



PERMITS FOR RESIDENTIAL PROJECTS

A HOMEOWNERS GUIDE TO APPLYING FOR A PERMIT

Most homeowners will undertake some sort of home improvement project while living in their home but applying for a permit from the construction department can be intimidating to those who have never done it before. This information packet has been designed to assist homeowners to prepare their permit application when they are undertaking a remodeling project themselves for their own private residence such as kitchen remodels, bathrooms, bedrooms, main living areas, adding closets, etc. The topics covered will include the following:

1. The application itself.
2. Rehabilitation codes in New Jersey.
3. Building elements such as framing, fireblocking, and insulation.
4. Electrical requirements.
5. Plumbing requirements.
6. Fire Protection application.
7. Plan Review, inspections, and closing your permit.



Whether you are planning on doing the work yourself or hiring a contractor, this information will assist you so that your application process can go smoothly and ensure that all aspects of the project have been accounted for during your planning phase.

PERMIT APPLICATION

When applying for a construction permit, the first step is to get a permit application jacket along with several forms. These forms are available at the construction office or on the Township website and is governed by the New Jersey Uniform Construction Code, otherwise known as the UCC or Administrative Code. This code is regulated by the New Jersey Department of Community Affairs and is the law that governs the permitting process throughout the state.

The first form is the Construction Permit Application (Form FI00-1-3). Make sure that boxes 1 and 2 are filled out as completely as possible. If you are designing the project yourself, and/or you plan on doing all of the work yourself, then simply put "self" as principle contractor and/or architect or engineer. Next, on page 2 you will find "Certification in Lieu of Oath." This page must be signed by either the homeowner (if the homeowner is the designer), or the agent (if the design is made by an architect or engineer). Please note: According to New Jersey law, only owner occupants of single family homes or NJ licensed architects can prepare plans for home improvement projects. **Home improvement contractors are not authorized to prepare plans for your project.**

REHABILITATION CODES IN NEW JERSEY



For most homeowners, (and many professional contractors) the Rehabilitation Subcode for the State of New Jersey is confusing and a little intimidating. However, with a basic working knowledge of how and why the Rehabilitation code works, you can understand what is required for remodeling jobs and, perhaps more importantly, what isn't required.

What is it?

The Rehabilitation Subcode is a section (chapter 6) of the Uniform Construction Code of the State of New Jersey. This chapter establishes the guidelines for all existing buildings when a permit for any rehabilitation work is performed. Because many building codes change over time, the rehabilitation code's intent was to prevent existing buildings from being treated as new construction which can be overly burdensome especially for older buildings and for limited area remodeling. In other words, you won't have to bring your entire existing home up to the current building code standards if you are only doing a small remodeling project.

Types of rehabilitation work:

The Rehabilitation Subcode clarifies different sub-types of rehabilitation work. This is important because each sub-type has different specific requirements. Those requirements can be found in the code section after each type.

Ordinary Maintenance (2.7): The restoration or improvement of a routine or usual nature which is done by replacing a part of, or putting together, something that is worn or broken. For a complete list of what is considered Ordinary Maintenance, see NJAC 5:23-2.7. The good news is that items that are considered Ordinary Maintenance do not require a permit.

Repair (6.4): The restoration to a good or sound condition of materials, systems and/or components that are worn, deteriorated or broken using materials or components identical to or closely similar to the existing that does not include items that are considered Ordinary Maintenance. When repairs require a permit they will not require plans or drawings with the application in most cases.

Renovation (6.5): The removal and replacement or covering of existing interior finish, trim, doors, windows, or other materials with new materials that serve the same purpose and do not change the configuration of space. Renovation shall include the re- placement of equipment or fixtures. For example: Removing more than 25% of the interior drywall or plaster in an entire house and replacing with new drywall or replacing an entire exterior deck are considered renovations.

Alterations (6.6): The rearrangement of any space by the construction of walls or partitions or by a change in ceiling height, the addition or elimination of any door or window, the extension or rearrangement of any system, the installation of any additional equipment or fixtures and any work which reduces the loadbearing capacity of or which imposes additional loads on a primary structural component. For example: A kitchen or bathroom remodel where the plumbing fixtures are relocated, electrical outlets and/ or lights are added or taken away, or any walls or half-walls are rearranged in any way are considered alterations.

Reconstruction (6.7): Any project where the extent and nature of the work is such that the work area cannot be occupied while the work is in progress and where a new certificate of occupancy is required before the work area can be reoccupied. Reconstruction can include any one or a combination of the other types of rehabilitation work above. This sub-type of work would mean that the entire house is uninhabitable during the project and usually doesn't apply to smaller scale room rehabilitation.

Addition: An increase in the footprint area of a building or an increase in the average height of the highest roof surface or the number of stories of a building. Additions are treated as new construction and will need to comply with the current building code standards.

BUILDING

The Building portion of your application is the broadest category and will be required in most cases. Building includes, but is not limited to, demolition work, footings and foundations, concrete slabs, carpentry, insulation, ventilation, windows and doors, and interior and exterior coverings

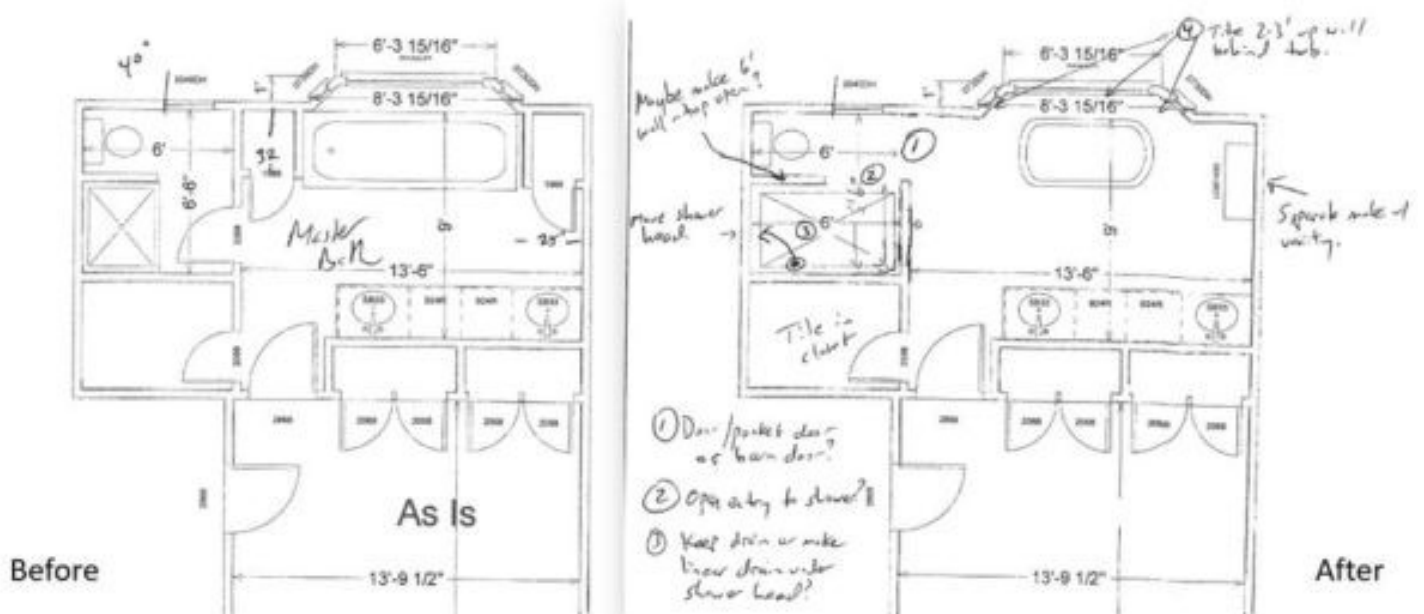
Unless your project is very simple, your application will likely include pictures of what you intend your project to look like when it is completed. It doesn't have to be a great work of art or drawn on a computer, but it does need to be drawn to scale and contain enough details so that we can make sure that all of the elements you intend to include meet or exceed the code standards (see the UCC citation to the right). Clarity is more important than neatness.

