



SIGN PERMIT APPLICATION GUIDE

Please include images of the proposed sign

BUILDING SUBCODE

CONSTRUCTION PERMIT

UE BUILDING SUBCODE TECHNICAL SECTION

CONSTRUCTION PERMIT APPLICATION

Block _____ Lot _____ Qualification Code _____

Address (Site) _____ PERMIT NO. _____

I. IDENTIFICATION

1. Proposed Work Site at _____

2. Name of Owner in Fee _____
Tel. (____) _____ e-mail _____
Address _____

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 (if applicable) _____
Federal Emp. ID No. _____ FAX: (____) _____

5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. (____) _____ FAX: (____) _____

6. Responsible Person in Charge once Work has Begun _____
Tel. (____) _____ FAX: (____) _____

II. PROPOSED WORK

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

III. SUBCODES (Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Re-submission Date	Rejection	Re-viewer
<input type="checkbox"/> Building									
<input type="checkbox"/> Electrical									
<input type="checkbox"/> Plumbing									
<input type="checkbox"/> Fire Protection									
<input type="checkbox"/> Elevator									
TOTAL COST									

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

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. BUILDINGSITE CHARACTERISTICS (office use only)

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

VI. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
 2. Use Group, Proposed: _____
 3. Change in Use Group, Indicate Present: _____
 4. No. of dwelling units: Total Units (Income-restricted)

Gained, Sale _____
 Gained, Rental _____
 Lost, Sale _____
 Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
 2. Use Group, Proposed: _____
 3. Change in Use Group, Indicate Present: _____

C. MIXED USE - List secondary use(s): _____
D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT
 1. Partial Release
 2. Prototype Processing

DATE ISSUED _____ **PERMIT #** _____

CONSTRUCTION PERMIT

Block _____ Lot _____ Qualification Code _____

Address _____

Tel. (____) _____

In hereby granted permission to a
 BUILDING
 ELECTRICAL
 ELEVATOR DEVICES

DESCRIPTION OF WORK _____

NOTE: If construction does not start if construction ceases for a period Estimated Cost of Work \$ _____

U.C.C. 1710 (Rev. 1/15/04) 1 WHITE-INSPEC

FOLDER

Please allow 20 business days for the permit approval process. Permit cost starts at \$75 and varies depending on the work being completed.

APPLICATION INSTRUCTIONS

You should complete all the sections highlighted in **RED**.

BUILDING SUBCODE TECHNICAL SECTION

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Tel _____ e-mail _____

Address _____

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 _____

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 _____

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 B

Lead Haz. Abatement NJAC 5:17

Radon Remediation

Other _____

Demolition

FEE (Office Use Only)

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required			Type				
<input type="checkbox"/> All			Footings				
<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"/> Dec. <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				
Date _____			TCO				
Approved by _____			Other				
			Final				
			Barrier Free				

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 _____

Const. Class Present _____ Proposed _____

If Industrialized Building State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1+2) \$ _____

U.C.C. #118 (Rev. 11/03) Internet version

Applicant: When submitting the form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

- Owner in Fee refers to the Property Owner and his or her Mailing address
- Public or Private refers, again, to the Property owner. If the owner is a government agency or public company (on the stock market), place an X on the PUBLIC line. If the owner is an individual or a privately held business, place an X on the PRIVATE line.
- If you are not using a Contractor, leave the section blank.
- Description of Work: Describe the Size, Color and Material of the proposed sign, its placement on the building and how it will be installed.
- Electrical - If your sign is lighted in any way please also fill out the electrical section and permit.

CONSTRUCTION PERMIT APPLICATION

Block _____ Lot _____ Qualification Code _____ Address (SITE) _____ PERMIT NO. _____

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 _____

4. Principal Contractor: _____

Address _____ Tel _____ 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: _____

Address _____ Contact _____

Tel _____ e-mail _____ FAX _____

6. Responsible Person in Charge once Work has Begun: _____

Tel _____ FAX _____

II. PROPOSED WORK

Minor Work New Building Addition Demolition

Repair Alteration Renovation Reconstruction

Asbestos Abat. -Subch. B Lead Hazard Abatement Radon Remediation Annual Permit

III. SUBCODES

Building Electrical Plumbing Fire Protection Elevator

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

FOR OFFICE USE ONLY (optional)	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Re-submission Date	Re-jection	Re-viewer
<input type="checkbox"/> Building									
<input type="checkbox"/> Electrical									
<input type="checkbox"/> Plumbing									
<input type="checkbox"/> Fire Protection									
<input type="checkbox"/> Elevator									

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. Cost of Occupancy		
12. Other		
13. TOTAL		

VI. BUILDINGSITE CHARACTERISTICS

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 _____

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use _____

2. Use Group, Proposed _____

3. Change in Use Group, Indicate Present _____

4. No. of dwelling units: Total Units _____ (Subchapter B only)

General, Sale _____

General, Rental _____

Lot, Sale _____

Lot, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use _____

2. Use Group, Proposed _____

3. Change in Use Group, Indicate Present _____

C. MIXED USE - List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

DO YOU WANT:

1. Partial Releases

2. Prototype Processing

3. Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks

4. Refrigeration Systems

5. Cross-Connections/Backflow Preventors

6. Hazardous Uses/Pieces 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

U.C.C. # 118 (Rev. 11/03)

CONSTRUCTION PERMIT

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel _____

Contractor _____

Address _____

Tel _____

Lic. No. or Bldg. Reg. No. _____

DATE ISSUED _____

PERMIT # _____

PAYMENTS (Office Use Only)

Building _____

Electrical _____

Plumbing _____

Fire Protection _____

Elevator Devices _____

Other _____

DCA State Permit Fee _____

Cost. of Occupancy _____

Other _____

Check No. _____

Cash _____

Collected by _____

LEAD HAZARD ABATEMENT

LEAD HAZARD ABATEMENT

DEMOLITION

OTHER Sign

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 \$ _____

U.C.C. #118 (REV. 11/03)

1 WHITE - INSPECTOR

2 CANNY - OFFICE

3 PINK - MAX ASSESSOR

4 GOLD - APPLICANT

Once the folder and forms are complete, and the image is included, please submit the whole package to the Planning Department, Room 217, on the 2nd floor of Township Hall across from the staircase, at 66 Main Street, West Orange, NJ 07052

For additional assistance in completing these forms, please contact Megan Brill at (973) 325-4109 or by email at mbrill@downtownwo.com