tr>
<tr>
<td></td>
<td>Steam Boiler</td>
<td>$ __________________</td>
</tr>
<tr>
<td></td>
<td>Hot Water Boiler</td>
<td>$ __________________</td>
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<tr>
<td></td>
<td>Hot Air Furnace</td>
<td>$ __________________</td>
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<td>Oil Tank</td>
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<td>LPG Tank</td>
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<tr>
<td></td>
<td>Fireplace</td>
<td>$ __________________</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>$ __________________</td>
</tr>
</tbody>
</table>

Administrative Surcharge $ __________
Minimum Fee $ __________
State Permit Surcharge Fee $ __________

**TOTAL FEE** $ __________
ELEVATOR 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 ______________________________ municipality _________________ zip code ____________

Contractor/Installer: __________________________________________________ ____________

Tel. (______) __________________________ e-mail _________________________

Address ______________________________ municipality _________________ zip code ____________

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

Federal Emp. ID No. ________________________________________________ FAX: (______) ____________

Maintenance/Service Contractor __________________________________________

Address ______________________________ municipality _________________ zip code ____________

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 $ ______________________

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 $ ______________________

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Building Plans and Elevator Specs.

Date: _______ Approved by: ______________________

[ ] Elevator Layout Drawings

Date: _______ Approved by: ______________________

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CA

Date: ______________________

Approved by: ______________________

SUBCODE APPROVAL for PERMIT

Date: ______________________

Approved by: ______________________
**SUPPLEMENT FOR MULTIPLE EQUIPMENT**

**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 ___________

### DEVICES CHARACTERISTICS

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<th>ID</th>
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<td>Dumbwaiter</td>
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<td>Passenger/Freight</td>
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<td>Year of Installation/Major Alteration</td>
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<td>Cert. of Compliance Number Date</td>
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</tr>
</tbody>
</table>

**CERTIFICATION IN LIEU OF OATH**

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

Date Received

Date Issued

Permit #
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

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER

(Subchapter 8 only)

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 _______________________________
Cash _______________________________
Collected by _________________________

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

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT
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.
CONSTRUCTION PERMIT NOTICE

Block __________ Lot __________ Qualification Code __________

Work Site Location ____________________________________________________________________

AUTHORIZED FOR:

☐ BUILDING  ☐ ELECTRICAL
☐ PLUMBING  ☐ FIRE PROTECTION
☐ ELEVATOR DEVICES  ☐ DEMOLITION
☐ OTHER ________________________________________________________________________

Description of Work: __________________________________________________________________

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

U.C.C. F180
(rev. 3/03)
N.J. DIVISION OF CONSUMER AFFAIRS RULE:
N.J.A.C. 13:45A - 16.2(a)10.ii

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

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

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

### Identification

<table>
<thead>
<tr>
<th>Block</th>
<th>Lot</th>
<th>Qualification Code</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

### Work Site Location

- Address
- Tel. (______)

### Owner in Fee

- Address
- Tel. (______)

### Contractor

- Address
- Tel. (______)

### PAYMENTS (Office Use Only)

<table>
<thead>
<tr>
<th>Building</th>
<th>Electrical</th>
<th>Plumbing</th>
<th>Lead Hazard Abatement</th>
<th>Demolition</th>
<th>Elevator Devices</th>
<th>Asbestos Abatement</th>
<th>Other</th>
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### Description of Work

- [ ] Building
- [ ] Plumbing
- [ ] Lead Hazard Abatement
- [ ] Electrical
- [ ] Fire Protection
- [ ] Demolition
- [ ] Elevator Devices
- [ ] Asbestos Abatement
- [ ] Other

*(Subchapter 8 only)*

### 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.
INSPECTION NOTICE

To ________________________________

Time _______  Date _______  By _______  __________

Owner/Agent ________________________________

Telephone (___) _______  Permit # _________________

Block _______  Lot _______  Qualification Code _______

Work Site Location ________________________________

Inspection Requested ________________________________

Availabilty/Comments ________________________________
NOTICE OF VIOLATION AND ORDER TO TERMINATE

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 ________________ SubCode of ________________, within 15 days of receipt of this ORDER as provided by N.J.A.C. 5:23A-2.1. The Application to the Construction Board of Appeals may be used for this purpose.