To show compliance with the Building Code, please include plan drawings and section drawings.

NJAC 5:23-2.15(F)1: Plans and specifications. The application for the permit shall be accompanied by no fewer than two copies of the specifications and of plans drawn to scale, with sufficient clarity and detail dimensions to show the nature and character of the work to be performed. Plans submitted shall be required to show only such detail and include only such information as shall be necessary to demonstrate compliance with the requirements of the code and these regulations or to facilitate inspections for code conformity.

PLAN DRAWING

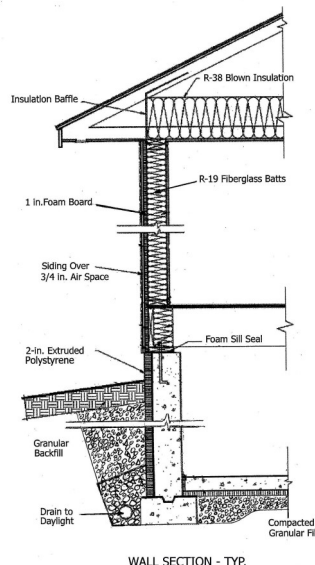
A plan drawing is the overhead view of the space within the scope of work. Locations of walls, doors, stairs, mechanical and plumbing equipment, or any other permanent elements should be identified on this drawing. If there are any existing walls or other elements that are not going to be removed, identify those elements as "existing" or, even better, provide another plan drawing showing how the space is currently configured so that all *alterations* (see page 2) to the space can be clearly identified.



BUILDING

SECTION DRAWING

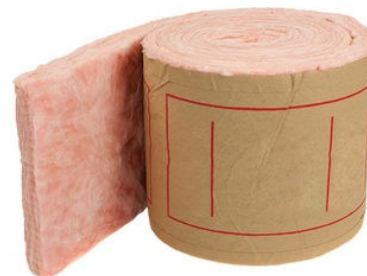
The section drawing shows a side view of a wall as if you were looking at a slice of the wall. This drawing shows important details pertaining to the construction of the wall including materials, insulation, and fireblocking. A section drawing is not needed for an interior remodeling project unless an exterior wall or major structural element is being re-built or altered as a part of the scope of work. See the example to the right.



IMPORTANT DETAILS AND CODE CONSIDERATIONS FOR BUILDING DESIGNS

(Please see last page of this packet for website to look up codes)

Insulation: Insulation will need to be installed only if an exterior wall or ceiling framing is exposed or replaced during the project. Minimum insulation values are to follow Table **N1102.1.3** but don't worry if the existing building cavities are too small to fit the levels in the code. If that is the case, simply put a note on your drawing that the maximum insulation possible will be installed.

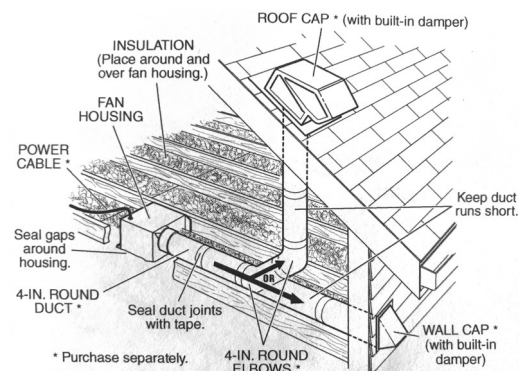


Safety (tempered) glass: If replacing or installing new windows are in your scope of work, see section **R308.4** to determine whether safety glass windows will need to be installed.

Bathroom exhaust fans: Exhaust fans in bathrooms are required unless there is an openable window (minimum 3 square feet) in the room. Whether required or not, if an exhaust fan is installed, it must discharge directly to the exterior of the building. See sections **R303.3**, **R303.5**, **R303.6**, and **M1504** for more information.



Kitchen exhaust hoods: Certain kitchen exhaust hoods that vent to the exterior of the home that exceed 400 CFM (cubic feet per minute) require additional make-up air to be included in the application. Please see section **M1503** for more information.



FIREBLOCKING

Fireblocking is the most commonly misunderstood framing detail when remodeling a home. The International Residential Code defines fireblocking as materials that are "installed to resist the free passage of flame to other areas of the building through concealed spaces." In other words, we are trying to slow the spread of fire through the structure of the house through areas that we cannot readily see, such as behind walls and ceilings and at the top and bottoms of concealed chases.

The area between the studs in walls are concealed spaces. The area between the framing members of the ceiling system above you and the floor system below you are other concealed spaces. Fireblocking uses an approved building material to separate the concealed air space inside the walls from the concealed air space in the floor and ceiling systems so that a fire inside the wall cannot spread quickly through the house framing.

Therefore, fireblocking is to be provided in the following areas:

- A. In all concealed spaces that connect vertical and horizontal cavities, such as where the top of the wall meets the ceiling framing above and the floor framing below.
- B. At openings created around pipes, ducts, cables, and wires. All holes that are drilled into the top plate or the bottom plate for any reason must have the space around the penetrating item filled completely with material such as an approved caulk or mineral wool insulation.
- C. In homes that were built prior to around 1950, the wall framing may be "balloon framed" which creates wall cavities that connect stories together. If these areas are exposed during a remodel, fireblocking must be installed between floor levels of the home.

For more information, see sections R302.11 and R302.11.1 in the 2021 International Residential Code.

