

PHILLIPSBURG INSPECTIONS DEPARTMENT  
Division of Construction

**Filing a Construction Permit**  
**The Process and Requirements**

A guide to a successful Construction Permit  
Application





# Why is a permit necessary?

- ◆ Liability to the owner and any future owner of the property
- ◆ State law requires it
- ◆ Can help avoid unnecessary costs for future repairs due to installations or work done that is not code compliant
- ◆ Building Departments are simply referees in a game called construction
  - Code officials monitor the work that is done to make sure all players are following the rules.



# OBEJECTIVE & GOALS

## ◆ Objective:

- To familiarize you with the procedure for the complete submission of a construction permit.

## ◆ Goals:

- Explain the organizational staff of the building department
- Discuss when a permit is needed
- Review the various components of a construction permit
- What is necessary for the plans that are submitted
- Explain the application process for a construction permit
- Understand licensed contractors verses homeowners doing the work
- Explain the inspection process
- Explain the final steps once all work is completed.



# Where can You find this information?

- ◆ Visit the Town's web site @  
<http://www.phillipsburgnj.org/our-town/departments/inspections/>
  - At the Building Department page there are various bits of information
  - COMING in the future: *SDL Portal for public access*



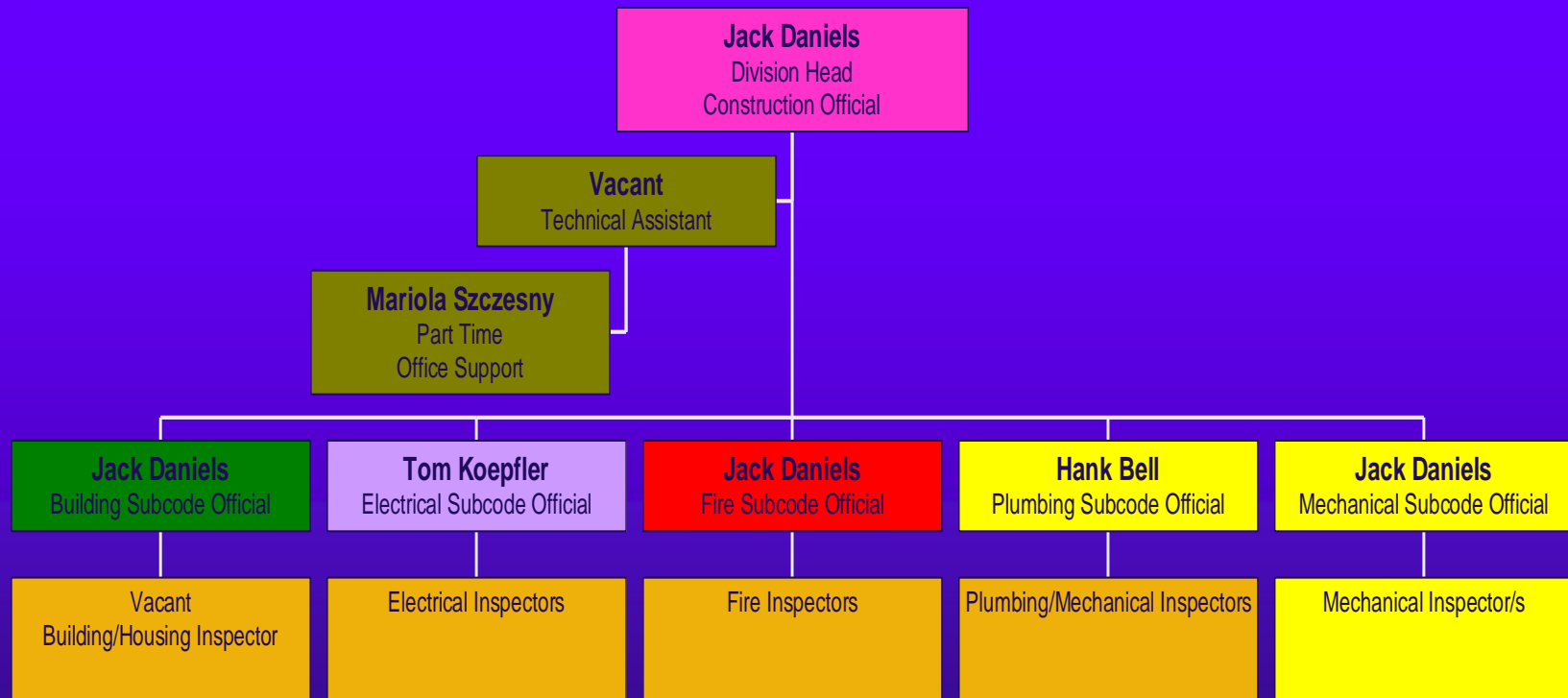




# DEFINITIONS AND TERMS

- ◆ Permit – An application for some type of construction (Properly termed a “Construction Permit”)
  - A Construction Permit will contain at least one or more of the following technical applications:
    - Building technical application/s
    - Fire technical application/s
    - Electrical technical application/s
    - Plumbing technical application/s
    - Mechanical technical application/s
    - Elevator technical application
- ◆ Prior Approvals – An agency that has various requirements that the building department must verify are approved before the Construction Permit can be released
  - [N.J.A.C. 5:23-2.15\(a\)5.](#) & [N.J.A.C. 5:23-1.4.](#)

# Construction Office Organization Chart





# When is a Construction Permit Needed


- ◆ Visit the State DCA Website @ <http://www.state.nj.us/dca/divisions/codes/official/>
  - Within homepage there is a “Code Official Information” which leads to a listing of links
  - [Click on “Municipal Procedures Manual;](#)
  - Ordinary Maintenance does NOT require a construction permit ([N.J.A.C. 5:23-2.7](#))
  - All other work WILL require a construction permit
- ◆ If you are unsure whether a construction permit is necessary, speak to the subcode official that most closely represents the work that is to be done.

