



BUILDING SUBCODE TECHNICAL SECTION



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 922 Lot 20 Qualification Code _____

Work Site Location 124 Broadway

Owner in Fee: 3000 City NJ 07330

Tel: _____ e-mail: _____

Address _____

Contractor: East Coast Answer LLC Tel: 201 993 5043

Address 150 2nd Street East Ave e-mail: _____

Contractor License No. or Builder Registration No. 833761069 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)		INSTRUCTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type	Failure	Approval
<input type="checkbox"/> No Plans Required			Footings		
<input type="checkbox"/> All			Footings/Brackets		
<input type="checkbox"/> Structural Framework			Foundation		
<input type="checkbox"/> Exterior			Slab		
<input type="checkbox"/> Interior			Frame		
<input type="checkbox"/> Ties/Sys. Bracing			Truss/Sys. Bracing		
<input type="checkbox"/> Barrier Free			Barrier Free		
<input type="checkbox"/> Insulation			Insulation		
<input type="checkbox"/> Energy			Energy		
<input type="checkbox"/> Mechanical			Mechanical		
<input type="checkbox"/> Other			Other		
<input type="checkbox"/> Final			Final		
<input type="checkbox"/> Barrier-Free			Barrier-Free		

B. BUILDING CHARACTERISTICS

Use Group 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.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____

If Industrialized Building: _____

State Approved _____ HUD _____

Est. Cost of Bldg. Work: _____

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1 + 2) \$ _____

U.C.C. F-110 (rev. 11/09)
Internet version

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.

Sign here: _____

Print name here: Carol Lee, Esq. Attorney at Law

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

only demolition

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.

☐ Sign _____ Sq. Ft.

☐ Pool

☐ Retaining Wall _____ Sq. Ft.

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☐ Other _____

☒ Demolition

FEE (Office Use Only)

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Date Received _____

Control # _____

Date Issued _____

Permit # _____

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

BLOCK 9202 LOT 20 QUALIFICATION CODE _____ ADDRESS (SITE) 124 Broadway PERMIT NO. _____



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 124 Broadway, Jersey City, NJ-07306

2. Name of Owner in Fee: _____

Tel. _____

e-mail _____

Address _____

street

Public _____

Private _____

municipality _____

zip code _____

3. Ownership in Fee: _____

4. Principal Contractor: East Coast American Bldg ID

Address _____

Jersey City, NJ-07306

Tel. _____

e-mail _____

License No. OR, if new home, Builder Reg. No. 833761069 Exp. Date 03/31/2025

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____

FAX: _____

5. Architect or Engineer _____

Address _____

Tel. _____

e-mail _____

6. Responsible Person in Charge once Work has Begun _____

Tel. 201 943 0199

FAX: _____

IIa. PROPOSED WORK

☐ Minor Work

☐ Repair

☐ Asbestos Abat. -Subct. 8

☐ Alteration

☐ Lead Hazard Abatement

☐ Radon Remediation

☐ Annual Permit

☐ Demolition

☐ Reconstruction

☐ Addition

☐ Renovation

☐ Reconstruction

☐ Reconstruction

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☐ Reconstruction

☐ Reconstruction

☐ Reconstruction

FOR OFFICE USE ONLY (Optional)

Est. Cost

Plans Rec'd by

Date Rec'd

Reflection Date

Approval Date

Re-viewer

Approval

Reflection

Re-viewer

Approval

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Re-viewer

Approval

Reflection

Re-viewer

Approval

Reflection

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: Select Group ☐

3. Change in Use Group, Indicate Present/Select Group _____

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale _____

Lost, Rental _____

Lost, Sale _____

Lost, Rental _____

Lost, Sale _____

Lost, Rental _____

Lost, Sale _____

Lost, Rental _____

Lost, Sale _____

Lost, Rental _____

Lost, Sale _____

Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: Select Group ☐

3. Change in Use Group, Indicate Present/Select Group _____

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____

Proposed _____

VI. FEE SUMMARY (for office use only)

1. Building _____

2. Electrical _____

3. Plumbing _____

4. Fire Protection _____

5. Elevator Devices _____

6. Subtotal _____

7. Less 20% for State Plan Review _____

8. Subtotal _____

9. State Permit Surcharge Fee _____

10. Subtotal _____

11. Cert. of Occupancy _____

12. Other _____

13. TOTAL _____

VII. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____

2. Height of Structure _____

3. Area — Largest Floor _____

4. New Building Area _____

5. Volume of New Structure _____

6. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____

9. Total Land Area Disturbed _____

10. Flood Hazard Zone _____

11. Base Flood Elevation _____

12. Wetlands yes _____ no _____

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CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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 Caroline Lenci, Esq.

Address 15 Mountain Blvd., Warren, NJ 07050

Telephone 908-787-7800

Signature [Signature]

- III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

- IV. ☐ HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

OFFICE DATE RECEIVED: _____

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"/> Zoning Officer									
<input type="checkbox"/> Planning Board									
<input type="checkbox"/> Zoning Board									
<input type="checkbox"/> Sewer Authority									
<input type="checkbox"/> Water Authority									
<input type="checkbox"/> Police Department									
<input type="checkbox"/> Health Department									
<input type="checkbox"/> Soil Conservation									
<input type="checkbox"/> N.J. Department of Community Affairs									
<input type="checkbox"/> N.J. Department of Transportation									
<input type="checkbox"/> N.J. Department of Environmental Protection									
<input type="checkbox"/> Utility Dig No.									
<input type="checkbox"/>									
<input type="checkbox"/>									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only - optional)	
Name of Code & Edition	Name of Code & Edition
Building	Energy
Electrical	Barrier Free
Plumbing	Flood Hazard
Fire Protection	As Built Elevation Cert.
Mechanical	Other

X. CERTIFICATES ISSUED (office use only)				
	DATE ISSUED	DATE EXPIRES	DATE REISSUED	DATE EXPIRES
<input type="checkbox"/> Temporary Certificate of Occupancy	No			
<input type="checkbox"/> Temporary Certificate of Compliance	No			
<input type="checkbox"/> Continued Certificate of Occupancy	No			
<input type="checkbox"/> Certificate of Compliance	No			
<input type="checkbox"/> Certificate of Occupancy	No			
<input type="checkbox"/> Certificate of Approval	No			
<input type="checkbox"/> Lead Abatement Clearance Certificate	No			