



**TOWNSHIP OF PLAINSBORO**  
 Box 278  
 Plainsboro, NJ 08536  
 (609) 799-2700



**CONSTRUCTION PERMIT APPLICATION**

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

**I. IDENTIFICATION**

1. Proposed Work-site at: 47 Edgemere Avenue

2. Name of Owner in Fee: William WESP Tel. ( 799 ) 0920  
 Address 47 Edgemere Plainsboro 08536  
street municipality zip code

3. Ownership in Fee: Public \_\_\_\_\_ Private X

4. Principal Contractor: N/A Tel. ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address \_\_\_\_\_

License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Federal Emp. No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

5. Architect or Engineer \_\_\_\_\_ Tel. ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address \_\_\_\_\_

6. Responsible Person In Charge of Work William WESP Tel. ( \_\_\_\_\_ ) \_\_\_\_\_

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

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

**VI. BUILDING/SITE CHARACTERISTICS** (office use only)

1. Number of Stories 2

2. Height of Structure 18 ft.

3. Area—Largest Floor 792 sq. ft.

4. Building Area—All Floors 1400 sq. ft.

5. Volume of Structure \_\_\_\_\_ cu. ft.

6. Construction Classification \_\_\_\_\_

7. Total Land Area Disturbed \_\_\_\_\_ sq. ft.

8. Flood Hazard Zone \_\_\_\_\_

9. Base Flood Elevation \_\_\_\_\_ ft.

10. Wetlands yes \_\_\_\_\_ sq. ft.  
 no \_\_\_\_\_

11. Fire Grading \_\_\_\_\_

12. Max. Live Load \_\_\_\_\_

13. Max. Occupancy Load \_\_\_\_\_

**II. PROPOSED WORK**

	Est. Cost
1. <input checked="" type="checkbox"/> Minor Work (single trade)	<u>1000</u>
2. <input type="checkbox"/> Small Job (\$5,000 and no prior approvals)	
3. <input type="checkbox"/> New Building	
4. <input type="checkbox"/> Addition	
5. <input type="checkbox"/> Alteration	
6. <input type="checkbox"/> Fire Protection	
7. <input type="checkbox"/> Plumbing	
8. <input type="checkbox"/> Electrical	
9. <input type="checkbox"/> Asbestos Abatement	
10. <input type="checkbox"/> Demolition	
<b>TOTAL COSTS</b>	<u>1000</u>

**OPTIONAL (for office use only)**

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer

**VII. DESCRIPTION OF BUILDING USE**

**A. RESIDENTIAL-**

1.  Hotels (R-1)

2.  Multi-Family (R-2)

3.  Two-Family (R-3) BOCA

4.  Two-Family (R-4) CABO

5.  One-Family (R-3) BOCA

6.  One-Family (R-4) CABO

No of dwelling units:  
 Before Construction \_\_\_\_\_  
 After Construction \_\_\_\_\_  
 Net gain or loss \_\_\_\_\_

**B. NON-RESIDENTIAL**

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

**III. DO YOU WANT: (optional)** 1.  Partial Releases 2.  Prototype Processing

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

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

U.C.C. Form F-100A

**CERTIFICATION IN LIEU OF OATH**

**I. OWNER SECTION** (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:

C.1. ( ) Building      C.2. ( ) Fire Protection

I further certify that I will perform the following work:

C.3. ( ) Electrical      C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

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

**II. AGENT SECTION**

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

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

**X. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)**

Name of Code & Edition \_\_\_\_\_

Building \_\_\_\_\_  
 Electrical \_\_\_\_\_  
 Plumbing \_\_\_\_\_  
 Fire Protection \_\_\_\_\_  
 Mechanical \_\_\_\_\_

Energy \_\_\_\_\_  
 Barrier Free \_\_\_\_\_  
 Flood Hazard \_\_\_\_\_  
 As Built Elevation Cert. \_\_\_\_\_  
 Other \_\_\_\_\_

Other \_\_\_\_\_

**X. CERTIFICATES ISSUED (office use only)**

Temporary Certificate of Occupancy  
 Temporary Certificate of Occupancy  
 Continued Certificate of Occupancy  
 Certificate of Occupancy  
 Certificate of Approval  
 None

DATE EXPIRED \_\_\_\_\_

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
<input type="checkbox"/> Planning Board									
<input type="checkbox"/> Zoning Board									
<input type="checkbox"/> Sewer Authority									
<input type="checkbox"/> Water Authority									
<input type="checkbox"/> Fire Department									
<input type="checkbox"/> Police Department									
<input type="checkbox"/> Health Department									
<input type="checkbox"/> Soil Conservation									
<input type="checkbox"/> N.J. Dept. of Community Affairs									
<input type="checkbox"/> N.J. Department of Transportation									
<input type="checkbox"/> N.J. Dept. of Environmental Protection									
<input type="checkbox"/> Utility Dig No.									
<input type="checkbox"/> Other									
<input type="checkbox"/>									
<input type="checkbox"/>									

OFFICE DATE RECEIVED: \_\_\_\_\_



