

TOWNSHIP OF PISCATAWAY
 Construction & Bldg. Regs. Div.
 455 Hoess Lane
 Piscataway, NJ 08854
 (732) 562-2325



**BUILDING 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. or Builder Registration No. _____
 Federal Emp. No. _____

C. CERTIFICATION IN LIEU OF OATH
 I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Approval	Initial
<input type="checkbox"/> No Plans Required	_____	_____	Type: Footing	Failure	_____	_____
<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	_____	_____	_____
			Barrier-Free	_____	_____	_____
			Insulation	_____	_____	_____
			Finishes -Base Layer	_____	_____	_____
			Finishes -Final	_____	_____	_____
			Energy	_____	_____	_____
			Mechanical	_____	_____	_____
			TCO	_____	_____	_____
			Other	_____	_____	_____
			Final	_____	_____	_____
			Barrier-Free	_____	_____	_____

Joint Plan Review Required:
 Elec. Plumb. Fire Elevator
 SUBCODE APPROVAL
 CO CCO CA
 Date: _____
 Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group	Present _____	Proposed _____	Est. Cost of Bldg. Work:
Constr. Class	Present _____	Proposed _____	1. New Bldg. \$ _____
No. of Stories	_____	_____	2. Rehabilitation \$ _____
Height of Structure	_____ Ft.	_____	3. Total (1+2) \$ _____
Area — Largest Floor	_____ Sq. Ft.	_____	
New Bldg. Area/All Floors	_____ Sq. Ft.	_____	
Volume of New Structure	_____ Cu. Ft.	_____	
Total Land Area Disturbed	_____ Sq. Ft.	_____	

TYPE OF WORK:

- New Building
- Addition
- Rehabilitation
- Roofing
- Siding
- Fence _____ Height (exceeds 6')
- Sign _____ Sq. Ft.
- Pool
- Asbestos Abatement Subchapter 8
- Lead Haz. Abatement NJAC 5:17
- Other _____
- Demolition

FEE (Office Use Only)
 \$ _____

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

TOWNSHIP OF PISCATAWAY
 Construction & Bldg. Regs. Div
 455 Hoes Lane
 Piscataway, NJ 08854
 (732) 562-2325



**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 (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/Hot Tub	_____
_____	_____	KW Elec. Ranger/Receptable	_____
_____	_____	KW Oven/Surface Unit	_____
_____	_____	KW Elec. Water Heater	_____
_____	_____	KW Elec. Dryer/Receptable	_____
_____	_____	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	_____

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
 No Plans Required
 Joint Plan Review Required:
 Building Plumbing
 Fire Elevator
 Elec. Plans Approved

Date: _____
 Approved by: _____

SUBCODE APPROVAL
 CO CCO CA

Date: _____
 Approved by: _____

INSPECTIONS

Type:	Date	Initial	Dates (Month/Day)	Failure	Approval	Initial
Rough	_____	_____	_____	_____	_____	_____
Barrier - Free	_____	_____	_____	_____	_____	_____
Trench	_____	_____	_____	_____	_____	_____
Temp. Serv.	_____	_____	_____	_____	_____	_____
Constr. Serv.	_____	_____	_____	_____	_____	_____
TCO	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____
Service	_____	_____	_____	_____	_____	_____
Final	_____	_____	_____	_____	_____	_____
Barrier-Free	_____	_____	_____	_____	_____	_____
Temp. Cut-in-Card Date Issued	_____	_____	_____	_____	_____	_____
Final Cut-in-Card Date Issued	_____	_____	_____	_____	_____	_____
Annual Pool Inspection	_____	_____	_____	_____	_____	_____
Date of Grounding and Bonding Certificate	_____	_____	_____	_____	_____	_____



**FIRE PROTECTION 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 (____) _____
 Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
 Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
 Fire Alarm Contractor No. _____
 Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [] New OR [] Existing
 Constr. Class: Present _____ Proposed _____ Location of Panel: _____
 Heating System: [] New OR [] Existing [] HVAC Fire Suppression/Standpipe System:
 Type: [] Gas [] Oil [] Electric [] Solar [] New OR [] Existing
 [] Other _____ Location of Main Control Value: _____
 Location: _____

