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V. FEE SUMMARY (for office use only)

PERMIT NO.

Update



CONSTRUCTION PERMIT APPLICATION

Selevator Devices Sele	NEW JERSEY UNIFORM CONSTRUCTION CODE Applicant Completes: Section	36	PLIC		ON								
Tel. (I. IDENTIFICATION				Productive holes and residence state of the second				6. Subt 7. Less	total s 20% for		Review \$	
Tel. (2. Name of Owner in Fee:										Gurcharge	Fee	
Address met annitiativ at the control of the contro												\$	
3. Ownership in Fee: Public	Addressstreet		municipa	lity		zir	code	1	2. Othe	er	ancy		
4. Principal Contractor: Tel. () Address		C							3. TOT	AL		\$	
Address e-mail 1. Number of Stories 2. Height of Structure 1. Report of Stories 2. Height of Structure 3. Area — Largest Floor 5. Ag. ft. 4. New Building Area 5. Architect or Engineer 5. Archi	1 '					Tel ()	V	I. BUILD	DING/SITE	CHARA	CTERISTICS (office use only)	
License No. OR, if new home, Builder Reg. No									1. Number of Stories				
4. New Building Area s.q. ft.	/\ddress				0 man								
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): Federal Emp. ID No.	License No. OP, if now her	me Builder B	ea No		Evn	Date							
Federal Emp. ID No.									4. New	Building .	Area	sq. ft	
5. Architect or Engineer		1,000							5. Volu	me of Ne	พ Structu	re cu. ft	
Address													
Tel. (
10. Flood Hazard Zone 10. Flood Elevation 12. Wetlands yes no 13. State Specific Use: 2. Use Group, Proposed: 3. Change in Use Group, Indicate Present: 13. State Specific Use: 2. Use Group, Indicate Present: 13. State Specific Use: 2. Use Group, Indicate Present: 13. State Specific Use: 2. Use Group, Indicate Present: 13. State Specific Use: 2. Use Group, Indicate Present: 14. No. of dwelling units: 15. State Specific Use: 2. Use Group, Indicate Present: 14. No. of dwelling units: 15. State Specific Use: 2. Use Group, Indicate Present: 15. State Specific Use: 2. Use Group, Indicate Present: 15. State Specific Use: 2. Use Group, Indicate Present: 15. State Specific Use: 2. Use Group, Indicate Present: 15. State Specific Use: 2. Use Group, Indicate Present: 15. State Specific Use: 2. Use Group, Indicate Present: 15. State Specific Use: 2. Use Group, Indicate Present: 15. State Specific Use: 2. Use Group, Indicate Present: 3. Change in Use Group, Indicate Present: 3.	I .												
Tel. (1	0. Floo	d Hazard	Zone		
Ilia. PROPOSED WORK	1 "	-	_										
Minor Work	lel. ()			Fax: (_)				2. Wetl	ands yes	S	no	
Ilb. SUBCODES Est. Cost Plans Date Rejection Approval Re- Approval Rejection Viewer Approval Rejection Viewer Approval Rejection Viewer Gained, Sale Gained, Rental Lost, Sale Lost, Rental Lost, Sale Lost, Rental Lost, Rental Rejection Indicate Present: A No. of dwelling units: Total Units Income-restricted Inco	☐ Minor Work ☐ New Building ☐ Addition ☐ Repair ☐ Alteration ☐ Renovation				novation		□ Demolition□ Reconstruction□ A. RESIDENTIAL (primary use)1. State Specific Use:						
Ili. SUBCODES Check all that apply Est. Cost Plans Rec'd Date Rejection Date Date Date Date Date Rejection Rejection Date Rejection Date Rejection Rejection Date Rejection Rejection Date Rejection Date Rejection Rejection Rejection Rejection Date	Aspe	estos Abat 3	Subcii. 6						LI Ann		t .		
Check all that apply)	III SUBCODES		Plans	Date			1		mission	Dates	Re-	4. No. of dwelling units: <u>Total Units</u> <u>Income-restricted</u>	
□ Building □ Gained, Rental □ Electrical □ Ost, Sale □ Plumbing □ State Specific Use: □ Fire Protection □ Elevator □ TOTAL COST IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? III. PLAN REVIEW (optional) IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? DO YOU WANT: 1. □ Elevators/Escalators/lifts/ Dumbwaiters/Moving Walks 4. □ Refrigeration System Submodular Submod		Est. Cost										Gained, Sale	
□ Electrical □ Plumbing □ Fire Protection □ Elevator □ III. PLAN REVIEW (optional) □ DO YOU WANT: 1. □ Partial Releases 2. □ Prototype Processing □ Lost, Rental □ B. NON-RESIDENTIAL (primary use) 1. State Specific Use: 2. □ Use Group, Proposed: 2. □ State Specific Use: 2. □ Use Group, Indicate Present: C. MIXED USE - List secondary use(s): D. Construct. Classification: Present □ Do YOU WANT: 1. □ Partial Releases 2. □ Prototype Processing □ Lost, Rental □ B. NON-RESIDENTIAL (primary use) 1. State Specific Use: 2. □ Use Group, Proposed: □ C. MIXED USE - List secondary use(s): □ D. Construct. Classification: Present □ Proposed □ Underground Storage Tanks 2. □ High Pressure Boilers □ Hazardous Uses/Places of Assembly □ Underground Storage Tanks	☐ Building												
□ Plumbing □ Fire Protection □ Elevator □ TOTAL COST □ III. PLAN REVIEW (optional) □ Plumbing □ IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? □ Cross-Connections/Backflow Preventers □ Prototype Processing □ 1. State Specific Use: 2. Use Group, Proposed: □ 2. Use Group, Proposed: □ C. MIXED USE - List secondary use(s): □ D. Construct. Classification: Present □ D. Construct. Classification: Present □ Proposed □ Underground Storage Tanks □ Underground Storage Tanks □ Underground Storage Tanks □ Dumbwaiters/Moving Walks □ Hazardous Uses/Places of Assembly □ D. Swimming Pools, Spas and Hot Tubs	☐ Electrical												
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