# ORDINARY MAINTENANCE

- ◆ Some examples of ordinary maintenance:
- ◆ Replacing windows with exactly the same type and size (no framing changes made)
- ◆ Exterior or Interior painting
- ◆ Replacement of rain gutters or leaders
- ◆ Repairing leaks in plumbing piping
- ◆ Replacing a plumbing fixture with the same type of fixture as long as no piping changes are involved
- ◆ Replacement of a dishwasher
- ◆ Replacement of a Kitchen Range Hood in residential homes
- ◆ Repair or replacement of HVAC duct work
- ◆ Repair or replacement of motors, pumps or fans of the same capacity
- ◆ Replacement of an existing smoke, carbon monoxide or heat detectors with a like device
- ◆ Replacement of an existing electrical receptacles or switches with a rating less than 150 volts and less than 20 amps
- ◆ Repair or replacement of a portion of a stoop (not supporting anything over the stoop)
- ◆ Roof or siding covering materials (not to include **any** sheathing replacement).







# Examples of what is NOT Ordinary Maintenance

- ◆ Replacement of a fire alarm control panel
  - ◆ Replacement of a fire alarm horn/strobe device with a device NOT of the same rating
  - ◆ Repair or replacement of any structural component of a building
  - ◆ Removal or addition of a storage tank
  - ◆ Removal of any wall or portion thereof
  - ◆ Addition, alteration or replacement of a water supply, sewer, drainage, gas, soil, waste or vent piping system
  - ◆ The repair or replacement of electrical wiring
  - ◆ Replacement of sheetrock within a commercial use/business
- Note that this is NOT a complete list!



# What is a Construction Permit?

- ◆ What is needed to submit a *complete* construction permit
  - F-100 Folder properly signed
  - Applicable technical applications properly and neatly completed
  - Any required **prior approvals** (*seems to be an issue frequently*)
    - Zoning Permit Issued
    - Land Use Board approval (as necessary)
    - Upper Delaware Conservation District approval
    - Engineering approval (VanCleeef Engineering)
    - Phillipsburg Sewer (via Remington Vernick Engineers)
    - Aqua Water
    - State of NJ approvals (examples)
      - Wetlands
      - DEP
      - DOT
    - ***NOT AN ALL INCLUSIVE LIST***
  - 2 sets of plans
  - 2 sets of manufacturer specifications/installation manuals
  - Copy of contractor licenses or certificates
- ◆ All areas of the forms/folder need to be checked to verify they are properly and **completely filled out!**

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 \_\_\_\_\_  
street municipality zip code

3. Ownership in Fee: Public \_\_\_\_\_ Private \_\_\_\_\_

4. Principal Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_  
 Address \_\_\_\_\_ e-mail \_\_\_\_\_

License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_  
 Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