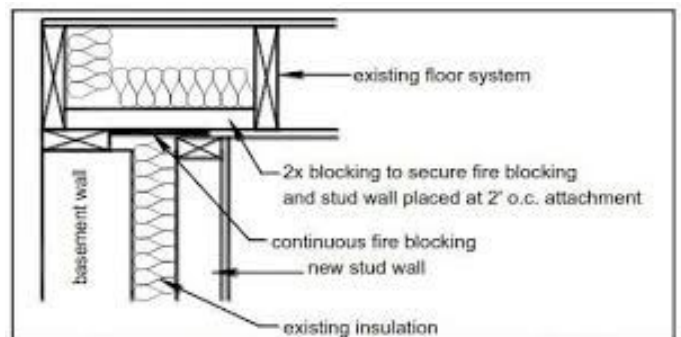
**** PLEASE NOTE ****

One needs to be very careful in choosing to use a foam sealant as fire-blocking material. It has come to our attention that several products that are marketed as "FIREBLOCK" or "FIRE SEAL" are NOT APPROVED as fire-blocking material in most situations in residential homes.

If using one of these products, please carefully look at the fine print on the label of the product and make sure that it has been tested and approved by one of the following standards:

ASTM E119 and/ or UL 263



If the label does not have one or both of these standards on it, the product is NOT approved as fire-block material and will need to be removed if installed.



FILLING OUT YOUR BUILDING APPLICATION

When filling out the Building Subcode Technical Section (UCC F110), there are key sections that must be completed.

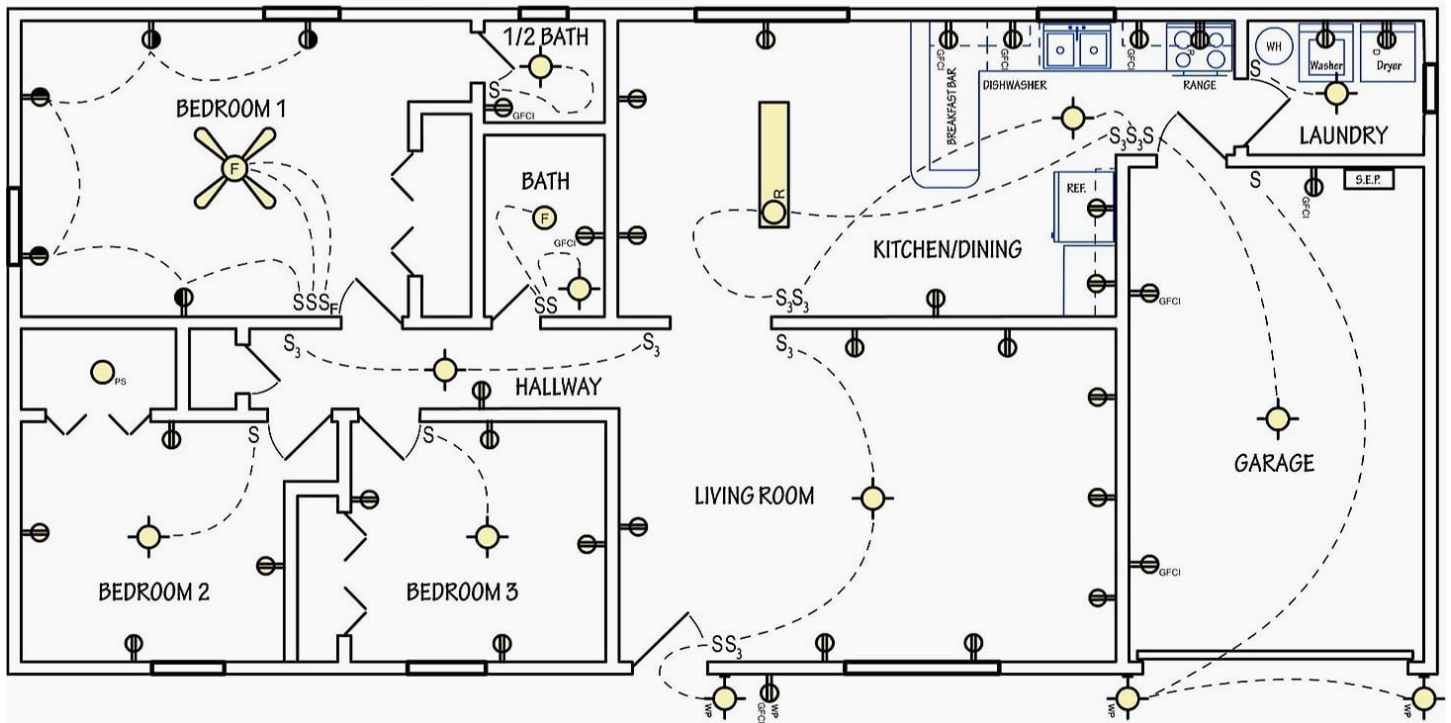
1. If using a professional contractor, make sure that the contractor's license number, registration number, and Federal Employment ID number are included in Section A.
2. In Section B, the most important piece of information for this type of project is the Estimated Cost of Building Work. The entire cost of the building portion is placed under number 2: Rehabilitation. Included in this amount is the estimated (and realistic) cost of materials and labor. Even if you plan on doing the work yourself and/ or getting your materials for little or no cost, your estimated cost is what a professional contractor would charge you as if they were doing all the work and purchasing all new materials.
3. Make sure you sign Section C.
4. In the box in Section D, simply write a general overview or brief description of your project such as "Kitchen remodel", "Bathroom remodel", "Convert closet into powder room", etc. Check the box for "Rehabilitation" under type of work.
5. Don't forget to include at least two copies of your plan and section drawings with your application if required.

	BUILDING SUBCODE TECHNICAL SECTION		<div style="text-align: right;"> Date Received Control # Date Issued Permit # </div>																																																																																																																																																
A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.		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.																																																																																																																																																	
Block _____ Lot _____ Qualification Code _____ Work Site Location _____ Owner in Fee _____ Address _____ Tel. (_____) _____ Contractor _____ Address _____ Tel. (_____) _____ FAX (_____) _____ Contractor License No. or Builder Registration No. _____ Federal Emp. No. _____		Signature _____ D. TECHNICAL SITE DATA <div style="border: 1px solid black; height: 150px; margin-top: 5px;"> DESCRIPTION OF WORK </div>																																																																																																																																																	
JOB SUMMARY (Office Use Only) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>PLAN REVIEW</th> <th>Date</th> <th>Initial</th> <th>INSPECTIONS</th> <th colspan="4">Dates (Month/Day)</th> </tr> <tr> <th></th> <th></th> <th></th> <th>Type:</th> <th>Failure</th> <th>Failure</th> <th>Approval</th> <th>Initial</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> No Plans Required</td> <td>_____</td> <td>_____</td> <td>Footing</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> All</td> <td>_____</td> <td>_____</td> <td>Footing Bonding</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Footing</td> <td>_____</td> <td>_____</td> <td>Foundation</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Foundation</td> <td>_____</td> <td>_____</td> <td>Slab</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Frame</td> <td>_____</td> <td>_____</td> <td>Frame</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td>_____</td> <td>_____</td> <td>Truss Sys./Bracing</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="3">Joint Plan Review Required:</td> <td>Barrier-Free</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator</td> <td></td> <td></td> <td>Insulation</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="3">SUBCODE APPROVAL</td> <td>Finishes -Base Layer</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA</td> <td></td> <td></td> <td>Finishes -Final</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Date: _____</td> <td></td> <td></td> <td>Energy</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Approved by: _____</td> <td></td> <td></td> <td>Mechanical</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td></td> <td></td> <td>TCO</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Other</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Final</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Barrier-Free</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)							Type:	Failure	Failure	Approval	Initial	<input type="checkbox"/> No Plans Required	_____	_____	Footing	_____	_____	_____	_____	<input type="checkbox"/> All	_____	_____	Footing Bonding	_____	_____	_____	_____	<input type="checkbox"/> Footing	_____	_____	Foundation	_____	_____	_____	_____	<input type="checkbox"/> Foundation	_____	_____	Slab	_____	_____	_____	_____	<input type="checkbox"/> Frame	_____	_____	Frame	_____	_____	_____	_____	<input type="checkbox"/> Other	_____	_____	Truss Sys./Bracing	_____	_____	_____	_____	Joint Plan Review Required:			Barrier-Free	_____	_____	_____	_____	<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Insulation	_____	_____	_____	_____	SUBCODE APPROVAL			Finishes -Base Layer	_____	_____	_____	_____	<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Finishes -Final	_____	_____	_____	_____	Date: _____			Energy	_____	_____	_____	_____	Approved by: _____			Mechanical	_____	_____	_____	_____				TCO	_____	_____	_____	_____				Other	_____	_____	_____	_____				Final	_____	_____	_____	_____				Barrier-Free	_____	_____	_____	_____	TYPE OF WORK: <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Roofing <input type="checkbox"/> Siding <input type="checkbox"/> Fence _____ Height (exceeds 6') <input type="checkbox"/> Sign _____ Sq. Ft. <input type="checkbox"/> Pool <input type="checkbox"/> Asbestos Abatement Subchapter 8 <input type="checkbox"/> Lead Haz. Abatement NJAC 5:17 <input type="checkbox"/> Other _____ <input type="checkbox"/> Demolition	
PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)																																																																																																																																															
			Type:	Failure	Failure	Approval	Initial																																																																																																																																												
<input type="checkbox"/> No Plans Required	_____	_____	Footing	_____	_____	_____	_____																																																																																																																																												
<input type="checkbox"/> All	_____	_____	Footing Bonding	_____	_____	_____	_____																																																																																																																																												
<input type="checkbox"/> Footing	_____	_____	Foundation	_____	_____	_____	_____																																																																																																																																												
<input type="checkbox"/> Foundation	_____	_____	Slab	_____	_____	_____	_____																																																																																																																																												
<input type="checkbox"/> Frame	_____	_____	Frame	_____	_____	_____	_____																																																																																																																																												
<input type="checkbox"/> Other	_____	_____	Truss Sys./Bracing	_____	_____	_____	_____																																																																																																																																												
Joint Plan Review Required:			Barrier-Free	_____	_____	_____	_____																																																																																																																																												
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Insulation	_____	_____	_____	_____																																																																																																																																												
SUBCODE APPROVAL			Finishes -Base Layer	_____	_____	_____	_____																																																																																																																																												
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Finishes -Final	_____	_____	_____	_____																																																																																																																																												
Date: _____			Energy	_____	_____	_____	_____																																																																																																																																												
Approved by: _____			Mechanical	_____	_____	_____	_____																																																																																																																																												
			TCO	_____	_____	_____	_____																																																																																																																																												
			Other	_____	_____	_____	_____																																																																																																																																												
			Final	_____	_____	_____	_____																																																																																																																																												
			Barrier-Free	_____	_____	_____	_____																																																																																																																																												
B. BUILDING CHARACTERISTICS Use Group Present _____ Proposed _____ Constr. Class 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. Total Land Area Disturbed _____ Sq. Ft.		Est. Cost of Bldg. Work: 1. New Bldg. \$ _____ 2. Rehabilitation \$ _____ 3. Total (1+ 2) \$ _____																																																																																																																																																	
		FEE (Office Use Only) \$ _____ Administrative Surcharge \$ _____ Minimum Fee \$ _____ State Permit Surcharge Fee \$ _____ TOTAL FEE \$ _____																																																																																																																																																	
		U.C.C. F110 (rev. 07/03) 1 White = Inspector Copy 3 Pink = Office Copy 2 Canary = Office Copy 4 Gold = Applicant Copy																																																																																																																																																	

ELECTRICAL

WARNING: Due to the inherent risks involved with working with electricity, depending on your comfort level and experience, we would highly recommend that you hire a professional, NJ licensed, electrical contractor to help design and install the electrical components in your project. A licensed electrical contractor can fill out the electrical permit form for you and place their raised seal on your design or on a design that they draw up based on your input. The design can also be made by a NJ licensed design professional such as an architect or engineer. If, however, you feel that you are experienced and knowledgeable enough to do your own electrical work, you are allowed to do so provided that you are doing the work in your own primary residence. Just bear in mind that it is not the duty of the electrical inspector to train or instruct you as to the proper way to complete your project, and you are assuming all responsibility and liability should your project have any mishaps.

The locations of outlet receptacles, switches, and permanent light fixtures should be identified on your plan drawing, as in the example below.



BASIC ELECTRICAL REQUIREMENTS FOR SINGLE FAMILY HOMES

When planning your own electrical remodeling design, whether you plan to do the installation yourself or hire an electrical contractor, your plans should include the following basic requirements.

1. All newly installed electrical devices must comply with the National Electric Code (NEC NFPA 70) Sections 210.52 and 210.70.
2. Any newly installed receptacle outlets located in bathrooms, kitchens, laundry rooms, unfinished basements, garages , or on the outside of the house must be GFCI (Ground Fault Circuit Interrupter) protected.
3. All newly installed receptacle outlets within a home must be Tamper Resistant.
4. If your project is considered a *Reconstruction* (see page 2), the entire electrical system of the home must be compliant with the latest edition of the National Electrical Code per NJAC 5:23-6.7(i).

Above requirements are per NJAC 5:23-6.27(f)



Tamper Resistant Outlet




GFCI protected exterior outlet


FILLING OUT YOUR ELECTRICAL APPLICATION

When filling out the Electrical Subcode Technical Section (UCC F120), there are key sections that must be completed.

