

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ QUALIFICATION CODE \_\_\_\_\_ ADDRESS (SITE) \_\_\_\_\_ PERMIT NO. \_\_\_\_\_



# 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 \_\_\_\_\_  
 3. Ownership in Fee: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_  
 street \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_  
 4. Principal Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_ e-mail \_\_\_\_\_  
 Address \_\_\_\_\_  
 License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_  
 Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_  
 5. Architect or Engineer \_\_\_\_\_ Contact \_\_\_\_\_  
 Address \_\_\_\_\_ e-mail \_\_\_\_\_ FAX: \_\_\_\_\_  
 Tel. \_\_\_\_\_ FAX: \_\_\_\_\_  
 6. Responsible Person in Charge once Work has Begun \_\_\_\_\_  
 Tel. \_\_\_\_\_ FAX: \_\_\_\_\_

**V. FEE SUMMARY (for office use only)**

|                                   |    |        |
|-----------------------------------|----|--------|
| 1. Building                       | \$ | 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** (office use only)

1. Number of Stories \_\_\_\_\_ ft.  
 2. Height of Structure \_\_\_\_\_ sq. 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 \_\_\_\_\_  
 10. Flood Hazard Zone \_\_\_\_\_  
 11. Base Flood Elevation \_\_\_\_\_ ft.  
 12. Wetlands yes \_\_\_\_\_ no \_\_\_\_\_

**III. PLAN REVIEW (optional)**

DO YOU WANT:  
 1.  Partial Releases  
 2.  Prototype Processing

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

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

**IIIb. SUBCODES**  
 (Check all that apply)

| Est. Cost  | Plans Recd by | Date Recd | FOR OFFICE USE ONLY (Optional) |               | Re-viewer | Re-viewer |
|------------|---------------|-----------|--------------------------------|---------------|-----------|-----------|
|            |               |           | Rejection Date                 | Approval Date |           |           |
|            |               |           |                                |               |           |           |
|            |               |           |                                |               |           |           |
|            |               |           |                                |               |           |           |
|            |               |           |                                |               |           |           |
|            |               |           |                                |               |           |           |
|            |               |           |                                |               |           |           |
|            |               |           |                                |               |           |           |
| TOTAL COST |               |           |                                |               |           | \$0       |

**IIIa. PROPOSED WORK**  
 Minor Work  
 Repair  
 Asbestos Abat. -Subch. 8  
 New Building  
 Alteration  
 Lead Hazard Abatement  
 Radon Remediation  
 Annual Permit

**VII. DESCRIPTION OF BUILDING USE**  
 A. RESIDENTIAL (primary use)  
 1. State Specific Use: \_\_\_\_\_  
 2. Use Group, Proposed: \_\_\_\_\_ Select Group  
 3. Change in Use Group, Indicate Present: \_\_\_\_\_ Select Group  
 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: \_\_\_\_\_ Select Group  
 3. Change in Use Group, Indicate Present: \_\_\_\_\_ Select Group  
 C. MIXED USE -List secondary use(s): \_\_\_\_\_  
 D. Construct. Classification: Present \_\_\_\_\_ Proposed \_\_\_\_\_

OFFICE DATE RECEIVED: \_\_\_\_\_

| VIII. PRIOR APPROVALS CHECKLIST<br>(office use only)                 | LOCAL APPROVAL    |            | COUNTY APPROVAL   |            | REGIONAL APPROVAL |            | STATE APPROVAL    |            | COMMENTS |
|--|-------------------|------------|-------------------|------------|-------------------|------------|-------------------|------------|----------|
|  | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date |          |
| <input type="checkbox"/> Zoning Officer                              |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Planning Board                              |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Zoning Board                                |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Sewer Authority                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Water Authority                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Police Department                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Health Department                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Soil Conservation                           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Community Affairs        |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Transportation           |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Environmental Protection |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Utility Dig No.                             |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>   |                   |            |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>   |                   |            |                   |            |                   |            |                   |            |          |

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

|                        |                                |
|------------------------|--------------------------------|
| Name of Code & Edition | Name of Code & Edition         |
| Building _____         | Energy _____                   |
| Electrical _____       | Barrier Free _____             |
| Plumbing _____         | Flood Hazard _____             |
| Fire Protection _____  | As Built Elevation Cert. _____ |
| Mechanical _____       | Other _____                    |

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

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

**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



Date Received  
Control #  
Date Issued  
Permit #

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

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
Work Site Location \_\_\_\_\_

Owner in Fee: \_\_\_\_\_  
Tel. (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_  
Address \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_  
Contractor: \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. or Builder Registration No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_  
Federal Emp. ID No. \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

### JOB SUMMARY (Office Use Only)

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

### B. BUILDING CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
 No. of Stories \_\_\_\_\_  
 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.

