

**Township of  
Pennsauken**



**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: \_\_\_\_\_ e-mail \_\_\_\_\_  
 Tel. (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_  
 3. Ownership in Fee: Public \_\_\_\_\_ Private \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_  
 4. Principal Contractor: \_\_\_\_\_ 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 \_\_\_\_\_ e-mail \_\_\_\_\_  
 Address \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
 6. Responsible Person in Charge once Work has Begun \_\_\_\_\_  
 Tel. (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**IIa. PROPOSED WORK**

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

**IIb. SUBCODES**  
(Check all that apply)

<input type="checkbox"/> Building	Est. Cost	Plans Recd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Approval	Rejection	Re-viewer
<input type="checkbox"/> Electrical									
<input type="checkbox"/> Plumbing									
<input type="checkbox"/> Fire Protection									
<input type="checkbox"/> Elevator									
<b>TOTAL COST</b>									

**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/  
Dumbwainers/Moving Walks  
 2.  High Pressure Boilers  
 3.  Pressure Vessels  
 4.  Refrigeration System  
 5.  Cross-Connections/Backflow Preventers  
 6.  Hazardous Uses/Places of Assembly  
 7.  Sprinklers

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

1. Building	\$ _____	Update	Update
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**

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 \_\_\_\_\_  
 Lost, Rental \_\_\_\_\_  
 Lost, Sale \_\_\_\_\_  
**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 \_\_\_\_\_

8.  Smoke Control Systems in Open Wells  
 9.  Underground Storage Tanks  
 10.  Swimming Pools, Spas and Hot Tubs  
 11.  LP Gas Tanks

**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.**

# PERMIT REQUEST FORM

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

*[Office use Only] [Please Print]*

Control Number: \_\_\_\_\_

Enter all pertinent information. Be specific and descriptive. Do not omit important entries, such as telephone numbers, Fed ID numbers etc.

**COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.**

Block : \_\_\_\_\_ Lot : \_\_\_\_\_ Agent : \_\_\_\_\_  
 Work Site Location: \_\_\_\_\_ Contact : \_\_\_\_\_  
 Owner In Fee : \_\_\_\_\_ Address : \_\_\_\_\_  
 Email : \_\_\_\_\_  
 Address : \_\_\_\_\_ Email : \_\_\_\_\_  
 Telephone : \_\_\_\_\_ Telephone : \_\_\_\_\_ Fax : \_\_\_\_\_  
 LicNo-ExpDt : \_\_\_\_\_  
 Fed Id Number : \_\_\_\_\_  
 Is this a rental property ?  -Yes  - No Number of Tenants: \_\_\_\_\_

## BUILDING SECTION

Description Of Work:		
<input type="checkbox"/> New Building <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Demolition <input type="checkbox"/> Roofing <input type="checkbox"/> Siding <input type="checkbox"/> Fence Ht _____ ( Exceeds 6' ) Signs: <input type="checkbox"/> Pylon(SQFT) _____ <input type="checkbox"/> Grnd/Wall(SQFT) _____ <input type="checkbox"/> Pool <input type="checkbox"/> Asbestos Abatement Subchapter 8 <input type="checkbox"/> Lead hazard Abatement N.J.A.C. 5:17 <input type="checkbox"/> Retaining Wall(SQFT) _____ <input type="checkbox"/> Radon Remediation <input type="checkbox"/> Other(s) _____	Contractor _____ Contact _____ Address _____ Email _____ Phone _____ LicNo-ExpDt _____ Fed. Emp. No. _____	<p style="text-align: center;"><b>Office Use Only</b></p> Plan Review Date Initial <input type="checkbox"/> No Plans Req'd _____ <input type="checkbox"/> All _____ <input type="checkbox"/> Footing _____ <input type="checkbox"/> Foundation _____ <input type="checkbox"/> Frame _____ <input type="checkbox"/> Other _____ Joint Plan Review Required: <input type="checkbox"/> Elec <input type="checkbox"/> Plumb <input type="checkbox"/> Fire Cubic Ft: _____ Square Ft: _____ % Land Disturbed _____
Est Cost Of Bldg. Work: 1. New Bldg \$ _____      3. Demolition \$ _____ 2. Alteration \$ _____      4. Total(1+2+3) \$ _____		
I certify that I am the (agent of) owner of record and am authorized to make this application. X _____ (Signature)		