5. Architect or Engineer \_\_\_\_\_ Contact \_\_\_\_\_  
 Address \_\_\_\_\_ e-mail \_\_\_\_\_  
 Tel. \_\_\_\_\_ FAX: \_\_\_\_\_

6. Responsible Person in Charge once Work has Begun \_\_\_\_\_  
 Tel. \_\_\_\_\_ FAX: \_\_\_\_\_

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

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

## VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories \_\_\_\_\_

2. Height of Structure \_\_\_\_\_ ft.

3. Area — Largest Floor \_\_\_\_\_ sq. ft.

4. New Building Area \_\_\_\_\_ sq. ft.

5. Volume of New Structure \_\_\_\_\_ cu. ft.

6. Max. Live Load \_\_\_\_\_

7. Max. Occupancy Load \_\_\_\_\_

8. If Industrialized Building: State Approved \_\_\_\_\_ HUD \_\_\_\_\_

9. Total Land Area Disturbed \_\_\_\_\_ sq. ft.

10. Flood Hazard Zone \_\_\_\_\_

11. Base Flood Elevation \_\_\_\_\_ ft.

12. Wetlands yes \_\_\_\_\_ no \_\_\_\_\_

## IIa. PROPOSED WORK

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

## IIb. SUBCODES

(Check all that apply)

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

## FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
						Approval	Rejection

TOTAL COST \$0

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

## 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 Select Group
3. Change in Use Group, Indicate Present: \_\_\_\_\_

### C. MIXED USE -List secondary use(s): \_\_\_\_\_

### D. Construct. Classification: Present \_\_\_\_\_

Proposed \_\_\_\_\_





## CERTIFICATION IN LIEU OF OATH

### I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☐ Check if contractor.

Agent Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

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



Date Issued  
Permit #

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

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_

Work Site Location \_\_\_\_\_

Owner in Fee: \_\_\_\_\_

Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_

street	municipality	zip code
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Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. or Builder Registration No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

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

**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) \$ \_\_\_\_\_ 0

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

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

Sign here: \_\_\_\_\_

Print name here: \_\_\_\_\_

## DESCRIPTION OF WORK

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence \_\_\_\_\_ Height (exceeds 6')
- ☐ Sign \_\_\_\_\_ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall \_\_\_\_\_ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other \_\_\_\_\_
- ☐ Demolition

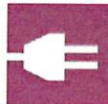
\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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





# **ELECTRICAL SUBCODE TECHNICAL SECTION**



Date Received  
Control #  
Date Issued  
Permit #

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

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_

Work Site Location \_\_\_\_\_

Owner in Fee: \_\_\_\_\_

Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_  
street municipality zip code

Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

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)			
[ ] No Plans Required	Type:	Failure	Failure	Approval	Initial
[ ] Partial -Underslab Utilities Approved	Rough	_____	_____	_____	_____
Date: _____ Approved by: _____	Barrier-Free	_____	_____	_____	_____
[ ] Electric Plans Approved	Trench	_____	_____	_____	_____
Date: _____ Approved by: _____	Temp. Serv.	_____	_____	_____	_____
Joint Plan Review Required:	Constr. Serv.	_____	_____	_____	_____
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.	TCO	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	Other	_____	_____	_____	_____
Date: _____	Service	_____	_____	_____	_____
Approved by: _____	Final	_____	_____	_____	_____
	Barrier-Free	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-in-Card Date Issued	_____	_____	_____	_____
[ ] CO [ ] CCO [ ] CA	Final Cut-in-Card Date Issued	_____	_____	_____	_____
Date: _____	Annual Pool Inspection	_____	_____	_____	_____
Approved by: _____	Date of Grounding and Bonding Certification	_____	_____	_____	_____

## **C. CERTIFICATION IN LIEU OF OATH**

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

Applicant sign/Contractor sign and seal here: \_\_\_\_\_

Print name here: \_\_\_\_\_

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

## **D. TECHNICAL SITE DATA**

### **DESCRIPTION OF WORK:**

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	TOTAL NUMBERS	\$ _____
_____	_____	Pool Permit/with U/W Lights	_____
_____	_____	Storable Pool/Spa/Hot Tub	_____
_____	_____	KW Elec. Range/Receptacle	_____
_____	_____	KW Oven/Surface Unit	_____
_____	_____	KW Elec. Water Heater	_____
_____	_____	KW Elec. Dryer/Receptacle	_____
_____	_____	KW Dishwasher	_____
_____	_____	HP Garbage Disposal	_____
_____	_____	KW Central A/C Unit	_____
_____	_____	HP/KW Space Heater/Air Handler	_____
_____	_____	KW Baseboard Heat	_____
_____	_____	HP Motors 1/+ HP	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____