Signature \_\_\_\_\_

### D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:

- New Building
- Addition
- Rehabilitation
- Roofing
- Siding
- Fence \_\_\_\_\_ Sq. Ft.
- 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 \$ \_\_\_\_\_



# ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
 Work Site Location \_\_\_\_\_

Owner in Fee: \_\_\_\_\_  
 Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ e-mail \_\_\_\_\_

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

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

Federal Emp. ID No. \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

## B. ELECTRICAL CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
 Pole/Pad # \_\_\_\_\_  Temporary  Other \_\_\_\_\_  
 Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_  
 Est. Cost of Elec. Work \$ \_\_\_\_\_

## JOB SUMMARY (Office Use Only)

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

## C. CERTIFICATION IN LIEU OF OATH

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

Licensed Elec. Contractor  Certifd Landscape Irrigation Contr'r  Exempt Applicant

Applicant's Signature/Contractor's Seal and Signature \_\_\_\_\_

U.C.C. F120 (rev. 12/07)  
 Internet version

Date Received  
 Control # \_\_\_\_\_

Date Issued  
 Permit # \_\_\_\_\_

## D. TECHNICAL SITE DATA

| DESCRIPTION OF WORK |                                | FEE (Office Use Only) |
|---------------------|--------------------------------|-----------------------|
| QTY.                | ITEMS                          | \$ _____              |
| _____               | 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 \$ _____ |
| <b>TOTAL FEE \$ _____</b>           |

THANK YOU.

1. ALL MANUFACTURER  
INSTALLATION INSTRUCTIONS.
2. ALL BROCHURES REFERENCING  
POOL FILTER.

PLEASE SUBMIT WITH YOUR POOL  
PACKAGE – 2 COPIES EACH:

49 DOLAN STREET • SAYREVILLE, NJ 08872  
TEL. 732-390-7077 • FAX 732-390-7458

CONSTRUCTION OFFICE

*The Borough Of Sayreville*

**ZONING PERMIT APPLICATION**

**\*\*\* (EFFECTIVE 2012 WHEN WORK COMMENCES PLEASE CALL FOR INSPECTION) \*\*\***

**(732-390-7004)**

The undersigned hereby applies for a Zoning Permit for the following to be issued on the basis of the representations contained herein, all of which applicant swears to be true.

A COPY OF THE CURRENT SURVEY REPRESENTING THE EXTENT OF THE PROPOSED WORK MUST BE ATTACHED.

ADDITIONAL DOCUMENTS MAY BE REQUIRED AS DEEMED NECESSARY BY THE ZONING OFFICER.

NOTE: ALL INFORMATION MUST BE FILLED OUT COMPLETELY BY THE APPLICANT

Work Site: \_\_\_\_\_ Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_ Zone: \_\_\_\_\_

Owner: \_\_\_\_\_ Principle Use: \_\_\_\_\_ Corner Lot: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Lot Dimensions: \_\_\_\_\_ Lot Size: \_\_\_\_\_ sq. ft. Bldg. Coverage: \_\_\_\_\_ % Total Paved & Bldg. Coverage \_\_\_\_\_ %

Are there any easements or buffers contained within the property? \_\_\_\_\_  
If yes, the current survey must accurately show the easement(s) or buffer(s).