## PLUMBING SECTION

Description Of Work:		
No. Fixture/Equipmt _____ Water Closet _____ Urinal/Bidet _____ Bath Tub _____ Lavatory _____ Shower _____ Floor Drain _____ Sink _____ Dishwasher _____ Drinking Fountain _____ Washing Machine _____ Hose Bib _____ Water Heater _____ Fuel Oil Piping _____ Gas Piping	No. Fixture/Equipmt _____ LPGas Tank _____ Steam Boiler _____ Hot water Boiler _____ Sewer Pump _____ Interceptor/Separator _____ Back flow Preventor _____ Greasetrap _____ Residential A/C Unit _____ Sewer Connection _____ Water Service Connection _____ Stacks _____ Other _____ _____ Other _____ _____ Other _____	Contractor _____ Contact _____ Address _____ Email _____ Phone _____ LicNo-ExpDt _____ Fed. Emp. No. _____ I certify that I am the (agent of) owner of record and am authorized to make this application. X _____
Estimated Cost of Plumbing Work: \$ _____		
<p style="text-align: right;"><b>Office Use Only</b></p> Applicant's Signature/Contractor's Seal and Signature Joint Plan Review Required: <input type="checkbox"/> No Plans Required <input type="checkbox"/> Building <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing Plans <input type="checkbox"/> Fire <input type="checkbox"/> Elevator      Approved Date: _____ Approved By: _____		

## FIRE PROTECTION SECTION

Description Of Work:

Storage Tanks :

Type:  Flamm.Liquid       Comb Liquid  
 LPG  LNG

Alarm Systems  110v Interconnected  System  
 \_\_\_\_\_ Alarm Devices (i.e, smoke, heat, pulls, waterflow)  
 \_\_\_\_\_ Supervisory Devices (i.e. tampers, low/high air)  
 \_\_\_\_\_ Signalling Devices (i.e, horn, strobes, bells)  
 \_\_\_\_\_ Other Devices \_\_\_\_\_

### Pre-engineered Systems

\_\_\_\_\_ Wet Chemical  
 \_\_\_\_\_ Dry Chemical  
 \_\_\_\_\_ CO2 Suppression  
 \_\_\_\_\_ Foam Suppression  
 \_\_\_\_\_ Halon Suppression  
 \_\_\_\_\_ Other \_\_\_\_\_  
 \_\_\_\_\_ Kitchen Hood Exh Sys  
 \_\_\_\_\_ Smoke Control System  
 \_\_\_\_\_ Gas  or Oil  Fired Appl.

Contractor \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

LicNo-ExpDt \_\_\_\_\_

Fed. Emp. No. \_\_\_\_\_

Fire Protection Cert. No. \_\_\_\_\_

Security Alarm Cert. No. \_\_\_\_\_

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

X \_\_\_\_\_

Applicant's Signature/Contractor's Seal and Signature

Suppressoin Systems     Fire Pump  GPM Type

\_\_\_\_\_ Dry Pipe/Alarm Valves

\_\_\_\_\_ Pre-action Valves

\_\_\_\_\_ Sprinkler Heads (Dry and Wet)

\_\_\_\_\_ Standpipes

Estimated Cost Of Fire Protection Work :\$ \_\_\_\_\_

<b>Office Use Only</b>	<input type="checkbox"/> No Plans Required
Joint Plan Review Required:	<input type="checkbox"/> Fire Plans Approved
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing	Date: _____
<input type="checkbox"/> Electric <input type="checkbox"/> Fire	Approved By: _____

## ELECTRICAL SECTION

Description Of Work:

### QTY. SIZE ITEMS

\_\_\_\_\_ Lighting Fixtures  
 \_\_\_\_\_ Receptacles  
 \_\_\_\_\_ Switches  
 \_\_\_\_\_ Detectors  
 \_\_\_\_\_ Light Poles  
 \_\_\_\_\_ Motors-Fract.HP  
 \_\_\_\_\_ Emergency & Exit Lights  
 \_\_\_\_\_ Communication Points  
 \_\_\_\_\_ Alarm Devices F.A.C Panel  
 \_\_\_\_\_ Other \_\_\_\_\_  
 \_\_\_\_\_ TOTAL NUMBERS  
 \_\_\_\_\_ Pool Permit/w Uw Lights  
 \_\_\_\_\_ Storable Pool/Spa/Hot Tub  
 \_\_\_\_\_ KW Elec.Range /Receptacle  
 \_\_\_\_\_ KW Oven/Surface Unit

### QTY. SIZE ITEMS

\_\_\_\_\_ KW Elec.Water Heater  
 \_\_\_\_\_ KW Dryer/Receptacle  
 \_\_\_\_\_ KW Dishwasher  
 \_\_\_\_\_ HP Garbage Disposal  
 \_\_\_\_\_ KW Central A/c Unit  
 \_\_\_\_\_ HP/KW Space Htr/Air Handler  
 \_\_\_\_\_ KW Base Board Heat  
 \_\_\_\_\_ HP Motors 1/+ HP  
 \_\_\_\_\_ KW Transformer/Generator  
 \_\_\_\_\_ AMP Service  
 \_\_\_\_\_ AMP SubPanels  
 \_\_\_\_\_ AMP Motor Control Center  
 \_\_\_\_\_ KW Elec Sign/Outline Light U  
 \_\_\_\_\_ KW Photovoltaic Systems  
 \_\_\_\_\_ Other \_\_\_\_\_  
 \_\_\_\_\_ Other \_\_\_\_\_

Contractor \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

LicNo-ExpDt \_\_\_\_\_

Fed. Emp. No. \_\_\_\_\_

Irrigation Cert. No. \_\_\_\_\_

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

X \_\_\_\_\_

Applicant's Signature/Contractor's Seal and Signature

Licensed Elec Contractor  Exempt Applicant

<b>Office Use Only</b>	<input type="checkbox"/> No Plans Required
Joint Plan Review Required:	<input type="checkbox"/> Electric Plans Approved
<input type="checkbox"/> Building <input type="checkbox"/> Electric	
<input type="checkbox"/> Fire <input type="checkbox"/> Plumbing	
Date : _____	Approved By: _____

Estimated Cost Of Electric Work : \$ \_\_\_\_\_



# CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ QUALIFICATION CODE \_\_\_\_\_ PERMIT # \_\_\_\_\_

WORK SITE ADDRESS \_\_\_\_\_

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

Verifying Individual \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Tel: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

### Check the Appropriate Box(es):

#### Type of Replacement:

- Oil to Gas Conversion
- Gas to Oil Conversion
- Gas Appliance Replacement
- Oil to Oil Replacement
- Other \_\_\_\_\_

#### Existing Vent/Chimney:

- "B" Label Vent
- "L" Label Vent
- Flexible Liner
- Power Vent/Exhauster

#### Size \_\_\_\_\_

- Chimney-Interior
- Chimney-Exterior
- Masonry Chimney-Tile Lined
- Masonry Chimney-Unlined
- Other \_\_\_\_\_

Type	Fuel Type	BTU Rating (input/hour)
Appliance 1: _____	Oil / Gas / Other: _____	_____
Appliance 2: _____	Oil / Gas / Other: _____	_____
Appliance 3: _____	Oil / Gas / Other: _____	_____

### CHIMNEY LINER

*If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.*

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ UL Listing: \_\_\_\_\_

Material of Liner: Stainless Steel \_\_\_\_\_ Aluminum \_\_\_\_\_

Size of Appliance Vent: \_\_\_\_\_ Size of Liner: \_\_\_\_\_ Height of Chimney: \_\_\_\_\_

Length of Connector: \_\_\_\_\_ Vent Connector Rise: \_\_\_\_\_

How does the appliance vent?  Natural Draft  Fan-assisted  Other: \_\_\_\_\_

### PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

#### For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

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

#### Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

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

#### Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

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

#### Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

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

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

*All applicable information requested on this form must be supplied.*

*This form may not be submitted by a homeowner in lieu of the required inspection.*

**IF YOU'RE NOT  
LEAD-SAFE CERTIFIED,  
DISTURBING  
JUST SIX  
SQUARE FEET  
COULD COST YOU  
BIG TIME.**

**GET LEAD-SAFE CERTIFIED BY APRIL 22, 2010.**



**If you're working on homes, schools or day care centers built pre-1978, you now must be EPA Lead-Safe Certified.**

### **WHAT**

The Lead-Based Paint Renovation, Repair and Painting (RRP) rule is a federal regulatory program affecting anyone who disturbs painted surfaces where lead may be present.

