



**CITY OF UNION CITY**  
 BUILDING DEPARTMENT  
 348-5711  
 DEPARTMENT OF PUBLIC SAFETY  
 Mayor BRIAN P. STACK



**CONSTRUCTION PERMIT APPLICATION**

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

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ QUALIFICATION CODE \_\_\_\_\_ ADDRESS (SITE) \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

**I. IDENTIFICATION**

1. Proposed Work Site at: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_  
 2. Name of Owner in Fee: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_  
 street \_\_\_\_\_ municipally \_\_\_\_\_ zip code \_\_\_\_\_  
 3. Ownership in Fee: Public \_\_\_\_\_ Private \_\_\_\_\_  
 4. Principal Contractor: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_  
 License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Federal Employee No. \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_  
 5. Architect or Engineer \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_  
 6. Responsible Person in Charge of Work \_\_\_\_\_  
 Tel: (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

**II. PROPOSED WORK**

|   | Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Approval | Rejection | Re-viewer |
|---|-----------|----------------|------------|----------------|---------------|-----------|-----------------------|-----------|-----------|
| 1. <input type="checkbox"/> Minor Work              |           |                |            |                |               |           |                       |           |           |
| 2. <input type="checkbox"/> New Building            |           |                |            |                |               |           |                       |           |           |
| 3. <input type="checkbox"/> Addition                |           |                |            |                |               |           |                       |           |           |
| 4. <input type="checkbox"/> Alteration              |           |                |            |                |               |           |                       |           |           |
| 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             |           |                |            |                |               |           |                       |           |           |
| <b>TOTAL COSTS</b>                                  |           |                |            |                |               |           |                       |           |           |

**OPTIONAL (for office use only)**

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

- IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?**
- 1.  Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
  - 2.  High Pressure Boilers
  - 3.  Pressure Vessels
  - 4.  Refrigeration Systems
  - 5.  Cross-Connections/Backflow Preventers
  - 6.  Hazardous Uses/Places of Assembly
  - 7.  Sprinklers
  - 8.  Smoke Control Systems in Open Wells
  - 9.  Underground Storage Tanks

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

|                                   | Update   | Update |
|-----------------------------------|----------|--------|
| 1. Building                       | \$ _____ |        |
| 2. Electrical                     | \$ _____ |        |
| 3. Plumbing                       | \$ _____ |        |
| 4. Fire Protection                | \$ _____ |        |
| 5. Elevator Devices               | \$ _____ |        |
| 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**

1. Number of Stories \_\_\_\_\_ (office use only)

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 \_\_\_\_\_

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

10. Wetlands yes \_\_\_\_\_ no \_\_\_\_\_

11. Max. Live Load \_\_\_\_\_

12. Max. Occupancy Load \_\_\_\_\_

**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: \_\_\_\_\_