Principle Structure: (the following is information pertaining to the main structure(s) located on the Work Site):

Height: \_\_\_\_\_ Width: \_\_\_\_\_ Length: \_\_\_\_\_ # of Stories: \_\_\_\_\_ Total Building Footprint: \_\_\_\_\_

Front Setback: \_\_\_\_\_ (Corner Lot Front Setback: \_\_\_\_\_) Side Setbacks: \_\_\_\_\_ & \_\_\_\_\_ Rear Setback: \_\_\_\_\_

Accessory Structure(s): (the following is information pertaining to any additional structure(s) located on the Work Site):

Dimensions: \_\_\_\_\_ Front Setback: \_\_\_\_\_ Side Setbacks: \_\_\_\_\_ Rear Setback: \_\_\_\_\_

Proposed Work To Be Performed:

New Structure: \_\_\_\_\_ Addition: \_\_\_\_\_ Shed \_\_\_\_\_ Pool: \_\_\_\_\_ Deck: \_\_\_\_\_ Driveway: \_\_\_\_\_ Patio: \_\_\_\_\_ Garage: \_\_\_\_\_

Other: \_\_\_\_\_

Dimensions of Proposed Work (provide additional documents as necessary): \_\_\_\_\_

Description of Work (provide additional documents as necessary): \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPROVED**

Based on this Zoning Application and statements which are made a part hereof, the proposed work is found to be in accordance with the Borough of Sayreville Zoning Ordinance and is hereby approved.

Permit#: \_\_\_\_\_

Comments: \_\_\_\_\_

Prior Resolutions Pertinent to Application: \_\_\_\_\_

Zoning Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**DENIED**

Application has been denied for the following reasons: \_\_\_\_\_

**BOROUGH OF SAYREVILLE**

**FENCE PERMIT**

**\*\*\* (EFFECTIVE 2012 PLEASE CALL FOR INSPECTION WHEN WORK COMPLETED) \*\*\***

The undersigned hereby applies for a Zoning Permit for the construction of a fence, to be issued on the basis of the representations contained herein, all of which the applicant swears to be true.

PROPERTY: BLOCK \_\_\_\_\_ LOT(S) \_\_\_\_\_ WORK SITE LOCATION: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE#: \_\_\_\_\_ FAX#: \_\_\_\_\_

DESCRIPTION OF LOT: \_\_\_\_\_ Corner Lot: YES: \_\_\_\_\_ NO: \_\_\_\_\_

Frontage: \_\_\_\_\_ feet Depth: \_\_\_\_\_ feet

On an Improved Street: YES: \_\_\_\_\_ NO: \_\_\_\_\_ Total Lot Area: \_\_\_\_\_ sq. ft.

TYPE OF FENCE TO BE INSTALLED: \_\_\_\_\_

HEIGHT OF FENCE: \_\_\_\_\_ Feet

CONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE#: \_\_\_\_\_

FAX#: \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

FOR OFFICE USE ONLY

Based upon the above application and the statements made thereof, the proposed usage is found to be in compliance with the above application and the Zoning Ordinance of the Borough of Sayreville and is hereby approved.

ZONE: \_\_\_\_\_ USE PERMITTED: YES: \_\_\_\_\_ NO: \_\_\_\_\_

\$50.00 Fee Paid: \_\_\_\_\_

PERMIT#: \_\_\_\_\_

Zoning Officer, Borough of Sayreville

Date \_\_\_\_\_

\*\*NOTE TO APPLICANT\*\* In accordance with the Zoning Ordinance within the Borough of Sayreville, the finished side of the fence MUST face the neighboring property. Fence MUST be 3" from the property lines. On corner lots, the fence is to be installed 1/2 the distance of the set back from side property line. A copy of the property survey must be included with this application showing location of proposed fence. Any questions please contact the Zoning Officer at (732) 390-7004.



**ABOVE GROUND POOL**

INSIDE WIRING 12-2 OR 12-3 ROMEX

ALL WIRING OUTSIDE IN 1/2" CONDUIT  
BURIED 18" DEEP, ALL CONDUCTORS  
ARE #12 THHN COPPER.

ALL METAL WITHIN 5 FEET  
OF POOL IS BONDED WITH  
#8 SOLID.

