


Township Of West Milford

DEPARTMENT
OF BUILDING SAFETY

1480 Union Valley Road • West Milford, NJ 07480 • Tel:(973) 728-2780 • Fax: (973) 728-2843

Filling Out Your Building Permit

Building Subcode Section



**BUILDING
SUBCODE
TECHNICAL SECTION**

Date Received _____
Date Issued _____
Control # _____
Permit # _____

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

Block _____ Lot _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel. (_____) _____

Contractor _____

Address _____

Tel. (_____) _____ FAX (_____) _____

Lic. No. or Bldgs. Reg. No. _____

Federal Emp. No _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
<input type="checkbox"/> No Plans Required	___/___/___	___	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> All	___/___/___	___	Footing	___	___	___	___
<input type="checkbox"/> Footing	___/___/___	___	Foundation	___	___	___	___
<input type="checkbox"/> Foundation	___/___/___	___	Slab	___	___	___	___
<input type="checkbox"/> Frame	___/___/___	___	Frame	___	___	___	___
<input type="checkbox"/> Other	___/___/___	___	Barrier-Free	___	___	___	___
Joint Plan Review Required:			Insulation	___	___	___	___
<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator	Finishes	___	___	___
SUBCODE APPROVAL			Energy	___	___	___	___
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	Mechanical	___	___	___	___
Date:			TCO	___	___	___	___
Approved by:			Other	___	___	___	___
			Final	___	___	___	___
			Barrier-Free	___	___	___	___

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Est. Cost of Bldg. Work:

Constr. Class Present _____ Proposed _____ 1. New Bldg. \$ _____

No. of Stories _____ 2. Alteration \$ _____

Height of Structure _____ Ft. 3. Total (1+2) \$ _____

Area - Largest Floor _____ Sq. Ft.

New Bldg. Area/All Floors _____ Sq. Ft.

Volume of New Structure _____ Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

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

Alteration

Roofing

Siding

Fence _____ Height (exceeds 6')

Sign _____ Sq. Ft.

Pool

Asbestos Abatement: Subchapter 8

Lead Haz. Abatement NJAC 5:17

Other _____

Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

DCA Training Fee \$ _____

TOTAL FEE \$ _____

U.C.C. F110 (rev. 3/96)
Internet version

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

#1. The Block & Lot Number of the property goes here. This is unique a number assigned to your property by the township. You can find this number on your tax bill or ask one of the building dept. staff to look this number up for you.

#2. The address of building being worked on goes here.

#3. The property owner's name (Owner in Fee) Mailing address (If different than the work address) and telephone number go here.

#4 The contactors Name, Address, Phone Number, Builders Registration Number (For new homes) and Federal Employer I.D. number goes here. If you are doing the work yourself write "self" here.

#5. This section is for office use, please leave blank.

#6. Building characteristics go here. Single-family homes are Use Group "R-3" or "R-4". Wood frame houses are Class "5-B". We will fill in the remaining information as we review your plans. Use groups and construction classes other than single family residential should be listed on your plans.

#7. Estimated cost of the work goes here. This amount should be the amount a contractor would charge to do the work, even if you're doing the work yourself. You may exclude from this amount items not covered by the building code like: painting, wallpapering, carpeting and the cost of kitchen cabinets. The State of New Jersey requires this amount to be as accurate as possible, if these numbers are not realistic your permit application will be refused.


#8 The signature of the owner or their agent (anybody authorized by the owner to make this application) goes here.

#9. A brief description of the work. Ie. "Roof", "Vinyl Siding", "16' x 24' Addition", "12' x 16' Deck", etc.


#10. Type of work gets checked off here. Note: Decks are alterations not additions. If in doubt leave this section blank.

#11. This section is for office use, please leave blank.

Plumbing Subcode Section



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received _____
Date Issued _____
Control # _____
Permit # _____

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

Block _____ Lot _____
 Work Site Location _____
 Owner in Fee _____
 Address _____
 Tel (_____) _____
 Contractor _____
 Address _____
 Tel (_____) _____ FAX (_____) _____
 Lic. No. _____
 Federal Emp. No. _____

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		INSPECTIONS				Dates (Month/Day)	
<input type="checkbox"/> No Plans Required		Type:	Failure	Failure	Approval	Initial	
Joint Plan Review Required:		Slab	_____	_____	_____	_____	
<input type="checkbox"/> Building	<input type="checkbox"/> Electric	Rough	_____	_____	_____	_____	
<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator	Water	_____	_____	_____	_____	
<input type="checkbox"/> Plumbing Plans Approved		Sewer	_____	_____	_____	_____	
Date: _____		Fixtures	_____	_____	_____	_____	
Approved by: _____		Gas Equipment	_____	_____	_____	_____	
		Gas Piping	_____	_____	_____	_____	
		Soar	_____	_____	_____	_____	
		TCO	_____	_____	_____	_____	

SUBCODE APPROVAL

CO CCO CA

Date: _____
 Approved by: _____

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.

