



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

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

2. Name of Owner in Fee: WARREN CATERING LLC Tel. 201/7610025
Address 675 GARFIELD AVE JERSEY CITY NJ 07059-

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

4. Principal Contractor: _____ Tel. _____
Address NJ
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	60		
2. Electrical			
3. Plumbing			
4. Fire Protection	92		
5. Elevator Devices			
6. Subtotal	152		
7. Less 20% for State Plan Review			
8. Subtotal	152		
9. State Permit Surcharge Fee			
10. Subtotal	152		
11. Cert of Occupancy			
12. Other			
13. TOTAL	152		

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 _____	_____

IIa. PROPOSED WORK

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

IIb. 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
1									
1									

TOTAL COST 2

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 | ☐ Hazardous 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-2
2. Use Group A-2
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-2
2. Use Group: A-2
3. Change in Use Group, Indicate Former: _____

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

D. Construction Classification: _____