# 8 COPPER BARE WIRE  
18" FROM POOL - 4-6" DEEP

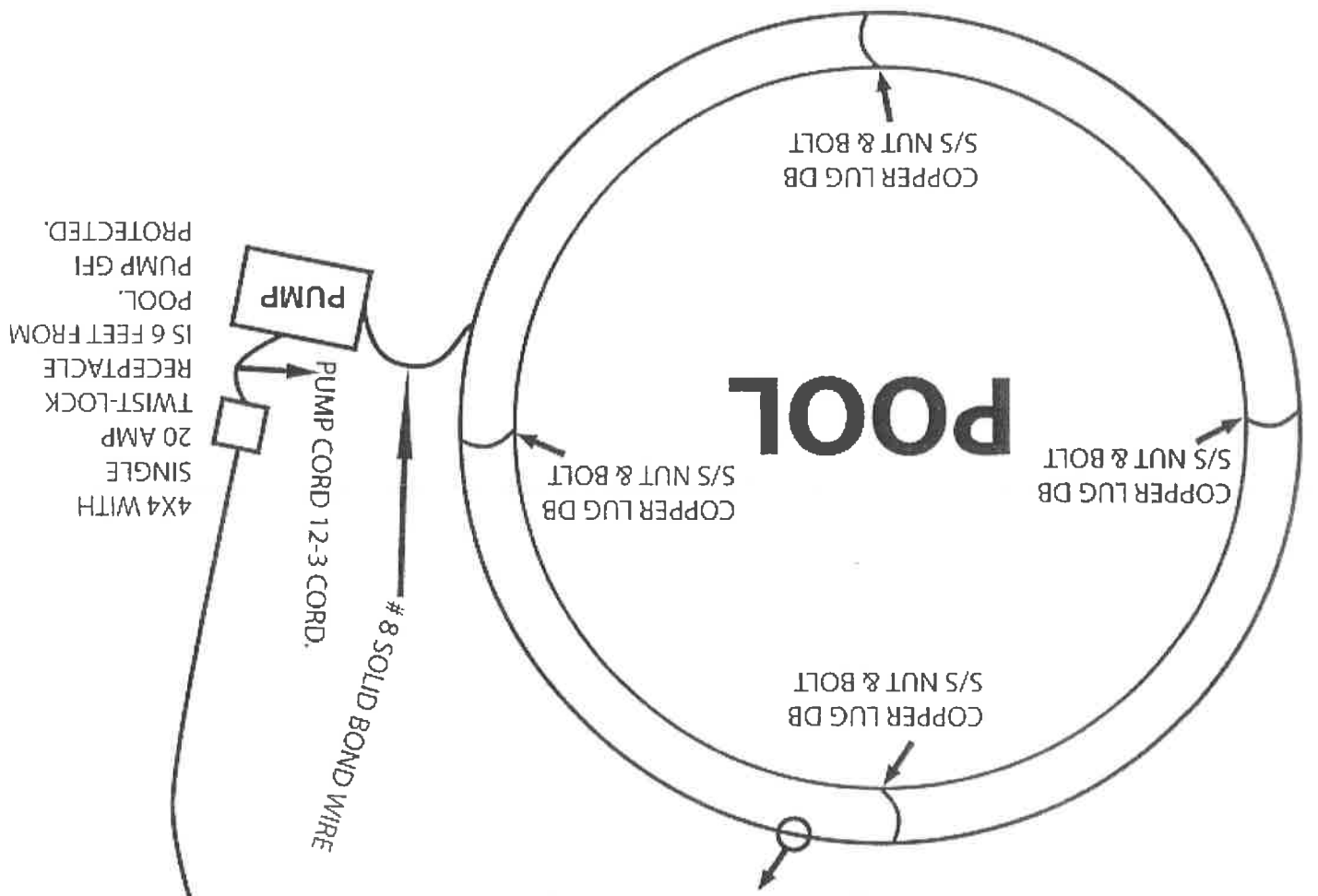
# 8 SOLID BOND WIRE

PUMP CORD 12-3 CORD.

4X4 WITH  
SINGLE  
20 AMP  
TWIST-LOCK  
RECEPTACLE  
IS 6 FEET FROM  
POOL.  
PUMP GFI  
PROTECTED.

