

Codes and Standards Permitting Procedures

User Guide

August 2021



RUTGERS

Institutional Planning
and Operations

Contents

Key Information	1
Key Terms	2
Permit Packet	2
Jacket	2
Tech Sheet	2
Drawings.....	3
Signed and Sealed.....	3
Permit Number	3
UCC	3
DCA	3
Construction Official.....	3
Sub Code Official	3
Inspection Terms	4
Inspections.....	4
Rough Inspection	4
Final Inspection.....	4
Building Inspections	4
Plumbing Inspections	4
Electrical Inspections	5
Fire Inspections.....	5
Approval Terms	5
Certificate of Approval.....	5
Certificate of Occupancy	5
Temporary Certificate of Occupancy	5
Frequently Asked Questions	6
Permit Packet Packet FAQ	6
Submission and Fees FAQ	7
Inspection FAQ	8
Downloading the Jacket and Tech Sheets	10
F100: Construction Permit Application (Jacket)	11
F110: Building Subcode Technical Section	16
F120: Electrical Subcode Technical Section	20
F130: Plumbing Subcode Technical Section.....	25

F140: Fire Protection Subcode Technical Section	30
F145: Mechanical Inspection Technical Section	35
F150: Elevator Subcode Technical Section.....	40
Downloading and Printing a Form	45
Submitting the Permit Packet for Review	47
Scheduling an Inspection	49

Key Information

1. Work on any property owned by Rutgers University requires a permit.



STOP: Work may never begin without a permit and all prior approvals. Follow this guide to request a permit before starting any project.

This guide will cover the permitting process for

- Building permits
- Electrical permits
- Elevator permits
- Fire permits
- Plumbing permits
- Mechanical permits

2. All parties involved in requesting any of the above permits should become familiar with the details in this guide.



KEY: Rutgers employees are encouraged to share this guide with vendors. Incorrect or incomplete **Permit Packets** will be returned, and the permit will be delayed until the packet is completed correctly.

3. Any questions should be directed to one of the following:

Scott Luthman: Code Official, Office of Codes and Standards

E: scott.luthman@rutgers.edu

P: 848-202-0333

Bill Fox: Sr. Department Administrator, Office of Codes and Standards

E: william.fox@rutgers.edu

P: 848-202-2212



CAUTION: The **Permit Number** and Building Name must be in the subject line of the email. Absence of this information will delay issuing of the permit.

Key Terms

Permit Packet

All of the required documents that must be submitted when requesting a permit. Each **Permit Packet** requires:

- A completed **Jacket**
- Completed **Tech Sheets**
- 2 copies of **signed and sealed Drawings**, both signed by a Rutgers University Architect

Every form in the **Permit Packet** must include the following information:

- Building number
- Building name
- Building address
- Room number (if applicable)
- Rutgers University Project Manager name, phone number, and email



CAUTION: Failure to provide any of the above materials will automatically result in a denied permit.

Jacket

Required as part of each permit packet. It is required for all types of work and must be submitted for every project. It is formally known as the **Construction Permit Application** and labeled by the **DCA** as form **F100**.

When requesting work to an ongoing job, a new **Jacket** does not need to be submitted, only appropriate **Tech Sheets** need to be submitted.

Tech Sheet

Required as part of each **Permit Packet**. They offer more specific information about the type of work being done and there are different sheets for each building discipline. The **DCA** labels the forms as **F110, 120, 130, 140, 145, and 150**.

DCA Name	Full Name
F110	Building Subcode Technical Section
F120	Electrical Subcode Technical Section
F130	Plumbing Subcode Technical Section
F140	Fire Protection Subcode Technical Section
F145	Mechanical Inspection Technical Section
F150	Elevator Subcode Technical Section

Drawings

Visual representations of the type of work that is being done and required as part of every **Permit Packet**. They are not data sheets about the work, but data sheets may be submitted as part of the **Permit Packet**. **Drawings** must be **signed and sealed** by a Rutgers University Architect.

Signed and Sealed

Refers to **Drawings** and required **Tech Sheets** that have been reviewed and signed by a licensed architect or engineer who have affixed their seal to confirm authenticity.

Permit Number

A number issued by the Office of Codes and Standards after the **Permit Packet** is approved. Keep this number for your records since it tracks the permit and all associated documents.

UCC

The **Uniform Construction Code** sets standards for construction to protect the public's health, safety, and welfare.

Learn more about the UCC [here](#)¹.

DCA

The **New Jersey Department of Community Affairs**.

Learn more about the DCA [here](#)².

Construction Official

Serves as the chief administrator of the enforcing agency. In this case, the Office of Codes and Standards at Rutgers University is the **Construction Official**. The official establishes the day to day operating routines of the agency and coordinates activities with the **Sub Code Official**.

Sub Code Official

Enforces the provisions of those subcodes for which they are responsible.

¹ https://www.nj.gov/dca/divisions/codes/publications/pdf_ucc/UCC_gen_info.pdf

² <https://www.nj.gov/dca/about/>

Inspection Terms

Inspections

An analysis of work to determine if it has been completed according to the **UCC**. Depending on the type of work, there will be a different series of inspections required.

Rough Inspection

Inspections done while work is in progress.

Final Inspection

Done when all work has been completed. A **Final Inspection** is for either a **Certificate of Approval (CA)**, **Certificate of Occupancy (CO)**, or a **Temporary Certificate of Occupancy (TCO)**.

Building Inspections

Each of the following **Inspections** are required for the **Building Inspection**:

- Footing (bottom of footing before the placement of concrete)
- Foundation
- Slab
- Frame
- Insulation
- Above ceiling
- Barrier free
- Final

Plumbing Inspections

Each of the following **Inspections** are required for the **Plumbing Inspection**:

- Slab
- Rough
- Above ceiling
- Sewer connection
- Water connection
- Gas piping
- Trench
- Air and waterway tests
- Final

Electrical Inspections

Each of the following **Inspections** are required for the **Electrical Inspection**:

- Rough
- Above ceiling
- Trench
- Service
- Final

Fire Inspections

Each of the following **Inspections** are required for the **Fire Inspection**:

- Above ceiling
- Suppression
- Air and water tests
- Fire alarm
- Final

Approval Terms

Certificate of Approval (CA)

Serves as notice that the work completed has been constructed or installed in accordance with the **UCC** and is approved. This certificate is given for renovations to an existing structure.

Certificate of Occupancy (CO)

Serves as notice that the said building or structure has been constructed in accordance with the **UCC** and is approved for occupancy. This certificate is given for newly constructed buildings or additions to an existing structure.

Temporary Certificate of Occupancy (TCO)

Serves as notice that the said building or structure has not been fully constructed in accordance with the **UCC** and is approved only for temporary occupancy.