1. If using a professional contractor, make sure that the contractor's license number, registration number, Federal Employment ID number, and raised professional seal are included in Section A. If not using a contractor, put "self" as the contractor.
2. In Section B, include just the Estimated Cost of Electrical Work.
3. Make sure you or your contractor sign Section C.
4. In the box in Section D, simply write a two to six word description of your project such as "Kitchen remodel", "Bathroom remodel", "Convert closet into powder room", etc. Check the box for "Rehabilitation" under type of work. Count up all of the electrical elements on your plan and place those numbers on the quantity table.
5. Don't forget to include at least two copies of your plan drawings with your application showing the locations of all electrical elements. If your electrical contractor prepared the drawing, make sure their raised seal is on the drawing.



**ELECTRICAL SUBCODE
TECHNICAL SECTION**



Date Received
Control # _____

Date Issued
Permit # _____

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 _____

Address _____

Tel (_____) _____

Contractor _____

Address _____

Tel (_____) _____ FAX (_____) _____

Contractor License No. _____

Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. 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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature _____

[] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	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 Disposal	_____
_____	_____	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	_____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
[] No Plans Required			Type:	Failure Failure Approval Initial
Joint Plan Review Required:			Rough	_____
[] Building [] Plumbing			Barrier-Free	_____
[] Fire [] Elevator			Trench	_____
[] Elec. Plans Approved			Temp. Serv.	_____
Date: _____			Constr. Serv.	_____
Approved by: _____			TCO	_____
			Other	_____
			Service	_____
			Final	_____
			Barrier-Free	_____
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued	_____
[] CO [] CCO [] CA			Final Cut-in-Card Date Issued	_____
Date: _____			Annual Pool Inspection	_____
Approved by: _____			Date of Grounding and Bonding Certification	_____

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



Remember, working with electricity can be very dangerous to yourself and to your family. Only those who have received proper training should attempt to install electrical wiring or equipment.

PLUMBING

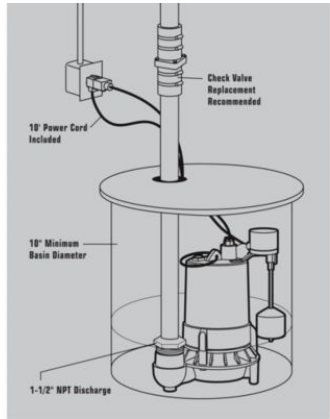
WARNING: Similar to electrical, depending on your comfort level and experience, we would highly recommend that you hire a professional, NJ licensed, plumbing contractor to help design and install the plumbing components in your project. A licensed plumbing contractor can fill out the plumbing permit form for you and place their raised seal on your design or on a design that they draw up based on your input. The design can also be made by a NJ licensed design professional such as an architect or engineer. If, however, you feel that you are experienced and knowledgeable enough to do your own plumbing work, you are allowed to do so provided that you are doing the work in your own primary residence. Just bear in mind that it is not the duty of the plumbing inspector to train or instruct you as to the proper way to complete your project, and you are assuming all responsibility and liability should your project have any mishaps.

WHAT SORT OF PLUMBING WORK NEEDS A PERMIT?

As discussed on page 2, most plumbing work in an existing home will fall into one of two rehabilitation categories: *Ordinary Maintenance* or *Alteration*.

If a plumbing fixture is being replaced such as switching out a toilet or sink, but is going back in the exact same place with no adjustments to the plumbing pipes, then that is considered *Ordinary Maintenance* and doesn't require a permit. However, if the location of the fixture is being moved (even a little bit) which will require the pipes to be moved, adjusted, or replaced or if you are adding another fixture such as turning a vanity into a double vanity, then that is considered *Alteration* and does require a permit.

Other common plumbing situations that require permits would be installing a lawn irrigation system (sprinklers) or adding any appliance or fixture connected to the plumbing system that was not already present.



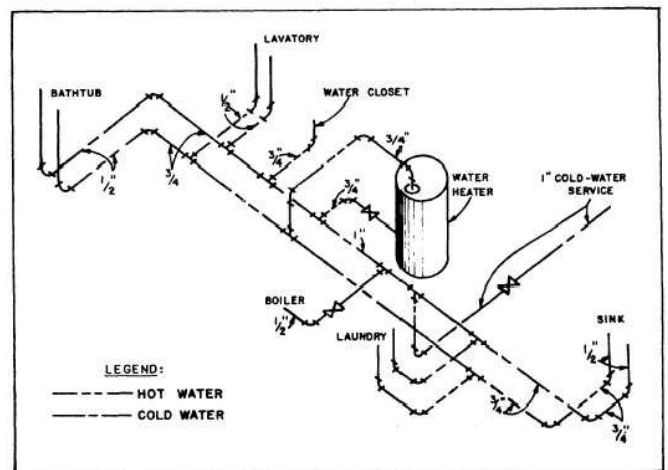
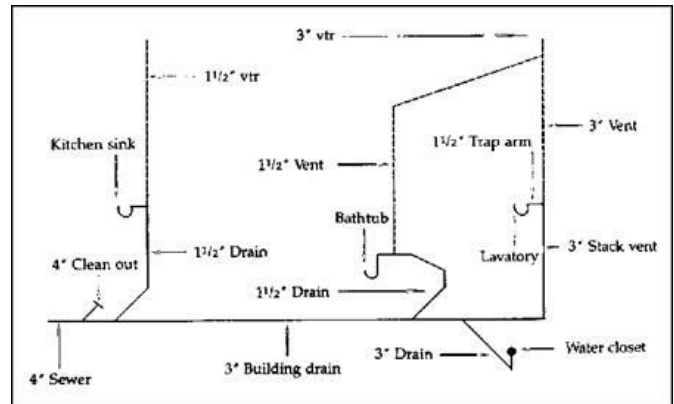
PLUMBING

RISER DIAGRAMS

Depending on the complexity of your project, you may be requested by the Plumbing Subcode Official to provide a “Riser Diagram”. A riser diagram is a non-scaled schematic drawing that illustrates the size and materials for plumbing pipes in your system.

On this page are examples of plumbing riser diagrams for water supply and waste pipes. Sometimes a simple line diagram will do.

If you are uncomfortable preparing these types of drawings, have a NJ licensed plumbing contractor or design professional prepare them for you.



REPLACING WATER HEATERS

Yes, you need a permit to replace a water heater in an existing home. In order to submit a permit application for a replacement water heater, you will need the following forms and paperwork:

Gas or Oil fueled water heaters:

1. A Mechanical Inspection permit application (UCC F145).
2. A Chimney Verification for Replacement of Fuel-Fired Equipment (UCC F370).
3. Technical specifications sheet (aka. “Cut sheet) for the specific equipment to be installed.