- Submit an application to certify your firm for five years.
- A one-day class will certify your renovators for five years.
- Learn the required steps to contain the work area, minimize dust and thoroughly clean up every day.

### **WHO**

• Any contractor, including renovators, electricians, HVAC specialists, plumbers, painters and maintenance staff, who disrupts more than six square feet of lead paint in pre-1978 homes, schools, day care centers and other places where children spend time.

### **WHY**

1. Avoid risk of government fines and civil liability:
  - Without certification and by not following approved practices, you and your company can face tens of thousands of dollars in fines and put yourself and your company at risk of potential lawsuits.
2. Protect your workers, yourself and your customers from a health risk:
  - Dust from renovation, repairs and painting can contaminate an entire home and, if inhaled or ingested, can cause irreversible damage to children and adults.
3. Gain competitive advantage:
  - Certification makes you stand out from others and positions you as a professional contractor consumers can trust. Using your company's certification in your marketing materials may help attract business.
  - Consumers will look for the certification before hiring contractors and may be more accepting of additional costs and time associated with doing the job safely.
  - Upon certification of your firm, your company will be listed as a Lead-Safe Certified Contractor on the EPA website, giving your firm the potential for new customers.

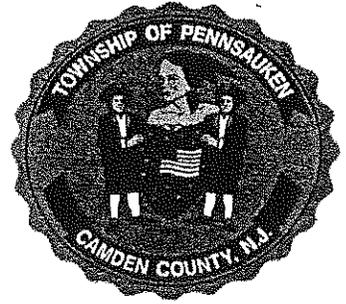
### **WHERE**

**To find an accredited trainer in your local area or get additional info, go to [epa.gov/getleadsafe](http://epa.gov/getleadsafe) or call 800-424-LEAD.**

### **WHEN**

**Now** – Certification requirements begin April 22, 2010.

**TOWNSHIP OF PENNSAUKEN  
OFFICE OF CONSTRUCTION OFFICIAL**



**MUNICIPAL BUILDING**

5605 N. Crescent Blvd. Pennsauken, New Jersey 08110  
Telephone: 856-665-1000 Fax: 856-488-1198

**Gary R. Burgin**  
*Construction Official*

**RESIDENTIAL PROJECTS**

The rules and regulation of the State Uniform Construction Code Act requires that certain information be submitted or provided that the plans may be properly examined for compliance. **Plans and applications will not be examined or a construction permit certificate issued without the required information!** Separate applications and plans must be filed for each building/structure.

**SITE PLANS**

\_\_\_ Minimum of two copies of the site plan to scale showing size and location of existing and new structures, established street grades, boundary grades, boundary line survey information and use of unoccupied space around the building where applicable, location of all utilities, soil analysis, ground water table investigation.

**PRIOR APPROVALS**

**(Found in N.J.A.C. 5:23-2.15(a)5.)**

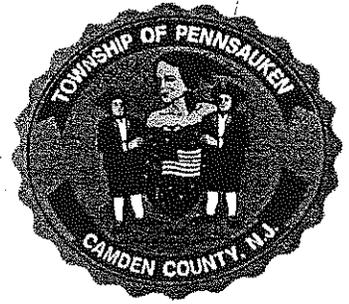
- \_\_\_ Planning Board or Zoning Board approval.
- \_\_\_ Sewer permit issued by Pennsauken Sewerage Authority.
- \_\_\_ Utility releases for demolition.
- \_\_\_ Merchantville/Pennsauken Water Department, Pennsauken Sewerage Authority and Camden County MUA approvals.
- \_\_\_ Approval letter from owners of the building for any construction.