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





# FIRE PROTECTION SUBCODE TECHNICAL SECTION



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 \_\_\_\_\_

Contractor: \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ Tel. \_\_\_\_\_ zip code \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

Fire Protection Equipment, NJ Div of Fire Safety Permit No. \_\_\_\_\_

Fire Protection Equipment, NJ Div of Fire Safety Installer No. \_\_\_\_\_

Fire Alarm Contractor No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

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

## B. FIRE PROTECTION CHARACTERISTICS

**Use Group:** Present \_\_\_\_\_ Proposed \_\_\_\_\_ **Fuel Storage Tank:**

**Constr. Class:** Present \_\_\_\_\_ Proposed \_\_\_\_\_ Fuel Type: ☐ Flammable OR ☐ Combustible

**Heating System:** ☐ New OR ☐ Modification to Existing **Fire Alarm System:** ☐ New OR ☐ Existing

OR ☐ Conversion OR ☐ Replacement Location of Panel: \_\_\_\_\_

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar **Fire Suppression/Standpipe System:**

☐ Other \_\_\_\_\_ ☐ New OR ☐ Existing

Location: \_\_\_\_\_ Location of Main Control Valve: \_\_\_\_\_

**Total Cost of Fire Protection Work \$** \_\_\_\_\_

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

## C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor  
sign here: \_\_\_\_\_

Print name here: \_\_\_\_\_

## D. TECHNICAL SITE DATA

☐ Certified Contractor ☐ Exempt Applicant

### DESCRIPTION OF WORK:

#### Water Supply Source

Method of Alarm/Suppression System Supervision \_\_\_\_\_

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

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



# PLUMBING SUBCODE TECHNICAL SECTION



Date Received

Control #

Date Issued

Permit #

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

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_

Work Site Location \_\_\_\_\_

Owner in Fee: \_\_\_\_\_

Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_

street

municipality

zip code

Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

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

## B. PLUMBING CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_

Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well \_\_\_\_\_

Est. Cost of Plumbing Work \$ \_\_\_\_\_

## JOB SUMMARY (Office Use Only)

### PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

[ ] Plumbing Plans Approved

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

### SUBCODE APPROVAL for PERMIT

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

### SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

### INSPECTIONS

Type:

Slab

Rough

Water

Sewer

Fixtures

Gas Equipment

Gas Piping

LPGas Tank

Fuel Oil Piping

Solar

TCO

Final

Dates (Month/Day)

Failure

Failure

Approval

Initial

## 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 Contractor

[ ] Exempt Applicant

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

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

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





# MECHANICAL INSPECTION 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 \_\_\_\_\_

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

## B. MECHANICAL CHARACTERISTICS

Use Group Present: **R-5**

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other \_\_\_\_\_

Estimated Cost of Mechanical Work \$ \_\_\_\_\_

### JOB SUMMARY (Office Use Only)

#### PLAN REVIEW

[ ] No Plans Required

[ ] Mechanical Plans Approved

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Joint Plan Review Required:

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

[ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

SUBCODE APPROVAL for CERTIFICATE

[ ] CA [ ] CCO

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

#### INSPECTIONS

Type:

Gas Piping

Appliance

Chimney/Vent

Oil Piping

Oil Tank

LPG Tank

Hydronic Piping

Fireplace

Chimney Cert.