Electric water heaters:

1. Electrical and Plumbing permit applications (UCC F120 & F130).
2. Technical specifications sheet (aka. “Cut sheet) for the specific equipment to be installed.

This is considered Minor Work (see page 2) so plans are not required and, if this is an emergency (because it usually is) you can go ahead and do the job right away as long as you inform the Construction Office and submit your permit application within five business days per NJAC 5:23-2.17A(b).



FILLING OUT YOUR PLUMBING APPLICATION

When filling out the Plumbing Subcode Technical Section (UCC F130). there are key sections that must be completed.

1. If using a professional contractor, make sure that the contractor's license number, registration number, Federal Employment ID number, and raised professional seal are included in Section A. If not using a contractor, put "self" as the contractor
2. In Section B, include just the Estimated Cost of Plumbing work. Also, please indicate whether your water and sewer is public or private.
3. Make sure you or your contractor sign Section C.
4. In Section D, "Technical Site Data", count up all of the plumbing elements on your plan and place those numbers on the quantity table. And, in case you didn't know, a "Water Closet" is a toilet and a "Lavatory" is a bathroom sink.
5. If required, include at least two copies of your riser diagrams with your application showing the type and sizes of the plumbing pipes. If your plumbing contractor prepared the drawing, make sure their raised seal is on the drawing and on the application.

PLUMBING SUBCODE TECHNICAL SECTION		Date Received Control # _____ Date Issued Permit # _____																																																																																																																																																												
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 _____																																																																																																																																																														
Address _____																																																																																																																																																														
Tel (_____) _____																																																																																																																																																														
Contractor _____																																																																																																																																																														
Address _____																																																																																																																																																														
Tel (_____) _____ FAX (_____) _____																																																																																																																																																														
Contractor License 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 \$ _____																																																																																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">JOB SUMMARY (Office Use Only)</th> <th colspan="4" style="text-align: center;">Dates (Month/Day)</th> </tr> <tr> <th colspan="2" style="text-align: left;">PLAN REVIEW</th> <th colspan="4"></th> </tr> <tr> <td colspan="2"><input type="checkbox"/> No Plans Required</td> <td colspan="4"></td> </tr> <tr> <td colspan="2">Joint Plan Review Required:</td> <td colspan="4"></td> </tr> <tr> <td><input type="checkbox"/> Building</td> <td><input type="checkbox"/> Electric</td> <td colspan="4"></td> </tr> <tr> <td><input type="checkbox"/> Fire</td> <td><input type="checkbox"/> Elevator</td> <td colspan="4"></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Plumbing Plans Approved</td> <td colspan="4"></td> </tr> <tr> <td colspan="2">Date: _____</td> <td colspan="4"></td> </tr> <tr> <td colspan="2">Approved by: _____</td> <td colspan="4"></td> </tr> <tr> <th colspan="2" style="text-align: left;">SUBCODE APPROVAL</th> <th colspan="4"></th> </tr> <tr> <td><input type="checkbox"/> CO</td> <td><input type="checkbox"/> CCO</td> <td><input type="checkbox"/> CA</td> <td colspan="3"></td> </tr> <tr> <td colspan="2">Date: _____</td> <td colspan="4"></td> </tr> <tr> <td colspan="2">Approved by: _____</td> <td colspan="4"></td> </tr> <tr> <th colspan="2" style="text-align: left;">INSPECTIONS</th> <th colspan="4"></th> </tr> <tr> <td>Type:</td> <td></td> <td>Failure</td> <td>Failure</td> <td>Approval</td> <td>Initial</td> </tr> <tr> <td>Slab</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Rough</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Water</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sewer</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fixtures</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Gas Equipment</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Gas Piping</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LP Gas Tank</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fuel Oil Piping</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Solar</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TCO</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			JOB SUMMARY (Office Use Only)		Dates (Month/Day)				PLAN REVIEW						<input type="checkbox"/> No Plans Required						Joint Plan Review Required:						<input type="checkbox"/> Building	<input type="checkbox"/> Electric					<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator					<input type="checkbox"/> Plumbing Plans Approved						Date: _____						Approved by: _____						SUBCODE APPROVAL						<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA				Date: _____						Approved by: _____						INSPECTIONS						Type:		Failure	Failure	Approval	Initial	Slab						Rough						Water						Sewer						Fixtures						Gas Equipment						Gas Piping						LP Gas Tank						Fuel Oil Piping						Solar						TCO					
JOB SUMMARY (Office Use Only)		Dates (Month/Day)																																																																																																																																																												
PLAN REVIEW																																																																																																																																																														
<input type="checkbox"/> No Plans Required																																																																																																																																																														
Joint Plan Review Required:																																																																																																																																																														
<input type="checkbox"/> Building	<input type="checkbox"/> Electric																																																																																																																																																													
<input type="checkbox"/> Fire	<input type="checkbox"/> Elevator																																																																																																																																																													
<input type="checkbox"/> Plumbing Plans Approved																																																																																																																																																														
Date: _____																																																																																																																																																														
Approved by: _____																																																																																																																																																														
SUBCODE APPROVAL																																																																																																																																																														
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA																																																																																																																																																												
Date: _____																																																																																																																																																														
Approved by: _____																																																																																																																																																														
INSPECTIONS																																																																																																																																																														
Type:		Failure	Failure	Approval	Initial																																																																																																																																																									
Slab																																																																																																																																																														
Rough																																																																																																																																																														
Water																																																																																																																																																														
Sewer																																																																																																																																																														
Fixtures																																																																																																																																																														
Gas Equipment																																																																																																																																																														
Gas Piping																																																																																																																																																														
LP Gas Tank																																																																																																																																																														
Fuel Oil Piping																																																																																																																																																														
Solar																																																																																																																																																														
TCO																																																																																																																																																														
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	_____																																																																																																																																																												
_____	LP Gas Tank	_____																																																																																																																																																												
_____	Steam Boiler	_____																																																																																																																																																												
_____	Hot Water Boiler	_____																																																																																																																																																												
_____	Sewer Pump	_____																																																																																																																																																												
_____	Interceptor/Separator	_____																																																																																																																																																												
_____	Backflow Preventer	_____																																																																																																																																																												
_____	Greasetrap	_____																																																																																																																																																												
_____	Sewer Connection	_____																																																																																																																																																												
_____	Water Service Connection	_____																																																																																																																																																												
_____	Stacks	_____																																																																																																																																																												
_____	Other _____	_____																																																																																																																																																												
_____	Other _____	_____																																																																																																																																																												
		Administrative Surcharge \$ _____ Minimum Fee \$ _____ State Permit Surcharge Fee \$ _____ TOTAL FEE \$ _____																																																																																																																																																												
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 <input type="checkbox"/> Licensed Plumbing Contractor <input type="checkbox"/> Exempt Applicant																																																																																																																																																														
U.C.C. F130 (rev. 01/04)																																																																																																																																																														
1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy																																																																																																																																																														

FIRE PROTECTION

Fire protection applications in residential homes are typically for things like smoke alarms, carbon monoxide alarms, home heating oil tank replacement or removal, or fire sprinkler systems. For the common home remodeling project, a Fire Protection application would be required if smoke or carbon monoxide alarms are being re-located and/ or added to your existing system or the project involves the creation of a new bedroom (sleeping quarters). Fire protection applications are also required for new kitchen exhaust hood systems that are over 400 CFMs.