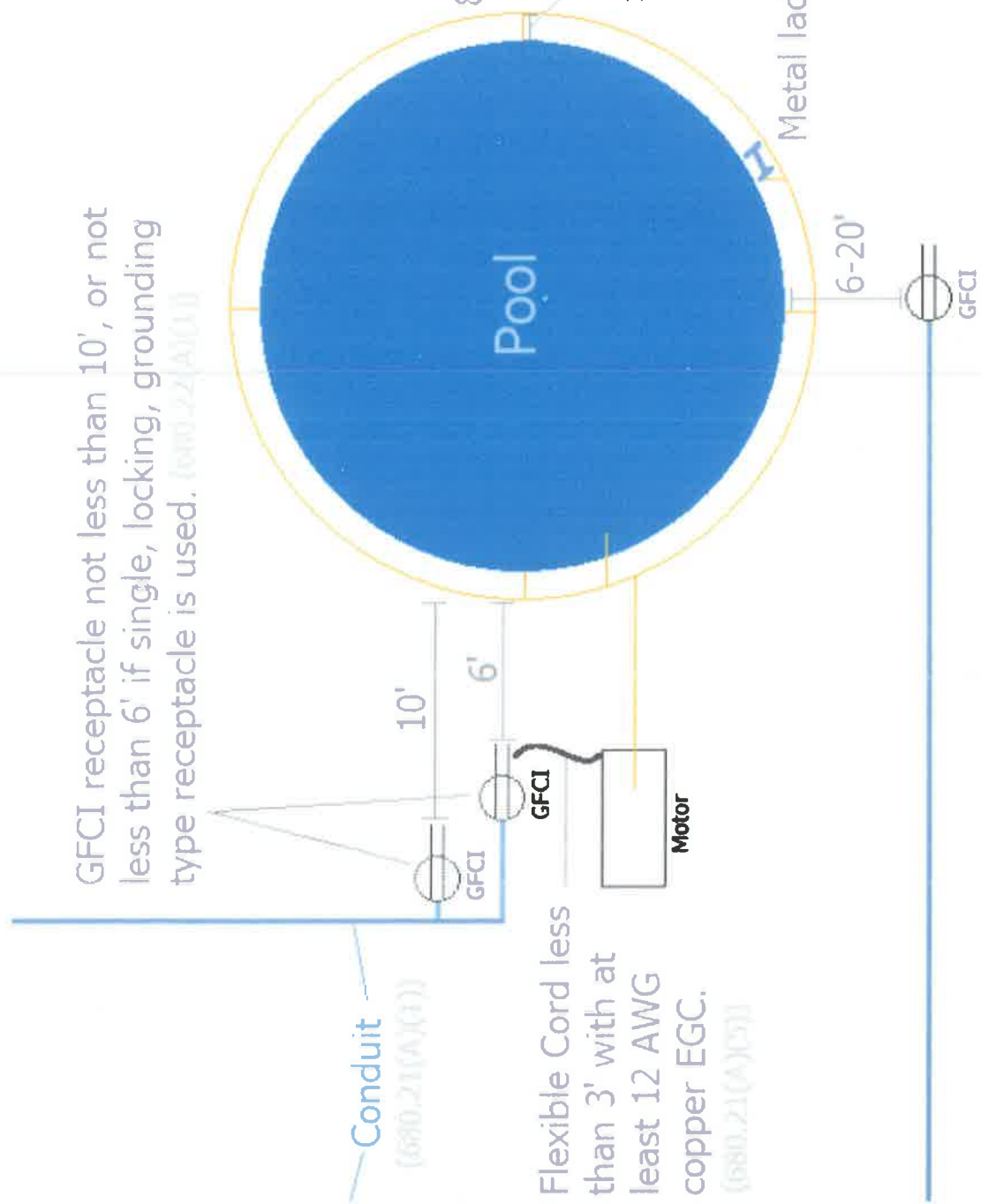
GFCI RECEPTACLE  
AT LEAST 6 FEET  
FROM POOL &  
NO FURTHER THAN  
20 FEET.

20 AMP BREAKER FOR CONVENIENCE OUTLET  
PANEL 20 AMP BREAKER FOR POOL PUMP



NOTE: POOL PUMP IS ON A SEPARATE 20 AMP GFCI CIRCUIT THAN CONVENIENCE OUTLET.

GFCI receptacle not less than 10', or not less than 6' if single, locking, grounding type receptacle is used. (680.22(A)(1))



Conduit (680.21(A)(1))

Flexible Cord less than 3' with at least 12 AWG copper EGC. (680.21(A)(5))

8 AWG Solid Copper (680.23(A)(1))  
4-6" below grade (680.23(B)(1)(2)(a))  
18-24" From pool (680.23(B)(1)(2)(b))  
MUST HAVE 4 POINTS OF BONDING

Metal ladder bonded (680.23(B)(3))

6-20'

GFCI

125 volt 15- or 20-ampere receptacle on general purpose branch circuit. more than 6', and less than 20' from inside wall of pool. Must be GFCI protected. (680.22(A)(2))