A list of conditions that must be met is provided and all issues must be resolved before the given date. Failure to resolve the issues or meet the given date may result in an immediate order to vacate.

Frequently Asked Questions (FAQs)



KEY: All paperwork must be properly filled out, printed, and signed.

Permit Packet Packet FAQs

1. Where do I download the **Permit Packet**?

Access the [Office of Codes and Standards](https://ipo.rutgers.edu/codes-and-standards)³ website to download the **Jacket** and appropriate **Tech Sheets**.

2. What is required in the **Permit Packet**?

- The Construction Application (**Jacket**)
- A copy of each **Tech Sheet**
- 2 copies of **signed and sealed Drawings**, already signed by the University Architects

3. What if the **Permit Packet** is missing information?

If the **Permit Packet** is missing information, it will automatically be rejected and work may not begin. All required information is important.

For example, including the Rutgers University Project Manager's name and number on each form ensures that the inspectors can reach out for any questions or issues.

4. Why is an address needed if the building name and number are on all forms?

Often, Contractors and even Rutgers personnel are not sure about building information. For example, the address may be known locally by a side street; however, the correct address could differ. Accurate building name, number, and address will ensure the inspectors find the correct building.

5. When and what type of **signed and sealed Drawings** are required?

Drawings should present the type of work that is being done; they are not data sheets about the work, but data sheets may be submitted as part of the packet.

Drawings should be submitted to the Rutgers University Architect for signed approval. Once approval has been given, the **Drawings** will go into review by the **Sub Code Officials**.

³ <https://ipo.rutgers.edu/codes-and-standards>

6. Which **Tech Sheets** must be sealed?

Plumbing and electrical **Tech Sheets** must be signed and sealed. All other **Tech Sheets** must be signed and are not required to be sealed.

7. What happens if the **Drawings** are not signed?

If the **Drawings** are not signed by a Rutgers University Architect, the permit will be denied and the project will be delayed.

Submission and Fees FAQs

1. Are fees required?

Fees are not charged to any Rutgers University operated building or department. The only instance where fees are charged involves a for-profit tenant renting space from the university. In this situation, a Permit Fee and a Permit Review Fee are charged.

2. How do I submit the **Permit Packet**?

All submitted **Permit Packets** must include all appropriate **Tech Sheets**. If there is additional work planned for later, and the **Tech Sheets** are not ready at this time, you must notify the Office of Codes and Standards upon submittal.

Submissions can be made in-person or via mail to:

William (Bill) Fox

33 Knightsbridge Road, 3rd Floor, West Wing

Piscataway, NJ 08854

3. If the Contractor is working in multiple buildings, will multiple permits be required?

For each project, there must be a separate **Permit Packet** consisting of a **Jacket** and appropriate **Tech Sheets**. This means each location receives its own permit.

If the Contractor is doing work in several rooms on the same floor, those packets may be grouped together.

4. What is the procedure once a **Permit Packet** is received?

Once a **Permit Packet** is received, the **Drawings** are reviewed by a **Sub Code Official**. Once approved, a **Permit Number** is issued and work begins. If the **Drawings** are not approved, they are returned for changes.

5. What is the procedure if work is being added to an open permit?

Only the appropriate **Tech Sheets** and new **Drawings** need to be submitted for additional work on an open permit. No **Jackets** need to be submitted.

Upon submittal, notify the Office of Codes and Standards that this is part of an existing permit and provide the **Permit Number**.

Inspection FAQs

1. Who calls for an inspection?

When the Contractor completes a portion of the work, the Contractor or the Rutgers University Project Manager will [contact](#)⁴ the Office of Codes and Standards.

2. What if the work will not be ready for the inspection?

All work must be completed before scheduling an inspection. If the work is not ready, [contact](#) the Office of Codes and Standards to reschedule as soon as possible.



NOTE: When inspectors go to a site that is not yet ready, it prevents them from going to another project where they are needed.

3. Who should be present for inspections?

Either the Rutgers University Project Manager or the General Contractor should be at the inspections.

The results will be shared immediately following an inspection. If corrections are required, it may be feasible to complete some while the inspector is still present.

4. Before Final Fire Inspection, what is required to be completed?

All other final inspections must be completed prior to the Final Fire Inspection. This is always the last inspection since construction dust can interfere with tests.

All pre-tests and reports must be completed and submitted. This includes the 200 psi/2-hour test on the water service line.

⁴ william.fox@rutgers.edu

5. Who must be present for Fire Inspections?

The following people must be present:

- The Electrical Contractor
- A representative from the fire alarm company
- A representative from the sprinkler company (if applicable)
- Rutgers University Project Manager



NOTE: The Rutgers University Project Manager schedules the appointment with the fire alarm company.

6. What happens if my project does not pass inspection?

When the rough inspection doesn't pass, the Office of Codes and Standards records the inspection as "Did not pass."



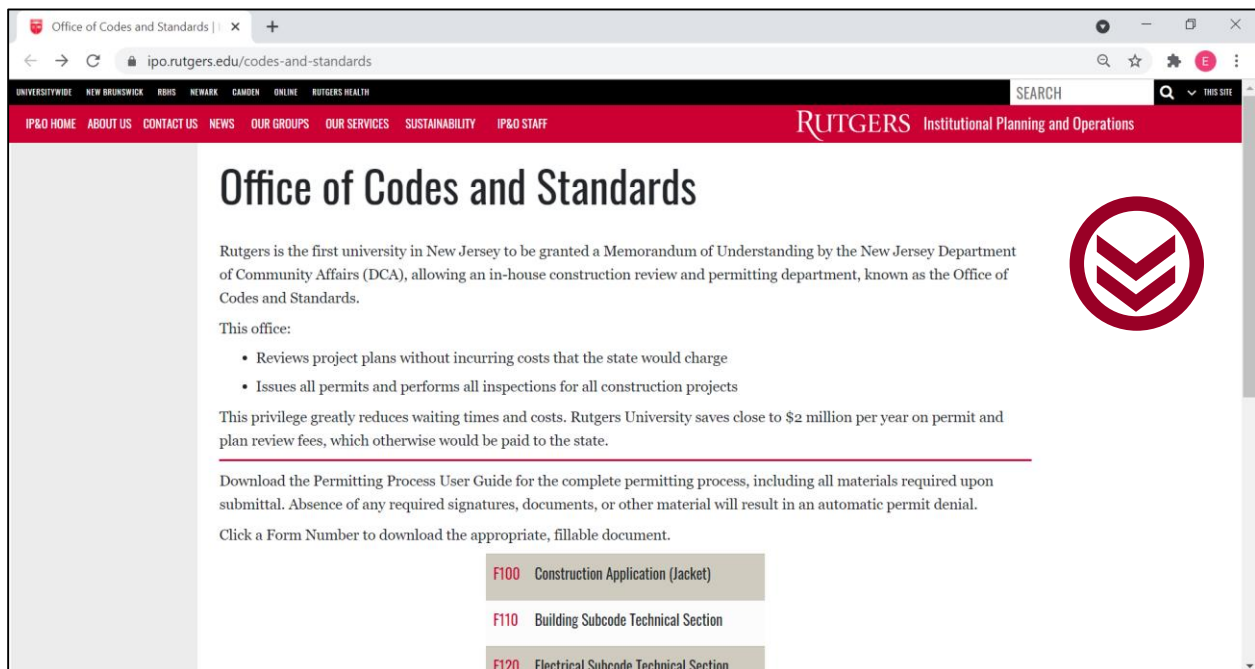
STOP: New work cannot begin until this work is corrected. Once the work is corrected, the Rutgers University Project Manager or Contractor must [contact](#)⁵ the Office of Codes and Standards for re-inspection.

It is the responsibility of the Rutgers University Project Manager to reschedule all inspections.

⁵ william.fox@rutgers.edu

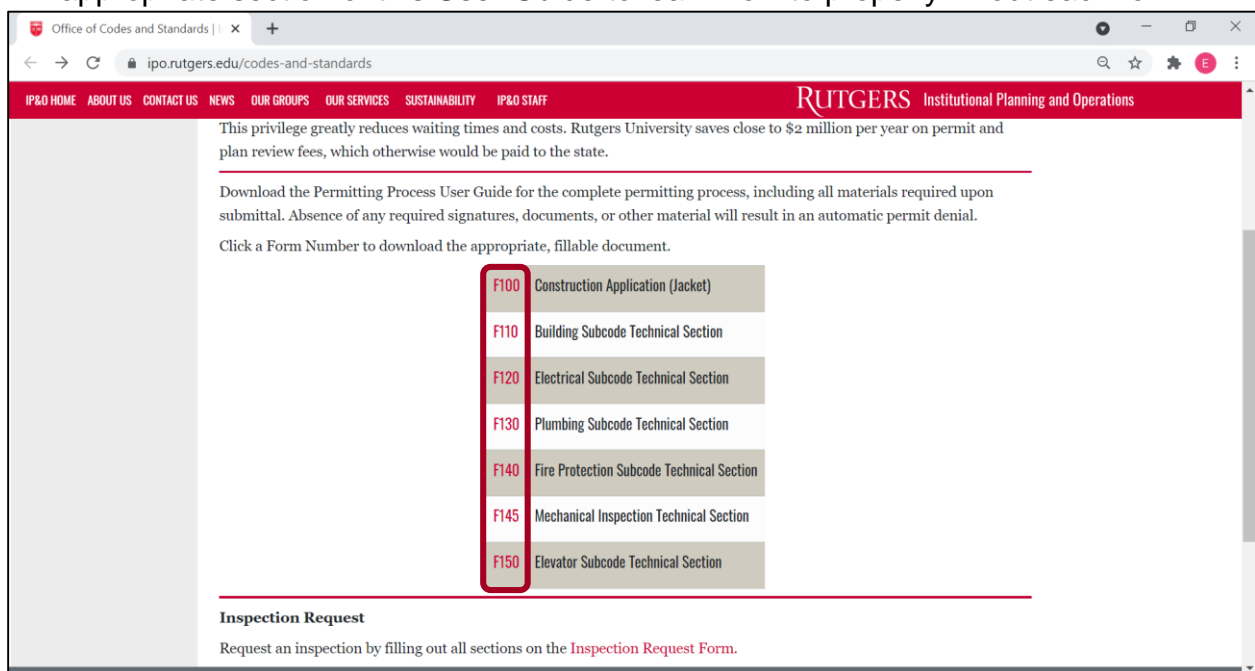
Downloading the Jacket and Tech Sheets

1. Navigate to the [Office of Codes and Standards](https://ipo.rutgers.edu/codes-and-standards)⁶ website and scroll down .



2. Select the appropriate form.

A fillable PDF of the selected form will open in a new tab. Follow the steps in the appropriate section of this User Guide to learn how to properly fill out each form.



⁶ <https://ipo.rutgers.edu/codes-and-standards>

F100: Construction Permit Application (Jacket)





KEY: Each project requires a **Jacket**. Only certain sections and pages of the **Jacket** must be filled out. Read the following steps carefully.

1. After downloading the **Jacket**, fill out the appropriate grey highlighted areas in the PDF. Click in the grey area to type.



HINT: Enter all phone numbers and faxes without spaces or punctuation. The form will automatically add the necessary text.

2. You may need to scroll to the side  or down  to view the entire document.
3. Some of the information will be the same as the accompanying **Tech Sheets**, ensure ALL overlapping information is correct on all forms. If the overlapped information does not match, the permit will be denied.
4. Skip the top line of information, including: **BLOCK, LOT, QUALIFICATION CODE, ADDRESS (SITE), PERMIT NO.**

The screenshot shows the 'F100-1 8-2008 Inet rev.pmd' form, which is a 'CONSTRUCTION PERMIT APPLICATION'. The form is divided into several sections:

- Identification:** Includes fields for Name of Owner in Fee, Address, Tel, e-mail, Ownership in Fee (Public/Private), Principal Contractor, License No. OR, if new home, Builder Reg. No., Home Improvement Contractor Registration No. or Exemption Reason, Federal Emp. ID No., and Responsible Person in Charge once Work has Begun.
- V. FEE SUMMARY (for office use only):** A table with columns for Building, Electrical, Plumbing, Fire Protection, Elevator Devices, Subtotal, Less 20% for State Plan Review, State Permit Surcharge Fee, Subtotal, Cert. of Occupancy, Other, and TOTAL.
- VI. BUILDING/SITE CHARACTERISTICS:** Includes fields for Number of Stories, Height of Structure, Area - Largest Floor, New Building Area, Volume of New Structure, Max. Live Load, Max. Occupancy Load, If Insulated Building (State Approved), Total Land Area Disturbed, Flood Hazard Zone, Base Flood Elevation, and Wetlands.
- VII. DESCRIPTION OF BUILDING USE:** Includes fields for State Specific Use, Use Group, Proposed, Change in Use Group, and No. of dwelling units.
- III. PROPOSED WORK:** Includes checkboxes for Minor Work, Repair, Alteration, New Building, Addition, Renovation, Demolition, Reconstruction, and Annual Permit.
- III. SUBCODES:** Includes checkboxes for Building, Electrical, Plumbing, Fire Protection, and Elevator.
- III. PLAN REVIEW (optional):** Includes checkboxes for Partial Releases, Prototype Processing, and others.
- IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?:** Includes checkboxes for various building features like Dumbbells/Moving Walks, High Pressure Boilers, Pressure Vessels, Refrigeration Systems, Cross Connections/Backflow Preventers, Hazardous Uses/Places of Assembly, Sprinklers/Standpipes, Smoke Control Systems in Open Wells, Underground Storage Tanks, Swimming Pools, Spas and Hot Tubs, and LPG Gas Tanks.

The form is displayed in a web browser window with a red double arrow icon on the left and a red double arrow icon on the right.

6. **IDENTIFICATION:** Enter the appropriate information and ensure that all information that overlaps with the **Jacket** is the same.

Name	Information	Required?
Proposed Work Site at	The Building Name, Building Number, Room Number must be included as part of the Address.	✓
Name of Owner in Fee	This will always be Rutgers University. The Rutgers University Project Manager's Email and Phone are placed here. The Address will always be 33 Knightsbridge Road, Piscataway 08854.	✓
Ownership in Fee	Skip this section.	✗
Principal Contractor	Enter the General Contractor's Company Name, Phone, Address, Email address, License Number with Expiration Date, and Federal Tax ID.	✓
Architect or Engineer	Enter the Project Designer's Company Name and Address. Enter the Company's Representative's Name, Phone, Email, and Fax.	✓
Responsible Person in Charge once Work has Begun	Enter the General Contractor's Representative Name, Phone, and Fax.	✓

A sample form is filled out below.

7. **PROPOSED WORK:** Skip this section.

8. **SUBCODES:** Check the appropriate boxes and enter the applicable amounts in each row. The **Total Cost** will autopopulate. If it does not autopopulate, enter the appropriate number.



HINT: The **Est. Cost** of each item must match the **Total Cost** on the appropriate **Tech Sheet**. If the **Est. Cost** for **Electrical** is \$20,000 then the **Total Cost** for all **Electrical Subcode Technical Sheets** submitted should equal \$20,000.

An example form is filled out below.

SUBCODES	Est. Cost	Total Cost
Building	55,000	\$240,000
Electrical	20,000	
Plumbing	60,000	
Fire Protection	80,000	
Elevator	25,000	

9. **PLAN REVIEW:** Skip this section.
10. **DOES THE BUILDING CONTAIN ANY OF THE FOLLOWING?:** Skip this section.
11. **FEE SUMMARY (for office use only):** Skip this section.
12. **BUILDING/SITE CHARACTERISTICS:** Skip this section.
13. **DESCRIPTION OF BUILDING USE:** Skip this section.
14. On page 2, the **CERTIFICATE IN LIEU OF OATH** can be filled out by either the Rutgers University Project Manager or the General Contractor. Follow the steps appropriate to your role.



NOTE: Only one section of this page must be filled out. For example if the **OWNER SECTION** is completed, the **AGENT SECTION** may be left blank.

a. For a Rutgers University Project Manager: Fill out the **OWNER SECTION** by checking the appropriate boxes.



CAUTION: After printing the document, remember to sign and date in the area below. Electronic signatures are not accepted. Failure to properly sign and date will result in a denied permit.

An example form is filled out below.

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. 46:38-1 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' 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)(i):
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(g)(5): All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

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(g)(5): All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 _____

b. For a General Contractor: Fill out the **AGENT SECTION**.

Check the **Check if contractor** box and fill out the **Agent Name, Address, and Telephone**.



NOTE: Do not check either the **Lead Hazard Abatement** or the **Home Elevation** boxes (located under the signature area). REHS will handle this.



CAUTION: After printing the document, remember to physically sign and date in the area below. Electronic signatures are not accepted. Failure to properly sign and date will result in a denied permit.

A sample form is filled out below.

The screenshot shows a web browser displaying the NJ 100-1 B-2008 Inset rev.pmd form. The form is titled "100-1 B-2008 Inset rev.pmd" and is a PDF document. The "AGENT SECTION" is highlighted with a red box. The section contains the following text:

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.
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.
(X) Check if contractor.

Agent Name: Jenny Li
Address: 55 Sample St
Sample, NJ 12345
Telephone: (888) 888-8888
Signature: _____

III. () LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(j)(4).
IV. () HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

Below the AGENT SECTION is a table titled "OFFICE DATE RECEIVED:" with columns for "VIL. PRIOR APPROVALS CHECKLIST (office use only)", "LOCAL APPROVAL", "COUNTY APPROVAL", "REGIONAL APPROVAL", "STATE APPROVAL", and "COMMENTS". The table has rows for "Zoning Officer", "Planning Board", "Zoning Board", "Sewer Authority", and "Water Authority". The "LOCAL APPROVAL" column has "Prelim. Initial" and "Final Date" sub-columns. The "COUNTY APPROVAL", "REGIONAL APPROVAL", and "STATE APPROVAL" columns have "Prelim. Initial" and "Final Date" sub-columns. The "COMMENTS" column is empty.

15. Skip page 3 of the **Jacket**.

16. Follow the [Downloading and Printing a Form](#) steps.



KEY: After printing, remember to sign and date in all designated areas. Documents submitted without proper signatures and dates will result in a denied permit.

F110: Building Subcode Technical Section





KEY: Only certain sections and pages of this **Tech Sheet** must be filled out. Read the following steps carefully.

1. After [downloading the Tech Sheet](#), fill out the appropriate grey highlighted areas in the PDF. Click in the grey areas to type.



HINT: Enter all phone numbers and faxes without spaces or punctuation. The form will automatically add the necessary text.

2. You may need to scroll to the side  or down  to view the entire document.
3. Some of the information will be the same as the **Jacket**, ensure ALL overlapping information is correct on both forms. If the overlapped information does not match, the permit will be denied.

BUILDING SUBCODE TECHNICAL SECTION

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Tel. _____ e-mail _____

Address _____

Contractor _____ Tel. _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	Type	Failure	Approval	Initial
[] No Plans Required						
[] All						
[] Foundations						
[] Structural/Framework						
[] Exterior						
[] Interior						
[] Truss Sys./Roofing						
[] Barrier-Free						
[] Elev. [] Plumb. [] Fire [] Elevator						
[] Insulation						
[] 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. Use Load _____

Max. Occupancy Load _____

Consent: Class Present _____ Proposed _____

If Industrialized Building _____

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

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

U.C.C. F110 (rev. 11/08)
Internet version

FEE (Office Use Only)

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

4. **IDENTIFICATION – APPLICANT:** Enter the appropriate information and ensure that all information that overlaps with the **Jacket** is the same.

Name	Information	Required?
Block	Skip this section.	✗
Lot	Skip this section.	✗
Qualification Code	Skip this section.	✗
Work Site Location	The Building Name, Building Number, Room Number must be included as part of the Address.	✓
Owner in Fee	This will always be Rutgers University. The Rutgers University Project Manager's Email and Phone are placed here. The Address will always be 33 Knightsbridge Road, Piscataway 08854.	✓
Contractor	Enter the General Contractor's Company Name, Phone, Address, Email address, License Number with Expiration Date, and Federal Tax ID.	✓

A sample form is filled out below.

The screenshot shows a web browser window with the URL nj.gov/dca/divisions/codes/forms/pdf_ucc_stdforms/ucc_f110_bldg.pdf. The form is titled 'BUILDING SUBCODE' and contains the following sections:

- IDENTIFICATION - APPLICANT:** This section is highlighted with a red box. It includes fields for Block, Lot, Qualification Code, Work Site Location, Owner in Fee, and Contractor. The 'Owner in Fee' section is filled out with Rutgers University information.
- TECHNICAL SITE DATA:** This section includes fields for 'TYPE OF WORK' and 'FEE (Office Use Only)'.
- JOB SUMMARY (Office Use Only):** This section contains a table for 'PLAN REVIEW' and 'INSPECTIONS'.

5. **JOB SUMMARY (Office Use Only):** Skip this section.

6. **BUILDING CHARACTERISTICS:** Enter the **New Bldg.** or **Rehabilitation** cost and the **Est. Cost of Bldg. Work Total (1 + 2)** will autopopulate. This should match the **Est. Cost** for the **Building** section of the **Jacket**.

BUILDING SUBCODE TECHNICAL SECTION

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

Block: 1 Test St, Sample NJ 12345, Doe Hall, 5555, Room 012

Owner in Fee: Rutgers University
Tel: (123) 456-7890
Address: 33 Knightsbridge Road, Piscataway NJ 08854
Contractor: General Contracting Company A
Address: 123 Sample Road, Sample NJ 12345
Contractor License No. or Builder Registration No.: 5555555
Home Improvement Contractor Registration No. or Exemption Reason: 5555555
Federal Emp. ID No.: 5555555
FAX: (555) 555-5555

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

FEE (Office Use Only)

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type	Failure	Approval	Initial
[] No Plans Required			[] All	Footing			
[] All			[] Footings/Foundations	Footing Banding			
[] Footings/Foundations			[] Structural/Framework	Foundation			
[] Structural/Framework			[] Slab	Slab			
[] Slab			[] Interior	Frame			
[] Interior			[] Truss Sys./Bracing	Truss Sys./Bracing			
[] Truss Sys./Bracing			[] Barrier-Free	Barrier-Free			
[] Barrier-Free			[] Insulation	Insulation			
[] Insulation			[] Finishes—Base Layer	Finishes—Base Layer			
[] Finishes—Base Layer			[] Finishes—Final	Finishes—Final			
[] Finishes—Final			[] Energy	Energy			
[] Energy			[] Mechanical	Mechanical			
[] Mechanical			[] TCO	TCO			
[] TCO			[] Other	Other			
[] Other			[] Final	Final			
[] Final			[] Barrier-Free	Barrier-Free			
[] Barrier-Free							

B. BUILDING CHARACTERISTICS

Use Group: Present Proposed

No. of Stories: _____

Height of Structure: _____

Area — Largest Floor: _____

New Bldg. Area/All Floors: _____

Volume of New Structure: _____

Max. Live Load: _____

Max. Occupancy Load: _____

Const. Class: Present Proposed

If Industrialized Building: _____

Est. Cost of Bldg. Work:

1. New Bldg.	\$ 55,000
2. Rehabilitation	\$ 55,000
3. Total (1+2)	\$ 55,000

U.C.C. F110 (rev. 1000)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

7. **CERTIFICATE IN LIEU OF OATH:** This section must be completed after printing.

Either the Rutgers University Project Manager or the General Contractor must physically sign and print their name.



CAUTION: Electronic signatures are not accepted. Failure to properly sign and print will result in a denied permit.

BUILDING SUBCODE TECHNICAL SECTION

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

Block: 1 Test St, Sample NJ 12345, Doe Hall, 5555, Room 012

Owner in Fee: Rutgers University
Tel: (123) 456-7890
Address: 33 Knightsbridge Road, Piscataway NJ 08854
Contractor: General Contracting Company A
Address: 123 Sample Road, Sample NJ 12345
Contractor License No. or Builder Registration No.: 5555555
Home Improvement Contractor Registration No. or Exemption Reason: 5555555
Federal Emp. ID No.: 5555555
FAX: (555) 555-5555

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: Jane Doe

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK

FEE (Office Use Only)

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type	Failure	Approval	Initial
[] No Plans Required			[] All	Footing			
[] All			[] Footings/Foundations	Footing Banding			
[] Footings/Foundations			[] Structural/Framework	Foundation			
[] Structural/Framework			[] Slab	Slab			
[] Slab			[] Interior	Frame			
[] Interior			[] Truss Sys./Bracing	Truss Sys./Bracing			
[] Truss Sys./Bracing			[] Barrier-Free	Barrier-Free			
[] Barrier-Free			[] Insulation	Insulation			
[] Insulation			[] Finishes—Base Layer	Finishes—Base Layer			
[] Finishes—Base Layer			[] Finishes—Final	Finishes—Final			
[] Finishes—Final			[] Energy	Energy			
[] Energy			[] Mechanical	Mechanical			
[] Mechanical			[] TCO	TCO			
[] TCO			[] Other	Other			
[] Other			[] Final	Final			
[] Final			[] Barrier-Free	Barrier-Free			
[] Barrier-Free							

B. BUILDING CHARACTERISTICS

Use Group: Present Proposed

No. of Stories: _____

Height of Structure: _____

Area — Largest Floor: _____

New Bldg. Area/All Floors: _____

Volume of New Structure: _____

Max. Live Load: _____

Max. Occupancy Load: _____

Const. Class: Present Proposed

If Industrialized Building: _____

Est. Cost of Bldg. Work:

1. New Bldg.	\$ 55,000
2. Rehabilitation	\$ 55,000
3. Total (1+2)	\$ 55,000

U.C.C. F110 (rev. 1000)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

8. **TECHNICAL SITE DATA:** Enter a brief **DESCRIPTION OF WORK** and select the **TYPE OF WORK**.

The screenshot shows the 'BUILDING SUBCODE TECHNICAL SECTION' of the UCC F110 form. The form is divided into several sections: A. IDENTIFICATION, B. CERTIFICATION, C. TECHNICAL SITE DATA, D. JOB SUMMARY, and E. BUILDING CHARACTERISTICS. The 'C. TECHNICAL SITE DATA' section is highlighted with a red box and contains a 'DESCRIPTION OF WORK' field and a 'TYPE OF WORK' section with checkboxes for New Building, Addition, Rehabilitation, Roofing, Siding, Fence, Sign, Pool, Retaining Wall, Asbestos Abatement, Lead Paint, Radon Remediation, and Other. The 'E. BUILDING CHARACTERISTICS' section is also visible and contains fields for Use Group, Height of Structure, Area, Volume, Max. Use Load, and Max. Occupancy Load. The 'FEE (Office Use Only)' section is on the right side of the form and contains fields for Administrative Surcharge, Minimum Fee, State Permit Surcharge Fee, and TOTAL FEE.

9. **FEE (Office Use Only):** Skip this section.

10. Follow the [Downloading and Printing a Form](#) steps.



KEY: After printing, remember to sign and date in the all designated areas. Documents submitted without proper signatures and dates will result in a denied permit.

F120: Electrical Subcode Technical Section



KEY: Only certain sections and pages of this **Tech Sheet** must be filled out. Read the following steps carefully.

1. After [downloading the Tech Sheet](#), fill out the appropriate grey highlighted areas in the PDF. Click in the grey areas to type.



HINT: Enter all phone numbers and faxes without spaces or punctuation. The form will automatically add the necessary text.

2. You may need to scroll to the side or down to view the entire document.
3. Some of the information will be the same as the **Jacket**, ensure ALL overlapping information is correct on both forms. If the overlapped information does not match, the permit will be denied.

ELECTRICAL SUBCODE TECHNICAL SECTION

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

Block _____ Lot _____ Qualification Code _____
 Work Site Location _____

Owner in Fee _____ e-mail _____
 Tel. _____
 Address _____ e-mail _____
 Contractor _____ Tel. _____
 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 \$ _____

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 Electrical Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEES (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fixed HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permits/Work Use Lights	
		Shower/Panels/Tub	
		KW Elec. Range/Receptacle	
		KW Over/Under Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Boiler Handler	
		KW Baseboard Heat	
		HP Motors 1/2 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 \$ _____	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required
☐ Partial Understate Utilities Approved
☐ Electric Plans Approved
☐ Other Plans Required

INSPECTIONS

Type	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Temp. Sens.				
Const. Sens.				
Other				
TCO				
Service				
Final				
Barrier-Free				

SUBCODE APPROVAL FOR PERMIT

Approved by: _____
 Date: _____
 Approved by: _____
 Date: _____

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ COO ☐ CA
 Approved by: _____
 Date: _____

APPROVAL FOR CERTIFICATE

Temp. Card Date Issued _____
 Final Card Date Issued _____
 Annual Pool Inspection _____
 Date of Grounding and Bonding Certification _____

U.C.C. F120 (rev. 01/01) Internal version. Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

4. **IDENTIFICATION – APPLICANT:** Enter the appropriate information and ensure that all information that overlaps with the **Jacket** is the same.

Name	Information	Required?
Block	Skip this section.	✗
Lot	Skip this section.	✗
Qualification Code	Skip this section.	✗
Work Site Location	The Building Name, Building Number, Room Number must be included as part of the Address.	✓
Owner in Fee	This will always be Rutgers University. The Rutgers University Project Manager's Email and Phone are placed here. The Address will always be 33 Knightsbridge Road, Piscataway 08854.	✓
Ownership in Fee	Skip this section.	✗
Contractor	Enter the General Contractor's Company Name, Phone, Address, Email address, License Number with Expiration Date, and Federal Tax ID.	✓

A sample form is filled out below.

5. **ELECTRICAL CHARACTERISTICS:** Only the **Est. Cost of Elec. Work** needs to be filled out. This should match the **Est. Cost** for the **Electrical** section of the **Jacket**.

A sample form is filled out below.

The screenshot shows a web browser window with the URL nj.gov/dca/divisions/codes/forms/pdf_ucc_stdforms/ucc_f120_elec.pdf. The form is titled "ELECTRICAL SUBCODE TECHNICAL SECTION".

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DISC NO. 1-800-272-1900.

Block: _____ Lot: _____ Qualification Code: _____
 Work Site Location: 1. Test St, sample NJ 12345, Doe Hall, 5555, Room 012

Owner in Fee: Rutgers University
 Tel: (123) 456-7890 e-mail: projectmanager@rutgers.edu
 Address: 33 Knightbridge Road, Piscataway NJ 08854

Contractor: General Contracting Company A
 Tel: (555) 555-5555 e-mail: gcontractor@test.com
 Address: 123 Sample Road, Sample NJ 12345
 Contractor License No: 5555555 Exp. Date: 01/28/2025
 Admin. Improvement Contractor Registration No. or Exemption Reason: _____
 Federal Emp. ID No: 5555555 FAX: (555) 555-5555

B. ELECTRICAL CHARACTERISTICS

Use Group: Present _____ Proposed _____
☒ Industrial ☐ Temporary ☐ Other

Est. Cost of Elec. Work \$ 20,000

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 Electrical Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEES (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Frac. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
TOTAL NUMBERS			
		Pool Permits with UV Lights	
		Staircase Post/Sprinkler Tub	
		KW Elec. Range/Receptacle	
		KW Over/Under 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 1/2 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			\$

E. JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial—Understate Utilities Approved

☐ Electric Plans Approved

☐ Low Voltage Review Required

☐ 90% ☐ 100% ☐ Final ☐ Other

SUBCODE APPROVAL FOR PERMIT

Approved by: _____ Date: _____
 Temp. Cavity-Card Date Issued: _____
 Final Cavity-Card Date Issued: _____
 Annual Pool Inspection: _____
 Date of Grounding and Bonding Certification: _____

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ CCO ☐ CA

Approved by: _____ Date: _____

U.C.C. F120 (rev. 01/01) Internal version. Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

6. **JOB SUMMARY (Office Use Only):** Skip this section.

7. CERTIFICATE IN LIEU OF OATH: This section must be completed after printing.

Either the Rutgers University Project Manager or the General Contractor must physically sign and print their name.



NOTE: If the General Contractor fills out this section, they must check **Licensed Electrical Contractor**. If a Rutgers University Project Manager or Rutgers employee fills out this section, they must check **Exempt Applicant**.



CAUTION: Electronic signatures are not accepted. Failure to properly sign and print will result in a denied permit.

Internet F120 11-2009 (purple).pdf

ELECTRICAL SUBCODE TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIV. NO. 1-800-972-1900.

Block _____ Lot _____ Qualification Code _____
Work Site Location: 1. Test St, sample NJ 12345, Doe Hall, 5555, Room 012

Owner in Fee: Rutgers University
Tel: (123) 456-7890 e-mail: projectmanager@rutgers.edu
Address: 33 Knightbridge Road, Piscataway NJ 08854

Contractor: General Contracting Company A
Address: 123 Sample Road, Sample NJ 12345
Tel: (555) 555-5555 e-mail: gcontractor@test.com
Contractor License No: 5555555 Exp. Date: 01/28/2025

Home Improvement Contractor Registration No. or Exemption Reason: 5555555
Federal Emp. ID No: 5555555 FAX: (555) 555-5555

B. ELECTRICAL CHARACTERISTICS

Use Group: Present Proposed
☐ Pole/Pad ☐ Temporary ☐ Other
Building Occupied as: _____ Utility Co: _____
Est. Cost of Elec. Work: \$ 20,000

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: David Doe
☒ Licensed Electrical Contractor
☐ Exempt Applicant

DESCRIPTION OF WORK

QTY	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Frac. HP	
		Emergency & Exit Lights	
		Communications Panels	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permits/UV Lights	
		Separate Pools/Spas/Tubs	
		KW Elec. Range/Receptacle	
		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 1/2 HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Directive Light	
		Administrative Surcharge	
		Minimum Fee	
		State Permit Surcharge Fee	
		TOTAL FEE	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required
☐ Partial Undercode Utilities Approved
Date: _____ Approved by: _____
☐ Electric Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required: ☐ Yes ☐ No ☐ Other

SUBCODE APPROVAL FOR PERMIT

Date: _____ Approved by: _____
Approved by: _____

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ CDD ☐ CA
Date: _____ Approved by: _____
Approved by: _____

INSPECTIONS

Type	Dates (Month/Day)	Pass	Fail	Approval	Initial
Barrier-Free					
Trench					
Temp. Serv.					
Const. Serv.					
ISO					
Other					
Barrier-Free					
Final					
Temp. Cut-in-Card Date Issued					
Final Cut-in-Card Date Issued					
Annual Flood Inspection					
Date of Grounding and Bonding Certification					

U.C.C. F120 (Rev. 01/02) Internal version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

8. TECHNICAL SITE DATA: Enter a brief DESCRIPTION OF WORK

Enter the **QTY** and **SIZE** for the appropriate **ITEMS**.

9. FEE (Office Use Only): Skip this section.

10. Follow the [Downloading and Printing a Form](#) steps.



KEY: After printing, remember to sign and date in all designated areas. Documents submitted without proper signatures and dates will result in a denied permit.

F130: Plumbing Subcode Technical Section



KEY: Only certain sections and pages of this **Tech Sheet** must be filled out. Read the following steps carefully.

1. After [downloading the Tech Sheet](#), fill out the appropriate grey highlighted areas in the PDF. Click in the grey areas to type.



HINT: Enter all phone numbers and faxes without spaces or punctuation. The form will automatically add the necessary text.

2. You may need to scroll to the side or down to view the entire document.
3. Some of the information will be the same as the **Jacket**, ensure ALL overlapping information is correct on both forms. If the overlapped information does not match, the permit will be denied.

PLUMBING SUBCODE TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIS NO. 1-800-222-1000.

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____ Tel. _____ e-mail _____

Contractor _____ Tel. _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial Underseal Utilities Approved

Date _____ Approved by _____

☐ Plumbing Plans Approved

☐ Joint Plan Review Required

☐ Bldg. ☐ Elec. ☐ Fire ☐ Elev.

Date _____

Approved by _____

SUBCODE APPROVAL FOR PERMIT

Date _____

SUBCODE APPROVAL FOR CERTIFICATE

☐ CO ☐ CDD ☐ CA

Date _____

Approved by _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the agent/off 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 Contractor ☐ Exempt Applicant ☐

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LPG Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Intermittent Separator	_____
_____	Backflow Preventer	_____
_____	Grease Trap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other	_____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

4. **IDENTIFICATION – APPLICANT:** Enter the appropriate information and ensure that all information that overlaps with the **Jacket** is the same.

Name	Information	Required?
Block	Skip this section.	✗
Lot	Skip this section.	✗
Qualification Code	Skip this section.	✗
Work Site Location	The Building Name, Building Number, Room Number must be included as part of the Address.	✓
Owner in Fee	This will always be Rutgers University. The Rutgers University Project Manager's Email and Phone are placed here. The Address will always be 33 Knightsbridge Road, Piscataway 08854.	✓
Contractor	Enter the General Contractor's Company Name, Phone, Address, Email address, License Number with Expiration Date, and Federal Tax ID.	✓

A sample form is filled out below.

The screenshot shows a web browser window with the URL nj.gov/dca/divisions/codes/forms/pdf_ucc_stdforms/ucc_f130_plumb.pdf. The form is titled 'PLUMBING SUBCODE TECHNICAL SECTION' and is filled out with sample data. A red box highlights the 'IDENTIFICATION-APPLICANT' section, which includes fields for Block, Lot, Qualification Code, Work Site Location, Owner in Fee, Contractor, and Contractor License. The form also includes sections for 'PLUMBING CHARACTERISTICS', 'JOB SUMMARY', 'INSPECTIONS', 'SUBCODE APPROVAL FOR PERMIT', 'SUBCODE APPROVAL FOR CERTIFICATE', and 'FIXTURE/EQUIPMENT'. The 'TOTAL FEE' section at the bottom right shows a total fee of \$0.00.

5. **PLUMBING CHARACTERISTICS:** Only the **Est. Cost of Plumbing Work** needs to be filled out. This should match the **Est. Cost** for the **Plumbing** section of the **Jacket**.

A sample form is filled out below.

The screenshot shows the 'PLUMBING SUBCODE TECHNICAL SECTION' form. The 'Est. Cost of Plumbing Work' is highlighted in red and set to \$5,000. The form includes sections for identification, certification, technical site data, and plumbing characteristics.

PLUMBING SUBCODE TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIS NO. 1-800-270-1000.

Block: _____ Lot: _____
Work Site Location: 1 Test St, Sample NJ 12345 Doe Hall, 5555, Room 012

Owner in Fee: Rutgers University
Tel: (123) 456-7890 e-mail: projectmanager@rutgers.edu
Address: 33 Knightsbridge Road Piscataway NJ 08854

Contractor: General Contracting Company A
Tel: (555) 555-5555
Address: 123 Sample Road e-mail: gcontractor@test.com
Sample NJ 12345

Contractor License No. 5555555 Exp. Date: 01/28/2025
Home Improvement Contractor Registration No. or Exemption Reason: _____
Federal Emp. ID No. 555555 FAX: (555) 555-5555

B. PLUMBING CHARACTERISTICS

Use Group: _____ Proposed: _____
Building Sewer Size: _____ Public Sewer: _____ Private Septic: _____

Est. Cost of Plumbing Work \$ 5,000

FOR HOMEOWNERS (OFFICE USE ONLY)

Public Review:
[] No Plans Required
[] Partial Understate Utilities Approved
Date: _____ Approved by: _____
[] Plumbing Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[] Bldg [] Elec [] Fire [] Env
SUBCODE APPROVAL FOR PERMIT
Date: _____ Approved by: _____
SUBCODE APPROVAL FOR CERTIFICATE
[] CO [] CDD [] CA
Date: _____ Approved by: _____

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the agent 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 Contractor [] Exempt Applicant []

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Flair Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bib	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPG Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/separator	
	Backflow Preventer	
	GreaseTrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

6. **JOB SUMMARY (Office Use Only):** Skip this section.