**CONSTRUCTION PLANS**

**All requirements found in N.J.A.C. 5:23-2.15, the 2009 International Residential Building Code NJ Edition.**

- \_\_\_ Minimum of two copies of plans and specifications, seal and signature of the New Jersey licensed Engineer/architect must be affixed to each sheet. Homeowner may prepare their own plans subject to approval of the construction official.
- \_\_\_ Use group and Construction classification.
- \_\_\_ Foundation, floor, roof and structural plans, including two sets of sealed shop drawings and the layouts of all trusses, or if floor joist layouts of pre-manufactured material is intended to be used.
- \_\_\_ Fire resistance rating of all structural elements and supporting data.
- \_\_\_ Design loads clearly indicated for all parts of the building or structure.
- \_\_\_ Door, window and finish schedules.
- \_\_\_ Sections, details and connection, material designations.
- \_\_\_ Details of chimney, vents, ducts and their connections.
- \_\_\_ Details of HVAC equipment.
- \_\_\_ Energy code calculations pursuant to 2006 International Energy Conservation Code.
- \_\_\_ Electrical floor and ceiling plans including lighting, receptacles, motors and equipment, service entry location, panel locations, line diagram and size of wire, conduits and breakers.
- \_\_\_ Plumbing floor plan including fixtures, pipe sizes, equipment, isometric (riser diagram), fixture schedule and sewer disposal, location and type of backflow preventers, gas pipe riser diagram.

TOWNSHIP OF PENNSAUKEN  
OFFICE OF CONSTRUCTION OFFICIAL



**MUNICIPAL BUILDING**

5605 N. Crescent Blvd. Pennsauken, New Jersey 08110  
Telephone: 856-665-1000 Fax: 856-488-1198

Gary R. Burgin  
*Construction Official*

**COMMERCIAL PROJECTS**

The rules and regulation of the State Uniform Construction Code Act requires that certain information be submitted or provided that the plans may be properly examined for compliance. **Plans and applications will not be examined or a construction permit certificate issued without the required information!** Separate applications and plans must be filed for each building/structure.

**SITE PLANS**

\_\_\_ Minimum of two copies of the site plan to scale showing size and location of existing and new structures, established street grades, boundary grades, boundary line survey information and use of unoccupied space around the building where applicable, location of all utilities, soil analysis, ground water table investigation.

\_\_\_ Location of all utilities.

**PRIOR APPROVALS**

**(Found in N.J.A.C. 5:23-2.15(a)5.)**

- \_\_\_ Planning Board/Zoning Board approval.
- \_\_\_ Notation of the release of the plans by the DCA, Health department or any applicable State Agency.
- \_\_\_ Utility releases for demolition.
- \_\_\_ Merchantville/Pennsauken Water Department, Pennsauken Sewerage Authority and Camden County MUA approvals.
- \_\_\_ Utility releases for demolition and Asbestos abatement documentation.
- \_\_\_ Health Department approval for all restaurants or food handling businesses.
- \_\_\_ Approval letter from owners of the building for any construction.

**CONSTRUCTION PLANS**

**All requirements found in N.J.A.C. 5:23-2.15, the 2009 International Building Code  
NJ Edition.**

- \_\_\_ Minimum of two copies of plans and specifications, seal and signature of the New Jersey licensed Engineer/architect must be affixed to each sheet.
- \_\_\_ Use group and Construction classification.
- \_\_\_ Foundation, floor, roof and structural plans.
- \_\_\_ Occupancy loads
- \_\_\_ Fire resistance rating of all structural elements and supporting data.
- \_\_\_ Design loads clearly indicated for all parts of the building or structure.
- \_\_\_ Soils analysis.
- \_\_\_ Door, window and finish schedules.
- \_\_\_ Sections, details and connection, material designations.
- \_\_\_ Details of chimney, vents, ducts and their connections.
- \_\_\_ Details of HVAC equipment.
- \_\_\_ Barrier Free design details.
- \_\_\_ Details of elevator, dumbwaiter, moving stairs and conveyor equipment.
- \_\_\_ Details of plastics used in construction.
- \_\_\_ Details of fire protection systems including all shop drawings.
- \_\_\_ Electrical floor and ceiling plans including lighting, receptacles, motors and equipment, service entry location, panel locations, line diagram and size of wire, conduits and breakers.
- \_\_\_ Plumbing floor plan including fixtures, pipe sizes, equipment, isometric (riser diagram), fixture schedule and sewer disposal, location and type of backflow preventers, gas pipe riser diagram.
- \_\_\_ Details of all temporary construction safeguards.