Signature -- Contractor's Seal _____
 Licensed Plumbing Contractor Exempt Applicant

U.C.C.F.130 (rev. 3/96)
Internet version

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


D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	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	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other _____	_____
_____	Other _____	_____
_____	Other _____	_____


Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 DCA Training Fee \$ _____
TOTAL FEE \$ _____

- #1. This section should be filled out the same way as explained for the Building Subcode on page 1.
- #2. Plumbing Characteristics go here. "Use Group" is the same as the Building Subcode section.
- #3. Estimated cost of plumbing work goes here. (see Building Subcode section item #7 for an explanation of estimated costs)
- #4. This section for office use. Please leave blank.
- #5. Owners or agents signature goes here. If you are having a contractor do the plumbing work he/she must place seal here.
- #6 List the quantity of each type of plumbing fixture here.
- #7. This section for office use. Leave blank.

Electrical Subcode Section



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received _____
Date Issued _____
Control # _____
Permit # _____

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

Block _____ Lot _____
Work Site Location _____

Owner in Fee _____
Address _____

Tel (_____) _____
Contractor _____
Address _____

Tel (_____) _____ FAX (_____) _____
Lic. No. _____
Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
 PolePad # _____ Temporary Other _____
 Building Occupied as _____ Utility Co. _____
 Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
<input type="checkbox"/> No Plans Required			Type:	Failure	Failure	Approval	Initial
Joint Plan Review Required:			Rough				
<input type="checkbox"/> Building			Temp. Serv.				
<input type="checkbox"/> Fire			Const. Serv.				
<input type="checkbox"/> Elevator			TCO				
<input type="checkbox"/> Elec. Plans Approved			Other				
Date:			Service				
Approved by: _____			Final				

SUBCODE APPROVAL

CO CCO CA Temp. Cut-in-Card Date Issued _____
 Final Cut-in-Card Date Issued _____

Date: _____
 Approved by: _____

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's Signature/Contractor's Seal and Signature _____
 Licensed Electrical Contractor Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	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 Disposer
_____	_____	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

FEE (Office Use Only)


Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
DCA Training Fee	\$ _____
TOTAL FEE	\$ _____

U.C.C. F120 (rev. 3/06)
Internet version


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

- #1. This section should be filled out the same way as explained for the Building Subcode on page 1.
- #2. Electrical Characteristics go here. "Use Group" is the same as the Building Subcode section.
- #3. Estimated cost of electrical work goes here. (see Building Subcode section item #7 for an explanation of estimated costs)
- #4. This section for office use. Please leave blank.
- #5. Owners or agents signature goes here. If you are having a contractor do the electrical work he/she must place seal here.
- #6 List the quantity of each type of electrical device here.
- #7. This section for office use. Please leave blank.

Fire Subcode Section



**FIRE
SUBCODE
TECHNICAL SECTION**



Date Received _____
Date issued _____
Control # _____
Permit # _____

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

Block _____ Lot _____
Work Site Location _____
Owner in Fee _____
Address _____
Tele. (_____) _____
Contractor _____
Address _____
Tele. (_____) _____ Fax (_____) _____
Lic. No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____	Fire Alarm System New <input type="checkbox"/> Existing <input type="checkbox"/>
Constr. Class Present _____ Proposed _____	Location of Panel: _____
Heating Systems <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> HVAC	Fire Suppression/Standpipe System New <input type="checkbox"/> Existing <input type="checkbox"/>
Type: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Solar	Location of Main Control Valve: _____
<input type="checkbox"/> Other _____	
Location: _____	
Total Cost of Fire Protection Work \$ _____	

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:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Storage Tanks

Type: <input type="checkbox"/> Flammable Liquid <input type="checkbox"/> Combustible Liquid	FEE (Office Use Only)
<input type="checkbox"/> LPG <input type="checkbox"/> LNG Capacity _____ Fuel _____	
Alarm Systems <input type="checkbox"/> 110v Interconnected <input type="checkbox"/> System	NUMBER _____

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., tamper, low/high air) _____

Signaling Devices (i.e., horns/strobes, bells) _____

Other Devices _____

TOTAL _____

Suppression Systems

Fire Pump _____ GPM Type _____	
Dry Pipe/Alarm Valves _____	
Pre-action Valves _____	
Sprinkler Heads (Dry and Wet) _____	
Standpipes _____	

Pre-engineered Systems

Wet Chemical _____	
Dry Chemical _____	
CO ₂ Suppression _____	
Foam Suppression _____	
Halon Suppression _____	
Other _____	

Kitchen Hood Exhaust System _____

Smoke Control System _____

Gas or Oil Fired Appliances _____

Other _____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ _____

U.C.C. F140
(rev. 3/05)

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#1. This section should be filled out the same way as explained for the Building Subcode on page 1.