Other \_\_\_\_\_

#### DATES

Failure

Failure

Approval

Initial

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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 sign/Contractor

sign and seal here: \_\_\_\_\_

Print name here: \_\_\_\_\_

☐ Licensed Contractor

☐ Exempt Applicant

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

NO.	FIXTURE/EQUIPMENT
_____	Water Heater
_____	Fuel Oil Piping Connections
_____	Gas Piping Connections
_____	Steam Boiler
_____	Hot Water Boiler
_____	Hot Air Furnace
_____	Oil Tank
_____	LPG Tank
_____	Fireplace
_____	Generator
_____	Other

### FEE (Office Use Only)

\$ \_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

**TOTAL FEE \$ \_\_\_\_\_**

***This form is printed by the office staff once your new structure is complete and ready for a C of O***



## APPLICATION FOR CERTIFICATE

Permit # \_\_\_\_\_  
Date Issued \_\_\_\_\_  
- or -  
Control # \_\_\_\_\_  
Certificate Application Received: \_\_\_\_\_  
Certificate Issued: \_\_\_\_\_

### IDENTIFICATION

Work Site Location \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
\_\_\_\_\_  
Contractor \_\_\_\_\_  
Owner in Fee \_\_\_\_\_ Address \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Tel. \_\_\_\_\_  
Tel. \_\_\_\_\_ License No. \_\_\_\_\_  
Federal Employee No. \_\_\_\_\_

### ACTION

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

USE GROUP \_\_\_\_\_ Previous \_\_\_\_\_ Current \_\_\_\_\_

**FINAL COST OF CONSTRUCTION:** \$ \_\_\_\_\_

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

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

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

DESCRIPTION OF WORK/USE:

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: \_\_\_\_\_  
OWNER/AGENT

☐ OWNER ☐ AGENT



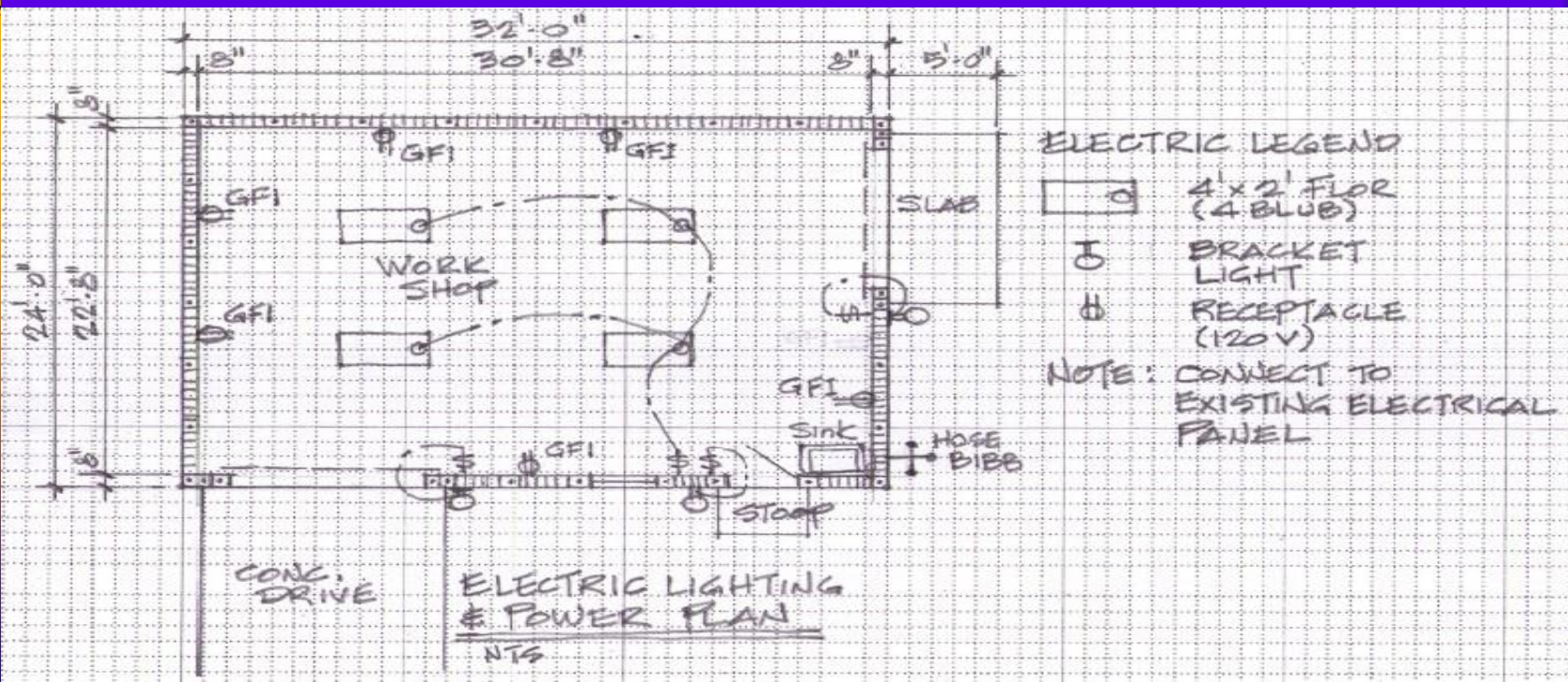
# What is needed for the “Plans”