**PENNSAUKEN TOWNSHIP BUILDING**  
**DEPARTMENT MEMORANDUM**

Effective immediately carbon monoxide detectors are required in any new or existing I-1, R-1, R-3, R-4 or R-5 use group that has a fuel burning appliance or an attached garage. New construction shall meet 5:23-3.20 Mechanical Code © Single station carbon monoxide alarms shall be installed and maintained in full operating condition in the immediate vicinity of each sleeping area in any guest room or dwelling unit located in a building listed above. They can be battery powered.

**NOTICE TO PERMIT APPLICANT**

The permit for which you have applied required that smoke detectors be installed in your dwelling unit, as per the Uniform Fire Safety Act, NJSA 52:27D-198.1, and the Rehabilitation Subcode of the Uniform Construction Code, NJAC 5:23-6.4(f).

Smoke detectors should be installed on each level of the dwelling, including in the basement. There should be a smoke detector in the vicinity of the bedrooms outside each separate sleeping area. The smoke detectors should be installed on or near the ceiling. Battery powered smoke detectors satisfy this requirement.

The installation of these smoke detectors does not require an inspection. Therefore, it is the responsibility of the home owner to ensure that the provisions of NJAC 5:23-6.4 (f) have been met.

Before signing the Certification in Lieu of Oath indicating that you are performing the work yourself, please consider the following:

1. The laws requiring new home builders to be registered and contractors in the various trades, such as plumbing or electrical work, to be licensed were adopted to protect homeowners and homebuyers. If you are signing this Certification to provide cover to an unlicensed homebuilder or contractor, you are forfeiting the protection afforded to you under the law. The contractor that you have hired may or may not be qualified. And if you encounter problems with this contractor, the government will not be able to help you because you signed the Certification indicating that you are performing the work yourself.

In the case of the construction of a new home, you are forfeiting your right to a new home warranty. Every new home builder in New Jersey is required to be registered with the State and to give a warranty to each purchaser. The warranty covers almost all defects in workmanship or materials, including appliances, for the first year; plumbing, mechanical (heating and air conditioning), and electrical systems for the first two years; and major structural defects for ten years. Further, the warranty will actually pay for the correction of defects if the builder fails or refuses to do so. By signing the Certification, you are giving up that protection.

2. You are violating the criminal laws of this State if you sign the Certification indicating that you are doing the work yourself when, in fact, you are paying someone else to do it.

Antes de firmar el certificado de "Lieu of Oath" indicando que usted esta haciendo el trabajo personalmente, por favor considera lo siguiente:

1. Las leyes que requieren el que haga viviendas sea registrados y contratistas en varias formas, como plomeria or electricidad, sea licesiado fueron adoptados para proteger los dueños corrientes or del future. Si usted esta firmando esta certification para teparle a un contratista sin licencia, usted esta negandose a la protectio bajo esta ley. El contratista que usted a elejido quisas es o quisas no es qualificado. Y si usted se encuentra con un problema con este cocntratista, el gobierno no podra ayudarle por que usted firmo el certificado indicando que usted mismo iso el trabajo.

En el caso de construction du un hogar nuevo, usted se esta negando a su derecho a su garantia de nuevo hogar. Cada contratista licenciado para preparar hogares nuevos in Nueva Jersey tiene que ser registrado con el estado y garantizar su trabajo a cada comprador. Le garantia cobre casi todos los defectos posibles en obra de mano o materials, incluyendo el equipo mayor por el primer año; plomeria, calefacion, aire central y sistema electric por los primeros dos años; y defectos majors de estructura por dies años. Ademas, la garantia en si pagaria para corejir cualquier defecto si el contratista no comple. En firmar el certificado usted esta negandose a esta protection.

2. Usted esta violando las leyes criminales de este estado si usted firma la certification indicando que usted esta hacienda el trabajo personalmente, si usted en verdad le esta pagando a otra persona para hacerlo.

