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			V. FEE SUMMARY (for office use only)	-	-
				SA CO	opdate
A Company A			2. Electrical		
Applicant Completes: Sections I, II, III (optional), IV, VI, and VII	nai), IV, VI, and VII		<ol> <li>Fire Protection</li> <li>Elevator Devices</li> </ol>		
I. IDENTIFICATION			•	\$	
1. Propsed Work Site at:			Subtotal	49	
2. Name of Owner in Fee:	Tel. (				
Address			-	45	
street	municipality	zip code	•		
3. Ownership in Fee: Public	Private			9	
	Tel. (	     	13. IOIAL	*	
Address				RISTICS	(office use only)
License No. OR, if new home, Builder Reg. No.		Exp. Date	Number of Structure	<b>+</b>	
Federal Employee No.	FAX: (	)	3. Area — Largest Floor	sq. nt.	
5. Architect or Engineer	Tel. (	·	4. New Building Area	sq. ft.	
Address	Contact		•	cu. ft.	
6. Responsible Person in Charge once Work has Begun		-	7. Total Land Area Disturbed	sq. ft.	
			•		
			Dase Flood Elevation     10. Wetlands yes	I	
Public			:		
Private			12. Max. Occupancy Load		
	OPTIONAL	OPTIONAL (for office use only)			
II. PROPOSED WORK Est. Cost	Plans Date Rejection	Viewer	Resubmission Dates Re-	A RESIDENTIAL	NG USE
<u> </u>				1. State Specific Use:	
_				2. Use Group:	
4. a. Repair				3. Change in Use Group, Indicate Former:	dicate Former:
b. Atteration				1	Income-
d. Reconstruction				4. No. of dwelling units:	All Units restricted
				Before Construction	
6. Plumbing				After Construction	
				Net Gain or Loss	
9. Asbestos Abat. Subch. 8				1 State Specific Use:	
				2. Use Group:	
11. Lemolition				3. Change in Use Group, Indicate Former:	icate Former:
TOTAL COSTS					
III. DO YOU WANT: (optional)	IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?	NG CONTAIN ANY OF THE FO	OLLOWING?		
□ Partial Releases	1.   Elevators/Escalators/Lifts/		Refrigeration Systems	8. Smoke Control Systems in Open Wells	Open Wells
2. Prototype Processing	2. ☐ High Pressure Boilers	5. ☐ Cross-Co 6. ☐ Hazardo	Cross-Connections/Backflow Preventers Hazardous Uses/Places of Assembly	<ol> <li>Underground Storage Tanks</li> <li>□ Swimming Pools, Spas and Hot Tubs</li> </ol>	s I Hot Tubs
	3.  Pressure Vessels	7. ☐ Sprinklers	w w		

## **CERTIFICATION IN LIEU OF OATH**

Signature\_\_\_\_

I.	C	1W	NER SECTION (to be completed	ed if the applicant is the owner in fee)
l h	ere	by (	certify that I am the owner in f	ee of the property listed on Page 1.
Ма	rk	the	following applicable boxes:	
<b>A</b> .	(	)	pancy. This dwelling is to b residential use. I attest that a subcontractors under my su new home is not covered under	ome (private residence) will be constructed on this property for my own use and occu- e occupied by myself and is not to be used for any purpose other than single family ill construction, plumbing, or electrical work will be done, in whole or in part, by me or by pervision, in accordance with all applicable laws; and, I further acknowledge that said der the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and sed to any person purchasing this property within ten years of the date of issuance of a
			THE WORK DONE ON SAID ANY WORK PERFORMED,	MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY NG THIS RESPONSIBILITY.
В.	(	)	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:
			tion, or repair to an existing son Page 1; or, 3) a new stru	ns submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renova- ingle family residence owned and occupied by myself and located on the property listed cture that will be physically separate from, but that will be deemed part of, an existing s owned and occupied by myself and located on the property listed on Page 1.
C.				orm or supervise the following work: C.2. () Fire Protection
			her certify that I will perform th ( ) Electrical	e following work: C.4. ( ) Plumbing
D.	(	)	I agree to advise all contractor Taxation and to comply with	ors on this project that they are required to be registered with the New Jersey Division of all New Jersey tax laws.
l fui and	the lo	er c cal	ertify the following as required prior approvals have been give	by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, ren, including such certification as the construction official may require.
l un	de	rsta	and that if any of the above sta	atements are willfully false, I am subject to punishment.
Sigi	nat	ure		Date
11.	A	3EI	NT SECTION (to be complete	d if the applicant is not the owner in fee)
l he	reb	у с	ertify the following as required	I by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee to make this application as his agent.
l fur and	the loc	er c cal	ertify the following as required prior approvals have been give	by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, ren, including such certification as the construction official may require.
			advise all contractors on this mply with all New Jersey tax la	project that they are required to be registered with the New Jersey Division of Taxation aws.
l un	deı	sta	and that if any of the above sta	tements are willfully false, I am subject to punishment.
( )	(	Che	eck if contractor.	
Age	nt l	Nar	me	
Tele	ph	one	) ( )	

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.