

COUNTER FORM

Complete, Sign and Return. (Please Print or Type)

**Borough of Glen Ridge
Construction Code Enforcement
825 Bloomfield Avenue
Glen Ridge, New Jersey 07028
Phone (973) 748-8444
Fax (973) 748-3926
www.glenridgenj.org**

Block _____ Lot _____ Date Received _____
Site Location _____
Owner of Fee _____
Address _____
State _____ Zip Code _____
Phone # (____) _____ Fax # (____) _____

ELECTRICAL

Contractor _____
Address _____
Phone () _____
Lic # _____ expiration date: _____
Federal Emp. No. _____

Technical Site Data (List All Fixtures)

Qty.	Size	Item
_____		Light Fixtures
_____		Receptacles
_____		Switches
_____		Detectors
_____		Light Poles
_____		Motors -Fract. HP
_____		Emergency & Exit Lights
_____		Communications Points
_____		Alarm Devices/F.A.C. Panel
_____		TOTAL NO.
_____		Pool w/UW Lights
_____		Storable Pool / Spa or Hot Tub
_____	_____ KW	Elec. Range
_____	_____ KW	Oven / Surface Unit
_____	_____ KW	Elect. Water Heater
_____	_____ KW	Elec. Dryer / Receptacle
_____	_____ KW	Dishwasher
_____	_____ HP	Garbage Disposal
_____	_____ KW	Central AC Unit
_____	_____ HP/KW	Space Heater / Air Handler
_____	_____ KW	Baseboard Heat
_____	_____ HP	Motors 1/+ HP
_____	_____ KW	Transformer / Generator
_____	_____ AMP	Service
_____	_____ AMP	Sub panels
_____	_____ AMP	Motor Control Center
_____	_____ KW	Electric Sign /Outline Light
_____	_____ OTHER	_____

Estimated Cost of Electrical Work \$ _____

SIGNATURE _____
[] Licensed Contractor (Affix Seal) [] Exempt Applicant

FIRE

Contractor _____
Address _____
Phone () _____
Lic # _____ expiration date: _____
Federal Emp. No. _____

Technical Site Data (Description of Work)

Heating System

[] New [] Existing [] HVAC
Type: [] Gas [] Oil [] Electric [] Solar [] Other
Location: _____

Fire Alarm System

[] New [] Existing--Location of Panel _____

Fire Suppression / Standpipe System

[] New [] Existing--Location Main Valve _____

Storage Tanks

Type: [] Flam. Liquid [] Combust. Liquid
[] LPG [] LNG _____ Capacity _____ Fuel

Alarm Systems [] 110V Interconnected [] System
_____ Alarm Devices (i.e., smoke, heat, pulls, water/flow)
_____ Supervisory Devices (i.e., tamper, low/high air)
_____ Signaling Devices (i.e., horn/strobe, bells)
_____ Other

TOTAL

Suppression Systems [] Fire Pump [] GPM Type
_____ Dry Pipe/Alarm Valve _____ Pre-action Valve
_____ Sprinkler (Dry&Wet) _____ Standpipes

Pre-Engineered Systems

_____ Wet Chem _____ Dry Chem _____ CO2 Supp
_____ Foam _____ Halon _____ Other
_____ Kitchen Hood Exhaust Systems
_____ Smoke Control System
_____ Gas [] or Oil [] Fired Appliances

Other _____

Estimated Cost of Fire Protection \$ _____

SIGNATURE _____

[] Licensed Contractor (Affix Seal) [] Exempt Applicant



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: street Public _____ municipally Private _____ 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 (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: (_____) _____

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)

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

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

V. FEE SUMMARY (for office use only)

Item	Amount	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

1. Number of Stories _____ (office use only)

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 *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 _____

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.