**THE TOWNSHIP OF PENNSAUKEN**  
**APPLICATION FOR CONTRACTOR'S LICENSE**

New \_\_\_\_\_ Renewal \_\_\_\_\_ License #: \_\_\_\_\_

Federal Employer ID: \_\_\_\_\_

Name: (Print) \_\_\_\_\_ (Signature) \_\_\_\_\_

Trading as: \_\_\_\_\_

Address

Street: \_\_\_\_\_

Town: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**IF RENEWING A LICENSE DO NOT COMPLETE BEYOND THIS LINE**

Do you hold a contractor's license in any other city? \_\_\_\_\_  
If yes to the above list where they are held, maximum of three.

---

Give names and addresses of five owners you have done construction work for which exceeds \$500.00. If you have not worked independently within the last 2 years, list references which one must be an employer in the trade.

---

---

---

---

---

Note: LICENSE MUST BE RENEWED WITHIN ONE YEAR OF BEING RECEIVED.

Date issued: \_\_\_\_\_ Construction Official: \_\_\_\_\_

Payment: \_\_\_\_\_ Received by: \_\_\_\_\_

**Temporary Permit for Dumpsters and Roll-Off Containers**

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Reference #: \_\_\_\_\_

Placement Dates: \_\_\_\_\_ to \_\_\_\_\_

Applicant: \_\_\_ Contractor \_\_\_ Homeowner \_\_\_ Business \_\_\_ Location: \_\_\_ Street \_\_\_ Private Property

Applicant Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Property Address: \_\_\_\_\_

Dumpster Owner Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Address: \_\_\_\_\_

**Street Location**

Any container to be placed on a street or right of way shall be placed on the street in a legal parking space as approved or designed by the Township and shall be equipped with markers consisting of all yellow reflective diamond shaped panels having a minimum size of 18 " x 18 ". These reflective panels shall be mounted at the edge of the dumpster or container at both ends nearest the path of passing vehicles and facing the direction of oncoming traffic. These markers shall have a minimum height of 3' from the bottom of the panels to the surface of the roadway

Any permit issued for placement of a container on a street, right of way or other public property shall be valid for a period of 5 business days and the notice shall be prominently displayed indicating the commencement and expiration date of the permit.

**Private Property**

Any container placed on private property shall be placed on a suitable base to assure stability. If in the opinion of the Township Police, the location is sufficiently near to a public vehicular or pedestrian path, the permit may require suitable safety markings as set forth in the previous section above.

Any permit issued for placement of a container on private property shall be valid for a period of 10 business days and the notice shall be prominently displayed indicating the commencement and expiration date of the permit.

**The applicant is responsible for any damage to the roadway or other property caused by the placement of the dumpster or container.**

Signature of Applicant \_\_\_\_\_ I have read the above application regulations and agree to abide by them. This permit may be renewed for an additional 5 days, maximum of 3 times.

Police Approval / Denial for street by: \_\_\_\_\_ Date: \_\_\_\_\_

Private Property Approval / Denial by: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions / Reason for Denial: \_\_\_\_\_

**THE TOWNSHIP OF PENNSAUKEN**  
**APPLICATION FOR CONTRACTOR'S LICENSE**

New \_\_\_\_\_ Renewal \_\_\_\_\_ License #: \_\_\_\_\_

Federal Employer ID: \_\_\_\_\_

Name: (Print) \_\_\_\_\_ (Signature) \_\_\_\_\_

Trading as: \_\_\_\_\_

Address

Street: \_\_\_\_\_

Town: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**IF RENEWING A LICENSE DO NOT COMPLETE BEYOND THIS LINE**

Do you hold a contractor's license in any other city? \_\_\_\_\_  
If yes to the above list where they are held, maximum of three.

---

Give names and addresses of five owners you have done construction work for which exceeds \$500.00. If you have not worked independently within the last 2 years, list references which one must be an employer in the trade.

---

---

---

---

---

Note: LICENSE MUST BE RENEWED WITHIN ONE YEAR OF BEING RECEIVED.

Date issued: \_\_\_\_\_ Construction Official: \_\_\_\_\_

Payment: \_\_\_\_\_ Received by: \_\_\_\_\_