- ◆ Always submit 2 copies of the plans and any other supporting documentation (not an all inclusive list)
- ◆ Architectural Plans (to scale)
  - Foundation plan
  - Floor plans
  - Truss layout plan
  - Elevations
  - Details and Cross Sections
- ◆ MEP's (Mechanical plans)(to scale)
  - Electrical plan (device wiring and wiring riser plan needed)
  - HVAC plan (with Manual S, J and D for residential NEW installation)
  - Plumbing plan (with hot/cold water and waste pipe riser diagrams)
  - Fire Protection System plan/s
- ◆ Supporting Documentation (as necessary)
  - Manufacturer's information in form of submittals and /or manuals
  - Energy calculations (ie: ResCheck/ComCheck)
  - Engineered Lumber or Truss information/calculations
  - Association letter indicating approval for scope of work .



# Tips for Homeowner Plans

- ◆ Use graph paper to draw the floor plan (1/4" = 1 foot)
- ◆ Create a floor plan of the as is condition with dimensions
- ◆ Draw the basic layout with walls & doors shown
- ◆ Copy this plan several times and use it to draw the architectural changes, electrical, plumbing, mechanical, or fire protection plans as needed
- ◆ See the following as an example of an electrical plan.



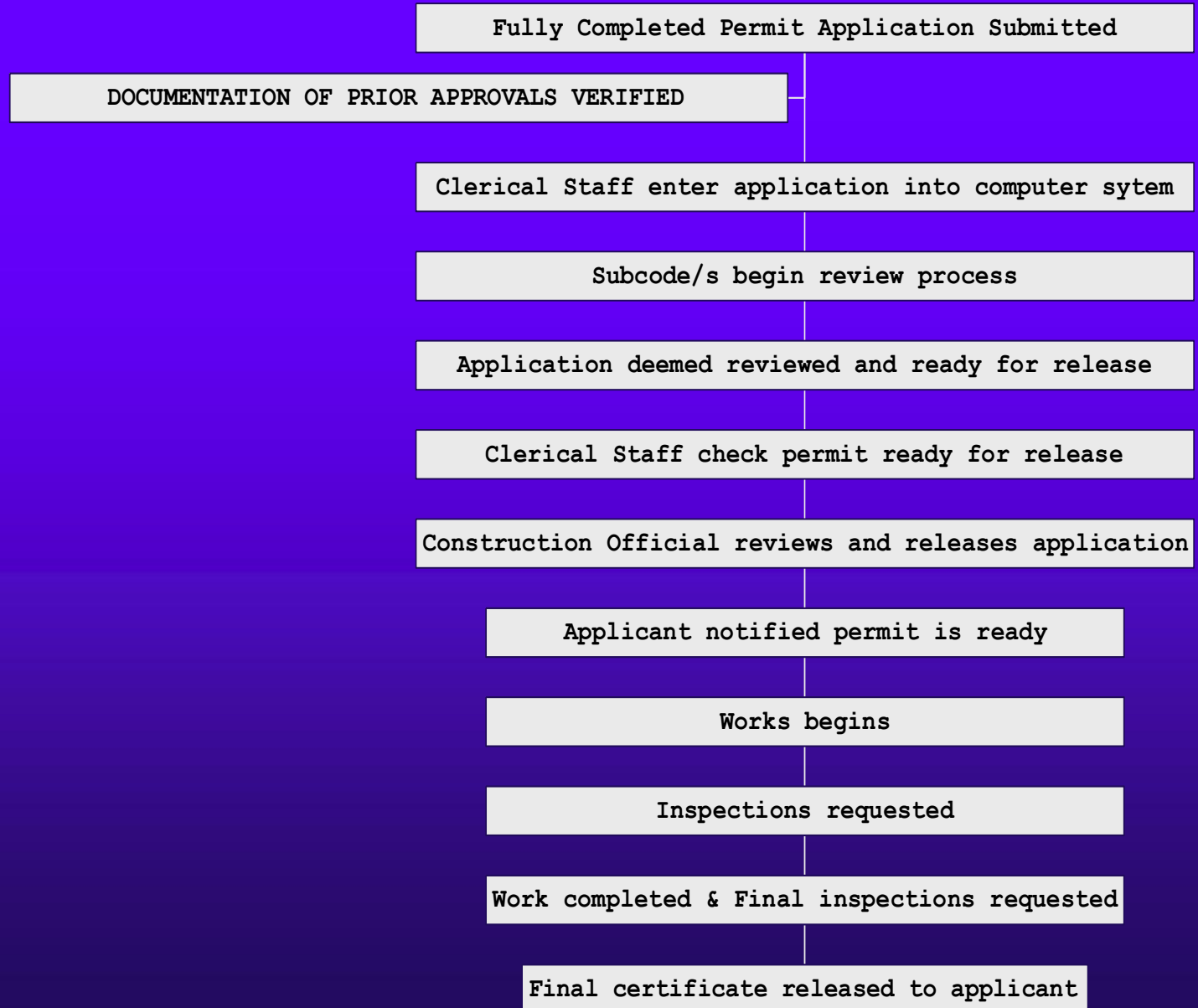
# The Construction Permit Process

- ◆ Submit a properly completed application to the building department
  - Certain applications need to go to **Zoning FIRST!**
- ◆ Once application verified as complete, it is entered into the construction computer system & the subcode officials review
  - All reviews should be completed within 20 business days from the completed permit submission
- ◆ If the application meets the code compliance requirements for each reviewer, it is given to the clerical staff to process the necessary paperwork and send the permit for the construction official's signature
  - If any subcode denies the application, a denial letter is sent out to the applicant and/or contractor identifying the deficiencies.
  - A resubmittal is necessary to be submitted by the applicant
  - Once resubmittal received, the subcode reviews application again
- ◆ Application deemed released and moves to Clerical Staff.

