

BLOCK _____ LOT _____ QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

BOROUGH OF LAWNESIDE
CONSTRUCTION CODE DEPT.
4 DOUGLAS AVENUE
LAWNESIDE, NJ 08405
(856) 573-6200



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: _____

2. Name of Owner in Fee: _____ Tel. (____) _____

Address _____ street _____ municipally _____ zip code _____

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: _____ Exp. Date _____

Address _____ License No. OR, if new home, Builder Reg. No. _____ FAX: (____) _____

5. Architect or Engineer: _____ Tel. (____) _____

Address _____ Contact _____

6. Responsible Person in Charge once Work has Begun: _____ FAX: (____) _____

Tel. (____) _____

V. FEE SUMMARY (for office use only)

1. Building	\$	Update	Update
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	\$		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories	_____	ft.
2. Height of Structure	_____	ft.
3. Area — Largest Floor	_____	sq. ft.
4. New Building Area	_____	sq. ft.
5. Volume of New Structure	_____	cu. ft.
6. Construction Classification	_____	
7. Total Land Area Disturbed	_____	sq. ft.
8. Flood Hazard Zone	_____	ft.
9. Base Flood Elevation	_____	ft.
10. Wetlands	yes _____ no _____	
11. Max. Live Load	_____	
12. Max. Occupancy Load	_____	

(office use only)

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Recd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	
							Approval	Rejection
1. <input type="checkbox"/> Minor Work								
2. <input type="checkbox"/> New Building								
3. <input type="checkbox"/> Addition								
4. <input type="checkbox"/> a. Repair								
<input type="checkbox"/> b. Alteration								
<input type="checkbox"/> c. Renovation								
<input type="checkbox"/> d. Reconstruction								
5. <input type="checkbox"/> Fire Protection								
6. <input type="checkbox"/> Plumbing								
7. <input type="checkbox"/> Electrical								
8. <input type="checkbox"/> Elevator Devices								
9. <input type="checkbox"/> Asbestos Abat. Subch. 8								
10. <input type="checkbox"/> Lead Hazard Abatement								
11. <input type="checkbox"/> Demolition								
TOTAL COSTS								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- State Specific Use: _____
- Use Group: _____
- Change in Use Group, Indicate Former: _____
- No. of dwelling units: Income-restricted
 Before Construction: _____
 After Construction: _____
 Net Gain or Loss: _____

B. NON-RESIDENTIAL

- State Specific Use: _____
- Use Group: _____
- Change in Use Group, Indicate Former: _____

III. DO YOU WANT: (optional)

- Partial Releases
- Prototype Processing

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

- Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- High Pressure Boilers
- Pressure Vessels
- Refrigeration Systems
- Cross-Connections/Backflow Preventers
- Hazardous Uses/Places of Assembly
- Sprinklers
- Smoke Control Systems in Open Wells
- Underground Storage Tanks
- Swimming Pools, Spas and Hot Tubs