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

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

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

NOTICE of Violation and ORDER to Terminate: ____________________________ Date: ____________

SubCode Official
NOTICE AND ORDER OF PENALTY

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: ____________________________ Construction Official: ____________________________ Date: ____________________________
NOTICE OF VIOLATION AND ORDER TO TERMINATE

(Post-Certificate of Occupancy - Residential Construction)

IDENTIFICATION

Work Site Location _____________________________ Block _______ Lot _______ Qualification Code _______

To: Contractor/Builder: ________________________ AND Owner in fee: ________________________

__________________________________________

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

ACTION

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

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

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

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

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

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

If either named party wishes to contest this NOTICE and ORDER, he or she may request a hearing before the Construction Board of Appeals of the ____________________________ of _______ within 15 days of receipt of the 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 sections 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: __________________________ Sub:Code Official __________________________ Date: __________________________

U.C.C. F213 (2/2005)
NOTICE AND ORDER OF PENALTY

(Post-Certificate of Occupancy - Residential Construction)

IDENTIFICATION

Work Site Location ___________________________ Block _____ Lot _____ Qualification Code _____

To: Contractor/Builder __________________________ Copy: Homeowner __________________________

_________________________ __________________________

_________________________ __________________________

NOTICE

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

PENALTY

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

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

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

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

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

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

Notice and Order of Penalty: __________________________ Construction Official __________________________ Date: ________________

U.C.C. F214 (2/2005)
# APPROVAL FOR BUILDING

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U.C.C. F221
(rev. 3/96)
APPROVAL FOR ELECTRICAL

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For Information Call ____________________________
Permit # ____________________________

U.C.C. F222A
**APPROVAL FOR FIRE PROTECTION**

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</table>

U.C.C. F224A
For Information Call ____________________________
Permit # ________________________________

APPROVAL FOR ELEVATOR

Elevator Number ____________

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

Date   Inspector

U.C.C. F225
For Information Call ____________________________
Permit # ____________________________

NOT APPROVED

☐ BUILDING  ☐ ELECTRICAL
☐ PLUMBING  ☐ FIRE
☐ ELEVATOR DEVICES  ☐ PROTECTION
☐ OTHER  ____________________________

Type of Inspection ____________________________
Date __________  Inspector ____________________________
Comments ____________________________

U.C.C. F2308
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 __________________________ within 15 days of receipt of this notice
as provided by N.J.A.C. 5:23A-2.1. The Application to the Construction Board of Appeals may be used for this purpose.

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

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

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

By ORDER of: ___________________________ Date: ___________________________

CONSTRUCTION OFFICIAL
NOTICE OF IMMINENT HAZARD

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: ________________________________ CONSTRUCTION OFFICIAL Date: ____________

U.C.C. F242 (rev. 1/2004)
ORDER TO VACATE

Date Issued ________________

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.

U.C.C. F245 (rev. 2/2003)
STOP CONSTRUCTION ORDER

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 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: ________________

SubCode Official
STOP CONSTRUCTION NOTICE

Work Site Location: ________________________________

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

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

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

IDENTIFICATION

Block ____________________ Lot ____________ Qualification Code ____________

Work Site Location ____________________________________________________________

Owner in Fee ________________________________________________________________

Address _____________________________________________________________________

Tel. (_____ ) ______________________ FAX (_____ ) ______________________

Contractor __________________________________________________________________

Address _____________________________________________________________________

Lic. No. or Bldrs. Reg. No. _____________________________________________________

Federal Employer No. _________________________________________________________

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

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

□ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than ______________________ or will be subject to fine or order to vacate:

□ CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period (_____ years); see file

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

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

Fee $ ______________________
Paid [ ] Check No. ______________________
Collected by: ____________________________________________

CONSTRUCTION OFFICIAL DATE

U.C.C. F260 (rev. 8/05) 1 WHITE — APPLICANT 2 CANARY — OFFICE 3 PINK — TAX ASSESSOR
APPLICATION FOR CERTIFICATE

IDENTIFICATION

Work Site Location ___________________________ Block _____ Lot _____ Qualification Code ____

Owner in Fee ___________________________ Address ___________________________

Address ___________________________

License No. ___________________________ Tel. (___) _________

Tel. (___) ___________________________

Federal Employee No. ___________________________

ACTION

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

USE GROUP ___________________________ Previous ___________________________ Current ___________________________

FINAL COST OF CONSTRUCTION: $ ___________________________

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

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

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

DESCRIPTION OF WORK/USE:

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction
permit and all prior approvals, and all work has been completed substantially in accordance with the code and with
those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incom-
plete 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

U.C.C. Form F290 (rev. 3/04)
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U.C.C. F300 (rev. 3/04)
# ELEVATOR INSPECTION