#2. Fire Protection Characteristics go here. "Use Group" is the same as the Building Subcode section.

#3. Estimated cost of Fire Protection work goes here. (see Building Subcode section item #7 for an explanation of estimated costs)

#4. This section for office use. Please leave blank.

#5. Owners or agents signature goes here.

#6 A brief description of the work goes here. (New Home, Addition, Furnace Replacement, New Central Air-conditioning, etc.) Water Supply Source only needs to be filled in for Fire Sprinkler systems.

#7 Storage tanks are listed here. LPG (Propane) tanks are now inspected by the Plumbing Inspector and should be listed on the Plumbing Technical Section not here, list only Heating Oil, Gasoline or Diesel storage tanks here.


#8 Fire and Smoke alarm devices and quantity get listed here.

#9 Fire Suppression (Fire Sprinkler Systems) devices and quantity go here.

#10 This section for office use. Please leave blank.

Permit Folder Front

BLOCK _____
LOT _____
QUALIFICATION CODE _____
ADDRESS (SITE) _____
PERMIT NO. _____



CONSTRUCTION PERMIT APPLICATION

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. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL			

Application Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: _____

2. Name of Owner in Fee: _____ Tel. (____) _____

Address _____

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: _____ Tel. (____) _____

Address _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Federal Employee No. _____ FAX: (____) _____

5. Architect or Engineer _____ Tel. (____) _____

Address _____

6. Responsible Person in Charge of Work _____

Tel. (____) _____ FAX: (____) _____

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. Construction Classification _____

7. Total Land Area Disturbed _____ sq. ft.

8. Flood Hazard Zone _____

9. Base Flood Elevation _____ ft.

10. Wetlands yes _____ no _____

11. Max. Live Load _____

12. Max. Occupancy Load _____

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Approval	Dates Rejection	Re-viewer
1. <input type="checkbox"/> Minor Work									
2. <input type="checkbox"/> New Building									
3. <input type="checkbox"/> Addition									
4. <input type="checkbox"/> Alteration									
5. <input type="checkbox"/> Fire Protection									
6. <input type="checkbox"/> Plumbing									
7. <input type="checkbox"/> Electrical									
8. <input type="checkbox"/> Elevator Devices									
9. <input type="checkbox"/> Asbestos Abat. Subch. 8									
10. <input type="checkbox"/> Lead Hazard Abatement									
11. <input type="checkbox"/> Demolition									
TOTAL COSTS									

III. DO YOU WANT: (optional)

1. Partial Release

2. Prototype Processing

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

1. <input type="checkbox"/> Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks	5. <input type="checkbox"/> Cross-Connections/Backflow Preventors
2. <input type="checkbox"/> High Pressure Boilers	6. <input type="checkbox"/> Hazardous Uses/Places of Assembly
3. <input type="checkbox"/> Pressure Vessels	7. <input type="checkbox"/> Sprinklers
4. <input type="checkbox"/> Refrigeration Systems	8. <input type="checkbox"/> Smoke Control Systems in Open Wells
	9. <input type="checkbox"/> Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. Hotels (R-1)

2. Multi-Family (R-2)

3. Two-Family (R-3) BOCA

4. Two-Family (R-4) CABO

5. One-Family (R-3) BOCA

6. One-Family (R-4) CABO

No. of dwelling units:

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group, Indicate Former: _____

#1 The Block & Lot Number of the property goes here. Leave Qualification Code and Permit Number lines blank.

#2 This section should be filled out the same way as explained for the Building Subcode on page 1.

#3 List types of work being applied for and estimated costs here, leave the rest blank.

#4 Check here if you want a Partial Release (i.e. Foundation Only) or Prototype Processing (Large Developments)

#5 This section for office use. Please leave blank.

#6 This section for office use. Please leave blank.

#7 List Use Group and Code your using here.

#8 Check here if your building has any of these special characteristics.

Permit Folder Inside

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(e)1.vii:

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. 5:32-2.15(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.

U.C.C. F100-2 (rev. 3/96)

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#1 Check here if you are building a home for yourself and are acting as the general contractor. If you check here you are waiving your right to a New Home Warranty required by the State of New Jersey if a contractor was building the home.

#2 Check here if you have prepared the construction drawings for your own home you live in.

#3 Check here if you are performing any of the work on your own home you live in.

#4 You must check here and advise all contractors that they must be registered with the State Taxation Division and comply with all New Jersey tax laws.

#5 Owner must sign here if any of the areas above in section I are checked.

#6 Fill in this section if you are the Agent or Contractor.