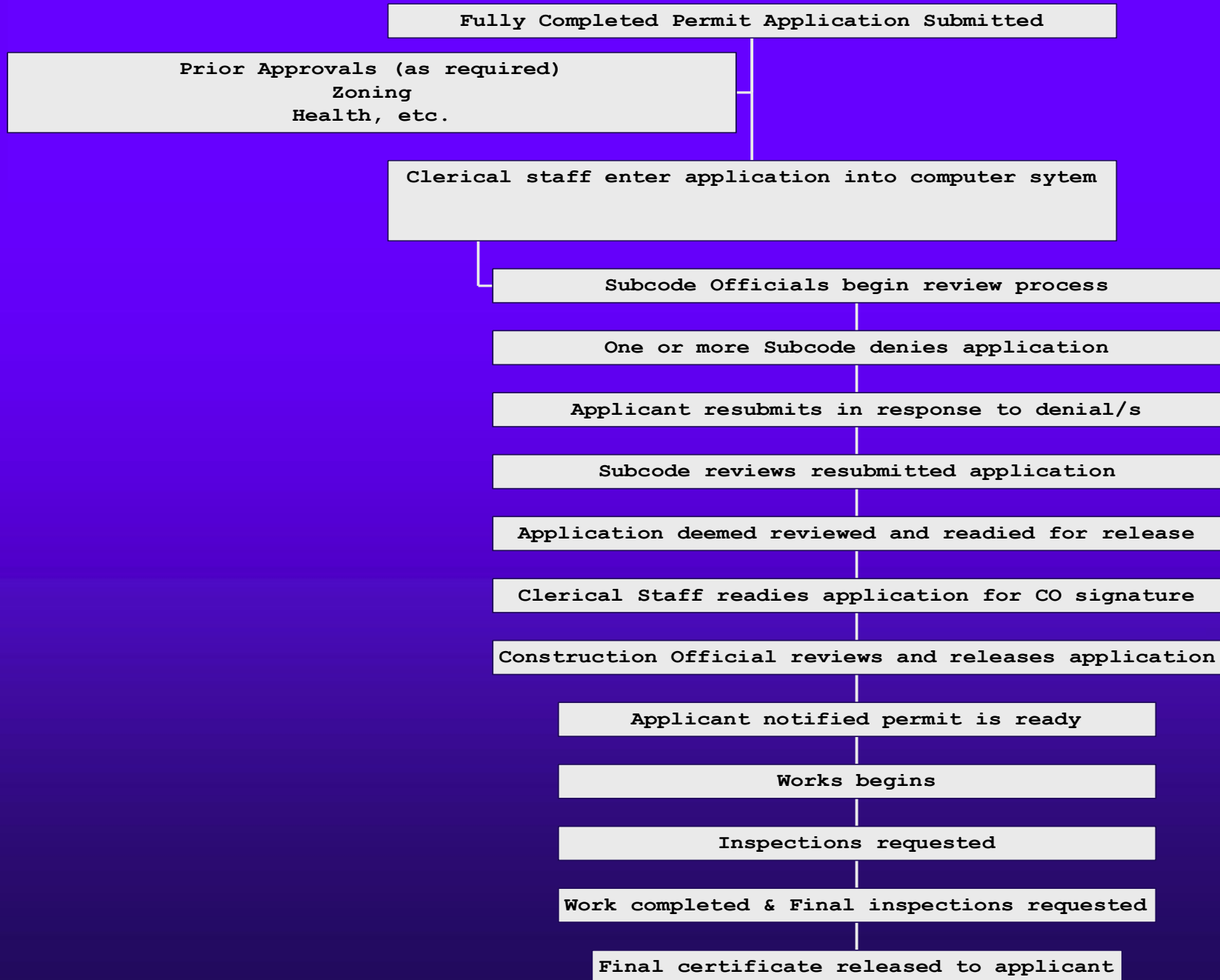




# The Perfect Permit Application Process



# The Typical Permit Application Process





# Licensed Contractors Verses Homeowner Work

## ◆ What is a licensed contractor?

### – Home Improvement Contractor License

- As of 1-1-2006 ALL home improvement contractors were required to be licensed by the State of NJ to do ANY work at a home (This includes landscaping, irrigation, etc.)

### – Licensed Electrical Contractor


### – Licensed Plumbing Contractor

### – Certified Fire Protection Contractor


- As of 7-2003 all fire protection contractors were required to be certified by the State of NJ to work on any fire protection equipment
- Fire alarm work may be done by a licensed electrician, licensed fire alarm contractor or certified fire protection contractor
- Single/2-Family homeowners are allowed to do work on a home that they own (If they do not live there the plans must be drawn by a NJ licensed design professional)
  - The homeowner needs to be familiar with and able to perform the work that is be undertaken.



# The Inspection Process

- 
- ◆ When is an inspection necessary or required?
    - See required inspection code section N.J.A.C 5:23-2.18(b)
    - [http://www.state.nj.us/dca/divisions/codes/codreg/pdf\\_regs/njac\\_5\\_23\\_2.pdf](http://www.state.nj.us/dca/divisions/codes/codreg/pdf_regs/njac_5_23_2.pdf)
    - You must request the inspection (it's not an automatic thing)
      - The caller needs to know their permit number and the inspection being requesting