Fuel Storage Tank:

Fuel Type: [] Flammable OR [] Combustible Capacity _____

Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
[] No Plans Required	Alarm System				
Joint Plan Review Required:					
[] Building [] Plumbing	Suppression Sys.				
[] Electric [] Elevator	Standpipe				
[] Fire Plans Approved	Fire Pump				
Date: _____	Pre-Eng. System				
Approved by: _____	Mechanical				
	Smoke Control				
	TCO				
SUBCODE APPROVAL					
[] CO [] CCO [] CA	Flam/Combust Tanks				
Date: _____	Fireplace Venting				
Approved by: _____	Final				
	Other				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature _____
 [] Exempt Applicant

**D. TECHNICAL SITE DATA
 DESCRIPTION OF WORK:**

Water Supply Source _____
 Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks	NUMBER	FEE (Office Use Only)
Alarm Systems		
[] System		
[] 110v Interconnected		
[] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
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 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [] Gas or [] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

IMPORTANT: A plan MUST be submitted with this application showing the size and location of the lot, the dimensions and locations of the proposed building or structure on the lot, building set back, dimensions of rear and side yards, and the dimensions and locations of the existing buildings or structures on the lot.

Township of Piscataway ZONING PERMIT

Application Number _____ Date _____ Fee _____

TYPE OF APPLICATION

- | | |
|--|--|
| <input type="checkbox"/> Minor Residential Alteration
<input type="checkbox"/> Residential Alteration
<input type="checkbox"/> New Single Family Dwelling Construction
<input type="checkbox"/> New Multi-Family Structure Construction | <input type="checkbox"/> Minor Alterations to Multi-Family and/or Non-Residential Structure*
<input type="checkbox"/> New Non-Residential Structure Construction (includes fences/sheds)
<input type="checkbox"/> Certificate of Non-Conformity
<input type="checkbox"/> Certificate of Occupancy |
|--|--|

*INCLUDES INSTALLATION OF SIGNS. Applicant is to answer questions 1 through 7 only and submit detailed plans of sign, property survey with location of buildings and elevation of building facade with appropriate area calculations if surface mounted sign is proposed.

1. Applicant's Name: _____ Tel. No. _____
Applicant's Address: _____
2. Owner's Name: _____ Tel. No. _____
Owner's Address: _____
3. Does Applicant hold a tax exempt status under the Federal Internal Revenue Code of 1954 [26 U.S.C., Sec. 501(c) or (d)]?
Yes No _____ If yes, state type of tax exempt organization: _____
4. Location of property for which Zoning Permit is desired:
Street Address: _____ Block: _____ Lot: _____ Zone: _____
5. Present Use of Property: _____
6. Proposed Use of Property: _____
7. Is Zoning Permit for low/moderate income housing unit(s) as defined by the New Jersey Council on Affordable Housing?
Yes No
8. Describe proposed changes to existing structures, if any: _____
9. Describe in detail the activity or activities to be conducted in principal building/structure: _____
10. Describe in detail any accessory activities to be conducted in any of the accessory buildings/structure(s): _____
11. State whether any of the activities described in Nos. 8 and/or 9 above are conducted as a nonconforming use or are located in any easement/drainage way/right-of-way - _____
If so, state facts supporting this contention: _____
12. Has the above premises been the subject of any prior application to the Zoning Board of Adjustment or Planning Board to the applicant's knowledge? Yes No If yes, state date: _____
Board: _____ Disposition of Application: _____ Resolution #(if any): _____

Signature of Applicant (individual)

Date

Print Applicant's Name

Signature of Owner

Date

Print Owner's Name

Attest:

Secretary

Name of Corporation or Association

BY: _____
Signature of Authorized Officer

Print Authorized Officer's Name

----- **FOR OFFICE USE** -----

COMMENTS:
