

Borough of Florham Park Construction Office

111 Ridgedale Ave.

Florham Park, NJ 07932

973-410-5346

## **Residential Rooftop Solar Installations**

Please submit the following:

Completed & signed Construction Permit UCC F100

Completed & signed Building Subcode Technical Section UCCF110

Completed, signed & sealed Electrical Subcode Technical Section UCC F120

Completed and signed Fire Subcode Technical Section UCC F140

3 sets of drawings, signed & sealed by licensed professional detailing installation and bracketing systems. Plans must confirm roof can support panels and indicate the Roof Access and Pathways per Section R324.6-6.2.2

Completed Zoning Application indicating height of structure including panels



# 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. (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_

3. Ownership in Fee: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

4. Principal Contractor: \_\_\_\_\_ Address \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

5. Architected or Engineer \_\_\_\_\_ Address \_\_\_\_\_ Contact \_\_\_\_\_ e-mail \_\_\_\_\_

Tel. (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

6. Responsible Person in Charge once Work has Begun \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

**IIa. PROPOSED WORK**

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

**IIb. SUBCODES**

- Building
- Electrical
- Plumbing
- Fire Protection
- Elevator

TOTAL COST \_\_\_\_\_

**III. PLAN REVIEW (optional)**

- DO YOU WANT:
- Partial Releases
  - 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/Standpipes
- 8. Smoke Control Systems in Open Wells
- 9. Underground Storage Tanks
- 10. Swimming Pools, Spas and Hot Tubs
- 11. LP Gas Tanks
- 12. Fire Alarm

**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	_____	(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. 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 _____	

**VII. DESCRIPTION OF BUILDING USE**

**A. RESIDENTIAL (primary use)**

- 1. State Specific Use: \_\_\_\_\_
- 2. Use Group, Proposed: \_\_\_\_\_
- 3. Change in Use Group, Indicate Present: \_\_\_\_\_
- 4. No. of dwelling units: Total Units Income-restricted

Gained, Sale	_____
Gained, Rental	_____
Lost, Sale	_____
Lost, Rental	_____

**B. NON-RESIDENTIAL (primary use)**

- 1. State Specific Use: \_\_\_\_\_
- 2. Use Group, Proposed: \_\_\_\_\_
- 3. Change in Use Group, Indicate Present: \_\_\_\_\_

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

**D. Construct. Classification:** Present \_\_\_\_\_ Proposed \_\_\_\_\_

**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 have been given, including such certification as the construction official may require.

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 have been given, including such certification as the construction official may require.

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 \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_

**III.  LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.**



# BUILDING SUBCODE TECHNICAL SECTION



**A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-900-272-1000.**

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_

Work Site Location \_\_\_\_\_

Owner In Fee: \_\_\_\_\_

Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_

Contractor: \_\_\_\_\_ Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. or Builder Registration No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

### JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
<input type="checkbox"/> No Plans Required			Type:				
<input type="checkbox"/> All			Footings				
<input type="checkbox"/> Footings/Foundations			Footings Bonding				
<input type="checkbox"/> Structural/Framework			Foundation				
<input type="checkbox"/> Exterior			Slab				
<input type="checkbox"/> Interior			Frame				
			Truss Sys./Bracing				
			Barrier-Free				
			Insulation				
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Finishes -Base Layer				
			Finishes -Final				
			Energy				
			Mechanical				
			TCO				
			Other				
			Final				
			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 \_\_\_\_\_ Proposed \_\_\_\_\_

If Industrialized Building: State Approved \_\_\_\_\_ HUD \_\_\_\_\_

Est. Cost of Bldg. Work:

1. New Bldg. \$ \_\_\_\_\_
2. Rehabilitation \$ \_\_\_\_\_
3. Total (1+ 2) \$ \_\_\_\_\_

### 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: \_\_\_\_\_

### D. TECHNICAL SITE DATA

#### DESCRIPTION OF WORK

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

Date Received  
Control #

Date Issued  
Permit #

#### FEE (Office Use Only)

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_



# ELECTRICAL SUBCODE TECHNICAL SECTION



Control # \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Permit # \_\_\_\_\_

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

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
Work Site Location \_\_\_\_\_

Owner In Fee: \_\_\_\_\_

Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_

Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

### B. ELECTRICAL CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

[ ] Pole/Pad # \_\_\_\_\_ [ ] Temporary [ ] Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ \_\_\_\_\_

### JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)	Initial
[ ] No Plans Required	Type: _____	Failure	Approval
[ ] Partial -Under-slab Utilities Approved	Rough	Failure	Approval
Date: _____ Approved by: _____	Barrier-Free	Failure	Approval
[ ] Electric Plans Approved	Trench	Failure	Approval
Date: _____ Approved by: _____	Temp. Serv.	Failure	Approval
Joint Plan Review Required	Constr. Serv.	Failure	Approval
[ ] Bldg. [ ] Plumb [ ] Fire. [ ] Elev.	TCO	Failure	Approval
SUBCODE APPROVAL for PERMIT	Other	Failure	Approval
Date: _____	Service	Failure	Approval
Approved by: _____	Final	Failure	Approval
SUBCODE APPROVAL for CERTIFICATE	Barrier-Free	Failure	Approval
[ ] CO [ ] CCO [ ] CA	Temp. Cut-in-Card Date Issued	Failure	Approval
Date: _____	Final Cut-in-Card Date Issued	Failure	Approval
Approved by: _____	Annual Pool Inspection	Failure	Approval
	Date of Grounding and Bonding Certification	Failure	Approval

### 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 and perform the work listed on this application.  
Applicant sign/Contractor sign and seal here: \_\_\_\_\_

Print name here: \_\_\_\_\_

[ ] Licensed Elec. Contractor [ ] Certifd Landscape Irrigation Contr' [ ] Exempt Applicant

### D. TECHNICAL SITE DATA

#### DESCRIPTION OF WORK:

QTY. SIZE ITEMS FEE (Office Use Only)

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UV Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_



# FIRE PROTECTION 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 \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_

Work Site Location \_\_\_\_\_

Owner in Fee \_\_\_\_\_

Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_

street

municipality

Tel

zip code

Contractor: \_\_\_\_\_

Address \_\_\_\_\_

street

e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No \_\_\_\_\_

Fire Protection Equipment, NJ Div of Fire Safety Installer No \_\_\_\_\_

Fire Alarm Contractor No \_\_\_\_\_

Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

Federal Emp. ID No \_\_\_\_\_

FAX: \_\_\_\_\_

## B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present \_\_\_\_\_ Proposed \_\_\_\_\_

Constr. Class: Present \_\_\_\_\_ Proposed \_\_\_\_\_

Heating System:  New OR  Modification to Existing

OR  Conversion OR  Replacement

Fuel Type:  Gas  Oil  Electric  Solar

Other \_\_\_\_\_

Location: \_\_\_\_\_

Total Cost of Fire Protection Work \$ \_\_\_\_\_

## JOB SUMMARY (Office Use Only)

PLAN REVIEW

No Plans Required

Partial -Underslab Utilities Approved

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Fire Protection Plans Approved

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Joint Plan Review Required: \_\_\_\_\_

Bldg.  Elec.  Plumb.  Elev.

SUBCODE APPROVAL for PERMIT

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

SUBCODE APPROVAL for CERTIFICATE

CO  CCO  CA

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Other \_\_\_\_\_

## INSPECTIONS

Type: \_\_\_\_\_

Alarm System \_\_\_\_\_

Suppression Sys \_\_\_\_\_

Standpipe \_\_\_\_\_

Fire Pump \_\_\_\_\_

Pre-Eng. System \_\_\_\_\_

Mechanical \_\_\_\_\_

Smoke Control \_\_\_\_\_

TCO \_\_\_\_\_

Flam/Combust Tanks \_\_\_\_\_

Fireplace Venting \_\_\_\_\_

Final \_\_\_\_\_

Other \_\_\_\_\_

Dates (Month/Day)

Failure \_\_\_\_\_

Approval \_\_\_\_\_

Initial \_\_\_\_\_

## 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.

Applicant/Contractor \_\_\_\_\_

sign here: \_\_\_\_\_

Print name here: \_\_\_\_\_

## D. TECHNICAL SITE DATA

Certified Contractor  Exempt Applicant

## DESCRIPTION OF WORK:

Water Supply Source \_\_\_\_\_

Method of Alarm/Suppression System Supervision \_\_\_\_\_

## NUMBER

Flammable/Combustible Tanks \_\_\_\_\_

Alarm Systems \_\_\_\_\_

System \_\_\_\_\_

110v Interconnected \_\_\_\_\_

CO Detectors/110v \_\_\_\_\_

Alarm Devices (i.e., smoke, heat, pulls, water/flow) \_\_\_\_\_

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horn/strobes, bells) \_\_\_\_\_