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<th>DEVICE NUMBER</th>
<th>TYPE OF INSPECTION/TEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. MACHINE ROOM &amp; MACHINE ROOM EQUIPMENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Enclosure/Lighting/Vents</td>
<td>S</td>
<td>U</td>
</tr>
<tr>
<td>3. Hydro Power Motor Unit</td>
<td>S</td>
<td>U</td>
</tr>
<tr>
<td>4. Motor Generator Set/SCR Drive</td>
<td>S</td>
<td>U</td>
</tr>
<tr>
<td>5. Controller/Selector</td>
<td>S</td>
<td>U</td>
</tr>
<tr>
<td>6. Governor(s)</td>
<td>S</td>
<td>U</td>
</tr>
<tr>
<td>7. Relief &amp; Check Valves</td>
<td>S</td>
<td>U</td>
</tr>
<tr>
<td>8. Required Disconnects</td>
<td>S</td>
<td>U</td>
</tr>
<tr>
<td>9. Oil/Hydro Fluid, Leaks, Level</td>
<td>S</td>
<td>U</td>
</tr>
<tr>
<td>10. Hydro Fluid Hoses or Pipe</td>
<td>S</td>
<td>U</td>
</tr>
<tr>
<td>11. Seals, Plates, Labels, Unit ID, Tags, Signs</td>
<td>S</td>
<td>U</td>
</tr>
<tr>
<td>12. Routine Maintenance</td>
<td>S</td>
<td>U</td>
</tr>
</tbody>
</table>

| B. ELEVATOR CAR AND COUNTERWEIGHT |               |                         |
| 1. Car Enclosure/Platform/Sling/Flooring                 | S | U | S | U | S | U | S | U |
| 3. Car Gate/Door/Accessories/Car Door Reopening Device(s)| S | U | S | U | S | U | S | U |
| 4. Car Gate or Door Operator                              | S | U | S | U | S | U | S | U |
| 6. Rope Hitches/Platen Hitch                              | S | U | S | U | S | U | S | U |
| 7. Top-of-Car Operating Station/Stop Switch               | S | U | S | U | S | U | S | U |
| 8. Car Operating Station/Stop Switch/Indicators           | S | U | S | U | S | U | S | U |
| 10. Emergency Exit/Top/Side                               | S | U | S | U | S | U | S | U |
| 11. Safeties & Accessories                                | S | U | S | U | S | U | S | U |
| 12. Seals, Plates, Labels, Unit ID, Tags, Signs           | S | U | S | U | S | U | S | U |
| 13. Firefighter Service PHI & II                          | S | U | S | U | S | U | S | U |
| 15. Routine Maintenance                                   | S | U | S | U | S | U | S | U |

| C. HOISTWAY, HOISTWAY ENTRANCES AND PIT |               |                         |
| 1. Enclosure                                           | S | U | S | U | S | U | S | U |
| 2. Door, Closers & Accessories                         | S | U | S | U | S | U | S | U |
| 3. Door Interlocks/Emergency Key/Access Keys           | S | U | S | U | S | U | S | U |
| 5. Switches and Cams                                    | S | U | S | U | S | U | S | U |
| 6. Pit/Stop Switch/Light/Ladder                         | S | U | S | U | S | U | S | U |
| 7. Counterweight Guard                                  | S | U | S | U | S | U | S | U |
| 8. Buffers: Spring or Oil                               | S | U | S | U | S | U | S | U |
| 10. Traveling Cable and Wiring                          | S | U | S | U | S | U | S | U |
| 11. Plunger, Cylinder and Gland                         | S | U | S | U | S | U | S | U |
| 12. Governor Rope Tension Sheave & Assembly             | S | U | S | U | S | U | S | U |
| 13. Compensating Sheave or Chain                        | S | U | S | U | S | U | S | U |
| 14. Clearances and Runby                                | S | U | S | U | S | U | S | U |
| 15. Seals, Plates, Labels, Tags                         | S | U | S | U | S | U | S | U |
| 16. Hall Station/Hall Position Indicator (if required)   | S | U | S | U | S | U | S | U |
| 17. Routine Maintenance                                  | S | U | S | U | S | U | S | U |
| 18.                                                      | S | U | S | U | S | U | S | U |
**ELEVATOR INSPECTION**

<table>
<thead>
<tr>
<th>Device Type</th>
<th>Device Number</th>
<th>Type of Inspection/Test</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. Device Number</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>2. Car Rated Speed</td>
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<td>3. Overspeed Switch</td>
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<td>4. Tripping Speed</td>
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<td></td>
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<td>5. Capacity</td>
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<td>6. Car Registration Number</td>
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<td>7. Working Pressure</td>
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<td>9. Tag</td>
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<td></td>
<td>10. Recommended Type of Certificate (Cyclical Inspections Only)</td>
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<td>11. Removed from Operation</td>
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**HYDRO ELEVATOR DEVICES**

