



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 50 STIRLING RD. NJ

2. Name of Owner in Fee: CHANTICLER CHATEAU Tel. 908/7541222
Address 50 STIRLING RD. WARREN NJ 07059-

3. Ownership in Fee: ☐ Public ☒ Private Email _____

4. Principal Contractor: CHANTICLER CHATEAU Tel. 908/7541222
Address 50 STIRLING RD. WARREN NJ 07059-
Email _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Home improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Em. ID No. _____ Fax. _____

5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. _____ Fax. _____

6. Responsible Person in Charge once Work has Begun _____
Tel. _____ Fax. _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	75		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	75		
7. Less 20% for State Plan Review			
8. Subtotal	75		
9. State Permit Surcharge Fee			
10. Subtotal	75		
11. Cert of Occupancy			
12. Other			
13. TOTAL	75		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	_____	_____
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. Max. Live Load	_____	_____
7. Max. Occupancy Load	_____	_____
8. If Industrialized Building: State Approved _____ HUD _____		_____
9. Total Land Area Disturbed	_____ sq. ft.	_____
10. Flood Hazard Zone	_____	_____
11. Base Flood Elevation	_____ ft.	_____
12. Wetlands	yes _____ no _____	_____

Ila. PROPOSED WORK

- | | | | |
|--|--|--|--|
| ☐ Minor Work | ☐ New Building | ☐ Addition | ☒ Demolition |
| ☐ Repair | ☐ Alteration | ☐ Renovation | ☐ Reconstruction |
| ☐ Asbestos Abat. Subch. 8 | ☐ Lead Hazard Abatement | ☐ Radon Remediation | ☐ Annual Permit |

Ilb. SUBCODES

(Check all that apply)

- ☒ Building
- ☐ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Approval	Rejection	Reviewer
5000									

TOTAL COST 5000

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

- | | | | |
|--|---|--|-------------------------------------|
| ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks | ☐ Refrigeration Systems | ☐ Smoke Control Systems in Open Wells | ☐ Fire Alarm |
| ☐ High Pressure Boiler | ☐ Cross-Connections/ Backflow Preventers | ☐ Underground Storage Tanks | |
| ☐ Pressure Vessel | ☐ Hazradous Uses/Places of Assembly | ☐ Swimming Pools, Spas and Hot Tubs | |
| | ☐ Sprinklers | ☐ LPGas Tanks | |

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: A-3
2. Use Group A-3
3. Change in Use Group, Indicate Former: _____
4. No. of dwelling units: All Units Income-restricted
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: A-3
2. Use Group: A-3
3. Change in Use Group, Indicate Former: _____

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

D. Construction Classification: _____