SMOKE/ CARBON MONOXIDE ALARMS

Smoke alarms are required in each sleeping room, outside and in the immediate vicinity of each sleeping room (such as a hallway) and at least one unit on each level of the home including basements and habitable attics. Smoke alarms are not required in crawl spaces or unfinished attics.

Carbon monoxide alarms are required in homes that have fuel-burning appliances and/ or an attached garage. They are to be located outside and in the immediate vicinity of each sleeping room (such as a hallway). CO alarms are not required anywhere else in the home. Combination smoke/ CO alarms may be installed in lieu of two separate units where both smoke and carbon monoxide alarms are required.

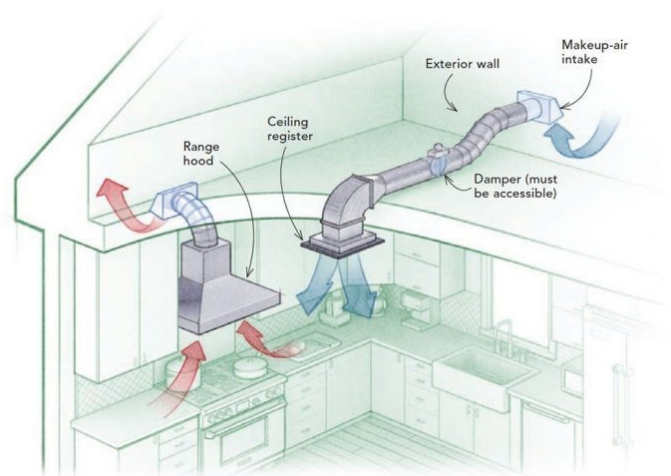
Whenever possible, new smoke and CO alarms should be interconnected meaning if one goes off, they all go off. This can be done with units that are tied directly into the home's electrical system, using low voltage wiring, or even some units can communicate with each other via wireless connections. If your project is a *Reconstruction* (see page 2), interconnected smoke and CO alarms are mandatory.



KITCHEN HOODS

Due to the general air tightness of modern homes, kitchen exhaust hood fans that direct air to the outside of the home and that are over 400 CFM (cubic feet per minute) will require additional make-up air. See section **M1503.6**. If make-up air is not provided for these larger exhaust hoods, it is possible that air could be drawn down chimneys or heater flues which could create a dangerous carbon monoxide build-up in the house.

Be sure when choosing your appliances that you check the CFM rating for the exhaust hood to determine whether make-up air is required.



FILLING OUT YOUR FIRE PROTECTION APPLICATION

When filling out the Fire Protection Subcode Technical Section (UCC F140), there are key sections that must be completed.

1. If using a professional contractor, make sure that the contractor's license number, registration number, Federal Employment ID number, and raised professional seal are included in Section A. If not using a contractor, put "self" as the contractor. Alarm systems are typically installed by either a specialized alarm system contractor or a NJ licensed electrical contractor.
2. In Section B, include just the Estimated Cost of Fire protection portion of the work.
3. Make sure you or your contractor sign Section C.
4. In the box in Section D, simply write a two to six word description of your project such as "Kitchen remodel", "Bathroom remodel", "Convert closet into powder room", etc. Under "Alarm Systems", place the number of smoke and carbon monoxide alarms included in the scope of your project.
5. Don't forget to include at least two copies of your plan drawings with your application showing the locations of all alarms. If your electrical contractor prepared the drawing, they can place the smoke and CO alarms on the electrical plans.
6. If your permit includes a kitchen exhaust hood over 400 CFMs, put the number of devices next to "Kitchen Hood Exhaust System" in the Other Systems category.

UCC F140 UNIFORM CONSTRUCTION CODE		FIRE PROTECTION SUBCODE TECHNICAL SECTION		Date Received Control #	
A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.				C. CERTIFICATION IN LIEU OF OATH	
Block _____ Lot _____ Qualification Code _____				I hereby certify that I am the (agent of) owner of record and am authorized to make this application.	
Work Site Location _____				Applicant sign/Contractor sign and seal here: _____	
Owner in Fee: _____				Print name here: _____	
Tel. (____) _____ e-mail _____				<input type="checkbox"/> Certified Contractor <input type="checkbox"/> Exempt Applicant	
Address _____ street _____ municipality _____ zip code _____				D. TECHNICAL SITE DATA	
Contractor: _____ Tel. (____) _____				DESCRIPTION OF WORK:	
Address _____ e-mail _____				Water Supply Source _____	
Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____				Method of Alarm/Suppression System Supervision _____	
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____					
Fire Alarm Contractor No. _____ Exp. Date _____					
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____					
Federal Emp. ID No. _____ FAX: (____) _____					
B. FIRE PROTECTION CHARACTERISTICS					
Use Group: Present _____ Proposed _____				Flammable/Combustible Tanks	
Constr. Class: Present _____ Proposed _____				Alarm Systems	
Heating System: <input type="checkbox"/> New OR <input type="checkbox"/> Modification to Existing				<input type="checkbox"/> System	
OR <input type="checkbox"/> Conversion OR <input type="checkbox"/> Replacement				<input type="checkbox"/> 110v Interconnected	
Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Solar				<input type="checkbox"/> CO Detectors/110v	
Other _____				Alarm Devices (i.e., smoke, heat, pulls, water/flow)	
Location: _____				Supervisory Devices (i.e., tampers, low/high air)	
Total Cost of Fire Protection Work \$ _____				Signaling Devices (i.e., horn/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 _____	
				FM200 Suppression _____	
				Other _____	
				Other Systems	
				Kitchen Hood Exhaust System _____	
				Smoke Control System _____	
				Fuel-Fired Appliances <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid _____	
				Fireplace Venting/Metal Chimney _____	
				Other _____	
				Administrative Surcharge \$ _____	
				Minimum Fee \$ _____	
				State Permit Surcharge Fee \$ _____	
				TOTAL FEE \$ _____	