<table>
<thead>
<tr>
<th>Device Number</th>
<th>Car Rated Speed</th>
<th>Signs, Seals, Planks, Labels, Unit ID, Tags</th>
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<tbody>
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**ESCALATOR/MOVING WALKS**

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<thead>
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<th>Device Type</th>
<th>Device Number</th>
<th>Type of Inspection/Test</th>
<th>ACTION TAKEN</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. Escalator</td>
</tr>
</tbody>
</table>
# Elevator Notice

(To be posted in motor room)

**Elevator #**

**Address**

<table>
<thead>
<tr>
<th>Town</th>
<th>Street</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Type of Insp.</th>
<th>Inspector Signature</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

**Type of Insp:**
- FA = Final Acceptance; SA = Semi-Annual (6 Mo.); A = Annual (1 Yr.)
- 3 Yr. = Three Year; 5 Yr. = Five Year; R = Reinspection.

U.C.C. F320A
NOTICE

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: ____________________________________________

Name(s) of the injured: ____________________________________________

Accident resulted in: Death: ___________________________ Injury: ___________________________
Last inspection prior to accident: Date: ___________________________ Type: ___________________________
Performed By: ___________________________ License Number: ___________________________
Name: ___________________________

Were violations cited: YES ________ NO ________

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

Latest certificate granted: Type: ___________________________ Date Issued: ___________________________
Expiration Date: ___________________________

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

_________________________________________________________________________________

Device Data: Capacity: ___________________________ Speed: ___________________________ # of Floors Served: ___________________________
Operation(s): ___________________________ Machine type: ___________________________
Door type: Hoistway ____________ Car ___________________________

Device Under Maintenance Contract: YES ________ NO ________

If yes, name of maintenance company: ___________________________

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

Construction Official: ___________________________ Name: ___________________________ Signature: ___________________________

Report prepared by: ___________________________ Name: ___________________________ Signature: ___________________________

U.C.C. F326
(rev. 6/08)
"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

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

Description of Service

Installed By __________________________ License # ________________

Date ___________  Permit # ___________  Inspector ___________

☐ Called In / /  License # ________________

U.C.C. F350 (rev. 3/03)  1 White - Utility  2 Canary - Office/File  3 Pink - Office/Contractor
On ______________________, ___________ we received an application for a construction permit for the project/work located at the above address. This project/work involves the following:

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

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

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: ________________________________

1 White - Applicant 2 Canary - Office
CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK _______  LOT _______  QUALIFICATION CODE _______  PERMIT #_______
WORK SITE ADDRESS ________________________________________________________

Applicant
Certifying Individual ____________________________________________ Company ____________________________
Address ____________________________________________________________
Tel. (_____ ) __________________________

Check the Appropriate Box
Type of Replacement: ____________________________
[ ] Oil to Gas Conversion
[ ] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other ____________________________

Existing Vent/Chimney:
[ ] B Label Vent
[ ] L Label Vent
[ ] Masonry Chimney — Tile Lined
[ ] Flexible Liner
[ ] Power Vent/Exhauster
[ ] Other ____________________________

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

Signature ____________________________ Date ____________

Direct Vent Appliance:
No certification required:

Signature ____________________________ Date ____________

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

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

Signature ____________________________ Date ____________

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

Signature ____________________________ Date ____________

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

Signature ____________________________ Date ____________

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. F370  (rev. 3/04)
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**

**SYSTEM DESIGN**

<table>
<thead>
<tr>
<th>Hazard</th>
<th>LH</th>
<th>OH-I</th>
<th>OH-II</th>
<th>EH-I</th>
<th>EH-II</th>
<th>RES</th>
</tr>
</thead>
</table>

Misc. Storage up to 12 ft. - Class Type is Equal to Hazard

**Calculation Data**

<table>
<thead>
<tr>
<th>Density/Area</th>
<th>gpm/sf over</th>
<th>sq. ft. area</th>
</tr>
</thead>
</table>

End sprinkler: gpm @ psi No. of sprinklers flowing

Hose stream allowance: gpm Rack demand: gpm

Demand: At base of riser gpm @ psi
     At pump discharge gpm @ psi
     At source gpm @ psi

**Supply Data**

Test location:

Test by: Test date:

Public: Static psi; Residual psi; Flow gpm

Fire Pump Rating: gpm @ psi; Electric [ ] Diesel [ ]

**Pipe Data**

C-Factor: Aboveground = Underground =

Type: Sched/40[ ] Lt. Wall[ ] XL[ ] CPVC[ ] Copper[ ] Other[ ]

If Other, specify:

**Rack Storage**

Commodity Class: Max. Height ft. Aisle Width ft.