Other Devices \_\_\_\_\_

TOTAL \_\_\_\_\_

Suppression Systems \_\_\_\_\_

Fire Pump \_\_\_\_\_ GPM Type \_\_\_\_\_

Dry Pipe/Alarm Valves \_\_\_\_\_

Pre-action Valves \_\_\_\_\_

Sprinkler Heads (Dry and Wet) \_\_\_\_\_

Standpipes \_\_\_\_\_

Pre-engineered Systems \_\_\_\_\_

Wet Chemical \_\_\_\_\_

Dry Chemical \_\_\_\_\_

CO<sub>2</sub> Suppression \_\_\_\_\_

Foam Suppression \_\_\_\_\_

FM200 Suppression \_\_\_\_\_

Other \_\_\_\_\_

Other Systems \_\_\_\_\_

Kitchen Hood Exhaust System \_\_\_\_\_

Smoke Control System \_\_\_\_\_

Fuel-Fired Appliances  Gas  Oil  Solid \_\_\_\_\_

Fireplace Venting/Metal Chimney \_\_\_\_\_

Other \_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_

**ZONING APPLICATION** Control # \_\_\_\_\_ Date Submitted \_\_\_\_\_

Work Site Address: \_\_\_\_\_ Blk. \_\_\_\_\_ Lot \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner's Email: \_\_\_\_\_ Owner's Address \_\_\_\_\_

Agent/Contractor \_\_\_\_\_ Agent/Ctr. Address \_\_\_\_\_

Agent/Contractor Email \_\_\_\_\_ Agent/Ctr. Phone # \_\_\_\_\_

Existing Use \_\_\_\_\_ Proposed Use \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the proposed work is authorized by the owner of record and that I am the owner or have been authorized by the owner, to make this application as his/her agent and we agree to conform to all applicable laws of this jurisdiction. I certify that the answers on this Zoning Application are true and complete to the best of my knowledge.

Signature \_\_\_\_\_ Name(Print) \_\_\_\_\_ Address \_\_\_\_\_

My Lot is on a: Corner Parcel \_\_\_\_\_ Interior Parcel \_\_\_\_\_ Sq. Footage of Lot is \_\_\_\_\_ Zone \_\_\_\_\_

**SETBACKS**                      **EXISTING**                      **PROPOSED:**                      **REQUIRED:**

Front Yard                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Second Front Yard                      \_\_\_\_\_ (if corner parcel)                      \_\_\_\_\_                      \_\_\_\_\_

Rear Yard                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Smallest Side Yard                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Side Yard Aggregate                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Principal Structure: Building Height                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Ground Floor: Existing: \_\_\_\_\_ Sq. ft. Proposed \_\_\_\_\_ Sq. Ft. Total of Both \_\_\_\_\_ Sq. Ft.

\*\*\*% of Lot Covered by Building Structures (Including roof overhangs, sheds & detached Bldgs) \_\_\_\_\_ %

(SEE PAGE 2 for calculation worksheet)

\*\*\*% of Improved Lot Coverage \_\_\_\_\_ % (Includes Building Structures and everything else i.e. driveways, walkways, decks, patios etc.) (SEE PAGE 2 for calculation worksheet)

**A sealed survey, less than 10 years old, MUST be submitted with all applications**

**NOTE: FOUNDATION LOCATION SURVEY AND ELEVATION HEIGHT MUST BE SUBMITTED PRIOR TO FRAMING**

**Fencing:** Type: \_\_\_\_\_ Height \_\_\_\_\_

Proposed Setbacks: Side Yard \_\_\_\_\_ Rear Yard \_\_\_\_\_ Front Yard \_\_\_\_\_

(Minimum six inches inside property line for side & rear yard)

**Patio:** \_\_\_\_\_ Sq. Ft. **Swimming Pool:** In Ground \_\_\_\_\_ Above Ground \_\_\_\_\_

Proposed Setbacks: Left Side Yard \_\_\_\_\_ Right Side Yard \_\_\_\_\_ Rear Yard \_\_\_\_\_

**WORKSHEET**

Description	Existing(SF)	Proposed(SF)	Required	Comments/Notes
Main Dwelling including ALL roofed area WITH overhangs	_____	_____	_____	_____
Accessory Buildings including ALL roofed area with overhangs (sheds less than 100 SF excluded)	_____	_____	_____	_____
*TOTAL BUILDING AREA	_____	_____	_____ (SF)	_____
Accessory Structure POOL including coping	_____	_____	_____ (SF)	_____
Accessory Structure DECK	_____	_____	_____ (SF)	_____
Accessory Structure PATIO	_____	_____	_____ (SF)	_____
Driveway	_____	_____	_____ (SF)	_____
Walkways	_____	_____	_____ (SF)	_____
Equipment i.e AC/Generator/pool equipment etc.	_____	_____	_____ (SF)	_____
Sheds (all) _____	_____	_____	_____ (SF)	_____
Other _____	_____	_____	_____ (SF)	_____
Other _____	_____	_____	_____ (SF)	_____
**TOTAL IMPROVED AREA including building area above	_____	_____	_____ (SF)	_____

This application is Approved \_\_\_\_\_ DENIED \_\_\_\_\_ Control # \_\_\_\_\_

Application Fee \$ \_\_\_\_\_ Received Date \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_

Zoning Officer: \_\_\_\_\_ Date \_\_\_\_\_