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	Alarm System	_____	_____	_____	_____
<input type="checkbox"/> Partial -Underslab Utilities Approved	Suppression Sys.	_____	_____	_____	_____
Date: _____ Approved by: _____	Standpipe	_____	_____	_____	_____
<input type="checkbox"/> Fire Protection Plans Approved	Fire Pump	_____	_____	_____	_____
Date: _____ Approved by: _____	Pre-Eng. System	_____	_____	_____	_____
Joint Plan Review Required:	Mechanical	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Elev.	Smoke Control	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	TCO	_____	_____	_____	_____
Date: _____	Flam/Combust Tanks	_____	_____	_____	_____
Approved by: _____	Fireplace Venting	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Final	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Other	_____	_____	_____	_____
Date: _____					
Approved by: _____					

U.C.C. F140 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLAN REVIEW, INSPECTIONS, AND CLOSING YOUR PERMIT

UNDERSTANDING THE PROCESS

PLAN REVIEW

Once you have finished filling out all of your forms and completed all of your drawings and plans, you may now submit your application to the Construction office for review. According to the New Jersey Uniform Construction Code, (NJAC 5:23-2.16(a)) the Construction office has twenty (20) business days to review your application and, if it is found to be deficient in any way, to respond in writing specifically what needs to be corrected to bring the application into compliance. Once a written re-submittal is received by the Construction office, a response to the re-submittal will be made within seven (7) business days.

If your application is denied, the response letter from each of the different plans examiners will likely contain questions for clarification and/ or code references that justify their denial. If your application is denied, here is what you should do:

First, try looking up the codes cited in the response on the internet. Just about all of the codes and standards that are used in the State of New Jersey are available for free searching and viewing on the internet. See the last page of this publication for the links to the various code books.

If you still are unsure as to what the plans examiner is asking for, by all means, call the Construction Office during regular business hours. We are here to help.

ISSUANCE OF YOUR PERMIT

After plan review is complete and your permit has been approved, you will be notified by the construction office. You will be informed as to how much your permit fee will be at this time. Permit fees are determined by the Fee Schedule which is adopted via an ordinance by each municipality under the guidelines set forth by the NJ Uniform Construction Code (NJAC 5:23-4.17). Permit fee schedules are available to the public through your local construction office and can be found on the township's website.

Construction permits are issued from your local Construction office during regular business hours. Work on your project should not get started until your permit has been paid for and issued.

Along with your paperwork will be a yellow placard that contains your permit number and a brief description of the project the permit is for. Please place this yellow placard in a window that faces the front of your property for the duration of your project.



PLAN REVIEW, INSPECTIONS, AND CLOSING YOUR PERMIT

UNDERSTANDING THE PROCESS

INSPECTIONS

Finally, after your permit has been approved, paid for, and picked up, construction may begin. Depending on the complexity of your project, you will need to stop at certain points so that our inspectors can make sure you are on the right track and that the minimum code requirements are being met.

When scheduling inspections, be sure to have your permit number and your work site address ready and allow at least 24 hours notice. Unfortunately, schedulers are unable to set rigid appointment times due to the nature and volume of inspections that are performed throughout the township every day but we do have qualified professional inspectors who are available Monday, Wednesday, and Friday from 8 am to 12 pm.

The following are the most common inspections that will be required for the average home remodeling project and are scheduled in this order:

1. Rough Electrical, Rough Fire Protection, and/or Rough Plumbing
2. Building Framing and/or Mechanical
3. Building Insulation
4. Building, Electrical, Fire Protection, and/or Plumbing Finals

This is not an exhaustive list of inspections and additional inspections may also need to be scheduled such as footings, foundations, concrete slabs, above ceiling (for suspended ceilings), exterior sheathing, etc. A complete list of inspections is available from the construction office.

CLOSING YOUR PERMIT

Once your project is completed, it is important to remember to schedule your Final inspections. You should not occupy, move furniture into, or otherwise use the space in the work area until the Final inspections have been approved for your own safety. Also, if you are using a professional contractor, you are within your legal rights to withhold final payment to your contractor until all Final inspections have been approved.

After all Final inspections are approved, the permit will be automatically closed by the construction office. In the case of an *addition or reconstruction (see page 2)*, a **Certificate of Occupancy** will be issued. In the case of any other type of rehabilitation permit, a **Certificate of Approval** is generated. If you would like a copy of the Certificate of Approval, a PDF copy can be emailed to you or you can request a hard copy at the construction office.

FINAL THOUGHTS...

ZONING

Most interior remodeling projects will not require approval from the Zoning Department but please ask whether your project will require zoning approval when picking up your application paperwork. Projects that will effect the footprint, appearance of the exterior, or adds structures, a swimming pool, or fencing to your property will require a zoning application. Also, if you are adding a bedroom to your home and you are on a private septic system, you will need Burlington County Board of Health approval to assure that your present septic system is capable of handling the number of occupants living in the home.

INTERNATIONAL RESIDENTIAL CODE 2021 (NJ EDITION)

The IRC 2021 is the adopted code for single family homes in the State of New Jersey. If you are designing your own project, it is a good idea to look up the codes as you are making your design.

A read-only version of this code book can be viewed at [UCC One- & Two-Family Dwelling Subcode based on the International Residential Code 2021 \(IRC 2021\) \(up.codes\)](#)

The plumbing code is the National Standard Plumbing Code 2021 and that can be viewed at [2021 NSPC \(iapmo.org\)](#)

The electric code is the National Electric Code 2020 (NFPA 70) and that can be viewed at [UCC Electrical Subcode based on the NFPA 70, 2020 \(up.codes\)](#)

UNIFORM CONSTRUCTION CODE (UCC) FOR THE STATE OF NEW JERSEY

The Uniform Construction Code is the administrative code for all construction projects throughout the State. This very lengthy book contains all the rules and regulations regarding permits, governance, fees, enforcement, rehabilitation, licensing, etc. If you need to look up a specific regulation (such as a comment in a plan review) you can view this publication can be viewed at [NJ Department of Community Affairs](#)

HIRE A DESIGN PROFESSIONAL

If you don't feel comfortable designing your own project or if your vision for your project is more complicated than you can handle, you can always hire a NJ licensed Architect to do it for you. The advantage of hiring a design professional is that their drawings may be submitted with your application and you don't have to draw the designs yourself. Plus, you can take advantage of a professional who has years of experience and may be able to incorporate design elements that you may not have thought of.

WELCOME TO THE 21ST CENTURY!

Applying for your permits online

It is now possible to apply for permits online through our management software, Spatial Data Logic. Signing up is simple.

First, go to sdl.town/pembertontwp

Click the “Sign Up” button.

Fill out the required information.

Search “Pemberton” as your primary town.

Then click the verification link in the confirmation email sent to the address that you provide.

That’s it! It’s that simple!

Once you’ve opened your account, you can:

Apply for permits

Schedule inspections

Search property and permit records

(Coming soon) Make payments for permit applications