Figure No. (NFPA 13): Curve: Sprinkler/level to flow:

Rack Demand: gpm @ psi @ Reference pt.

**Backflow Preventer**

Mfg: Model
## 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**
   - **Termite Protection**

3. **Beam Pockets:**
   - **Bearing/Shims**
   - **Termite Protection or Clearance**

4. **Columns:**
   - **Size**
   - **Grade, Species**
   - **Pre-Engineered Components**

5. **Flooring, Sheathing, or Decking:**
   - **Material:**
     - Panel span, thickness
   - **Special Requirements:**
     - Edge Blocking
     - Gapping
     - Layout

### B. Floor Framing and Flooring

1. **Box or Rim Joist, or Perimeter Band Joist:**
   - **1st**
   - **2nd**
   - **3rd**
   - **4th**
   - **Size**
   - **Grade, Species**
   - **Single or Double**
   - **Pre-Engineered per Manufacturer’s Specs**
   - **Cantilevers as per Design**

2. **Girders and Beams:**
   - **1st**
   - **2nd**
   - **3rd**
   - **4th**
   - **Sized per Plan**
   - **Type**
   - **Grade, Species**
   - **Location and Relation to the Plan**
   - **Nailing**
   - **Attachment Schedule**
   - **Bearing**
   - **Lapping**

3. **Floor Joist:**
   - **1st**
   - **2nd**
   - **3rd**
   - **4th**
   - **Floor**
   - **Sized per Plan**
   - **Grade, Species**
   - **Pre-Engineered Components**
   - **Bearing**
   - **Nailing**
   - **Bridging**
   - **Cutting and Notching (as per code)**
   - **Point Loads – Supported as per Plan**
   - **Span Hangers**
   - **Headers**
   - **Framed Openings**

### 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:** _____________________________

U.C.C. F390-1 (rev. 03/09)
### C. Wall Framing

#### 1. Exterior Wall Frame:

<table>
<thead>
<tr>
<th>Floor</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size</td>
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<td>B</td>
<td>B</td>
<td>B</td>
</tr>
<tr>
<td>Space</td>
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<tr>
<td>Species and Grade</td>
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<tr>
<td>Cutting, Notching and Boring</td>
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<tr>
<td>Header Sizes</td>
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</tr>
<tr>
<td>Jack Stud Bearing</td>
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</tr>
<tr>
<td>Top Plates</td>
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<tr>
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<td>Rafters</td>
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<tr>
<td>Hurricane Straps (as required)</td>
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<td>B</td>
<td>B</td>
<td>B</td>
</tr>
</tbody>
</table>

#### D. Roof Framing

#### 1. Truss Roof Framing (as per design):

Approved Documents which Show:

- [ ] Layout Plans
- [ ] Truss Members
- [ ] Connection Schedule
- [ ] Permanent Bracing Details
- [ ] Dormers/roof structures on manufacturer’s drawings
- [ ] Equipment/appliances on manufacturer’s drawings
- [ ] Location as per layout
- [ ] Alignment
- [ ] Bearing
- [ ] Spacing
- [ ] Connections to bearing points
- [ ] No connection to non-bearing points
- [ ] Damage and defects
- [ ] Engineered method of repair

#### E. Sheathing

#### 1. Sheathing - Exterior Walls:

- Material
  - Panel span, thickness
  - Special requirements
  - Gapping
  - Layout
  - Corner bracing (if required)

#### 2. Interior Load-Bearing Walls:

<table>
<thead>
<tr>
<th>Floor</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
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#### 3. Interior Non-Load-Bearing Walls:

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#### 4. Solid Sawn Roof Framing:

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</tr>
<tr>
<td>Spacing</td>
<td>B</td>
</tr>
<tr>
<td>Span</td>
<td>B</td>
</tr>
<tr>
<td>Bearing</td>
<td>B</td>
</tr>
<tr>
<td>Fastening</td>
<td>B</td>
</tr>
<tr>
<td>Damage caused by fasteners (rafters not split by toenails)</td>
<td>B</td>
</tr>
<tr>
<td>Cutting, Notching, and Boring</td>
<td>B</td>
</tr>
<tr>
<td>Bridging</td>
<td>B</td>
</tr>
<tr>
<td>Ridge size</td>
<td>B</td>
</tr>
<tr>
<td>Hurricane ties where applicable</td>
<td>B</td>
</tr>
</tbody>
</table>

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**1st 2nd 3rd 4th Floor**

**PERMIT # __________**

**LOT: _______ BLOCK: _______**