      - You need to be familiar with the types of inspections so you can ask the correct question
        - **NO “ROUGH” BUILDING INSPECTION; IT IS CALLED A FRAME INSPECTION**
        - **NO FRAME INSPECTION UNTIL ALL OTHER ROUGHS APPROVED 1<sup>ST</sup>!**
      - Requests will be scheduled for the next available inspection date (This may be several days later in some cases)
      - Know that some work may need to stop until an approved inspection is obtained for that specific scope of work.

# Final Acceptance of the Work

- 
- ◆ Once all of the necessary final inspections are approved, a request for a certificate of occupancy is needed (if applicable as not all projects require A CO)
    - You should request the application form be printed from the WHEN the final inspections are completed and a request has been made
    - You will also need to verify that any of the prior approvals have submitted their final approval at the time that a certificate of occupancy application is made
      - Zoning/Planning
      - Engineering (via VanCleeef Engineering)
      - Phillipsburg Fire Chief
      - Phillipsburg Sewer (via Remington Vernick Engineers)
      - Aqua Water
      - Upper Delaware Conservation District
      - State of NJ
      - Etc.

# Tips for Finished Basements

- ◆ Install perimeter fire blocking before you frame the walls
- ◆ Mark the plans and/or floor as to where the plumbing clean outs are located
- ◆ Plan for combustion air requirements