7. CERTIFICATE IN LIEU OF OATH: This section must be completed after printing.

Either the Rutgers University Project Manager or the General Contractor must physically sign and print their name.



NOTE: If the General Contractor fills out this section, they must check **Licensed Contractor**. If a Rutgers University Project Manager or Rutgers employee fills out this section, they must check **Exempt Applicant**.



CAUTION: Electronic signatures are not accepted. Failure to properly sign and print will result in a denied permit.

Internet F130 11-2009 (blue).pmd

Internet F130 11-2009 (blue).pmd

1 / 1 100% +

Internet F130 11-2009 (blue).pmd

PLUMBING SUBCODE TECHNICAL SECTION

A. CERTIFICATION—APPLICANT COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIS NO. 1-800-272-1093.

Block _____ Lot _____ Subdivision Code _____
Work Site Location 1 Test St. Sample NJ 12345 Doe Hall, 5555, Room 012

Owner is Fee: Rutgers University
Tel. (123) 456-7890 e-mail projectmanager@rutgers.edu
Address 33 Knightsbridge Road Placerville NJ 08854
Contractor General Contracting Company A Tel. (555) 555-5555
Address 123 Sample Road e-mail gcontractor@test.com
Sample NJ 12345
Contractor License No. 55555555 Exp. Date 01/28/2025
Home Improvement Contractor Registration No. or Exemption Reason 555555
Federal Emp. ID No. 555555 FAX: (555) 555-5555

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 55,000

JOE SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
[] Partial Underpinning Utilities Approved
[] Plumbing Plans Approved
[] Joint Plan Review Required
\$ [] Bldg. [] Elec. [] Fire [] Elev. [] Gas
SUBCODE APPROVAL FOR PERMIT
Date _____ Approved by _____
SUBCODE APPROVAL FOR CERTIFICATE
Date _____ Approved by _____

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 as General Contractor
Sign and seal here: _____
Print name here: David Doe
[] Licensed Contractor [X] Exempt Applicant

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Sidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPG Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/separator	
	Backflow Preventer	
	Grease trap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

UCC F130 (Rev. 10/17)
Revised version: _____
Applicant: When submitting this form to your Local Distribution Code Enforcement Office, please provide one original and three photocopies.

8. TECHNICAL SITE DATA: Enter a brief DESCRIPTION OF WORK.

Enter the **QTY** for the appropriate **FIXTURE/EQUIPMENT**.

Internet F130 11-2009 (blue).pmd

1 / 1 100% +

Internet F130 11-2009 (blue).pmd

PLUMBING SUBCODE TECHNICAL SECTION

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

Block _____ Lot _____ Qualification Code _____
Work Site Location 1 Test St, Sample NJ 12345 Doe Hall, 5555, Room 012

Owner or Firm: Rutgers University
Tel: (123) 456-7890 e-mail: projectmanager@rutgers.edu
Address: 33 Knightsbridge Road, Piscataway NJ 08854
Contractor: General Contracting Company A, Tel: (555) 555-5555
Address: 123 Sample Road, e-mail: gcontractor@test.com
Sample NJ 12345

Contractor License No. 5555555 Exp. Date: 01/28/2025
Home Improvement Contractor Registration No. or Exemption Reason: _____
Federal Emp. ID No. 5555555 FAX: (555) 555-5555

B. PLUMBING CHARACTERISTICS

Use Group: _____ Proposed _____
Building Sewer Size: _____ Public Sewer _____ Private Septic _____
Water Service Size: _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 55,000

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 noted on this application.
Applicant sign/Contractor sign and seal here: _____
Print name here: David Doe

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK: _____

QTY	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Vestib	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Heap Sink	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	GreaseTrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other: _____	_____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

UCC F130 (Rev. 10/17) Applicant: When submitting this form to your Local Jurisdiction Code Enforcement Office, please provide one original plus three photocopies.

9. FEE (Office Use Only): Skip this section.

10. Follow the [Downloading and Printing a Form](#) steps.



KEY: After printing, remember to sign and date all designated areas. Documents submitted without proper signatures and dates will result in a denied permit.

F140: Fire Protection Subcode Technical Section



KEY: Only certain sections and pages of this **Tech Sheet** must be filled out. Read the following steps carefully.

1. After [downloading the Tech Sheet](#), fill out the appropriate grey highlighted areas in the PDF. Click in the grey areas to type.



HINT: Enter all phone numbers and faxes without spaces or punctuation. The form will automatically add the necessary text.

2. You may need to scroll to the side or down to view the entire document.
3. Some of the information will be the same as the **Jacket**, ensure ALL overlapping information is correct on both forms. If the overlapped information does not match, the permit will be denied.

FIRE PROTECTION SUBCODE TECHNICAL SECTION

A. CERTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIS NO. 1-800-272-1000.

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____ e-mail _____

Contractor _____ e-mail _____ Tel _____

Address _____ e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit 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 _____

Canals: Class: Present _____ Proposed _____

Heating System: ☐ New or ☐ Modification to Existing ☐ Fire Alarm System: ☐ New or ☐ Existing

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Other _____

Location: _____

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: _____

Alarm/Combustible Tanks

NUMBER	FEE (Office Use Only)
System	
120V Interconnected	
CO Detectors/120V	
Alarm Devices (i.e., smoke, heat, pull, waterflow)	
Signaling Devices (i.e., horns/strobes, bells)	
Other Devices	
TOTAL	0

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 _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems

Exhaust Heat Exhaust System _____

Smoke Control System _____

Fuel Fired Appliances ☐ Gas ☐ Oil ☐ Solid _____

Fireplaces/Boilers/Hot Water _____

Other _____

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ 1/30 Plan Required

☐ Partial Underclass Utilities Approved

Date _____ Approved by _____

☐ Fire Protection Plans Approved

Date _____ Approved by _____

Joint Plan Review Required

☐ 1/30g ☐ 1/30e ☐ 1/30f ☐ 1/30g

SUBCODE APPROVAL FOR PERMIT

Date _____ Approved by _____

SUBCODE APPROVAL FOR CERTIFICATE

☐ CD ☐ CDD ☐ GA

Date _____ Approved by _____

W.C.S. F140 (rev. 08/15) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

4. **IDENTIFICATION – APPLICANT:** Enter the appropriate information and ensure that all information that overlaps with the **Jacket** is the same.

Name	Information	Required?
Block	Skip this section.	✗
Lot	Skip this section.	✗
Qualification Code	Skip this section.	✗
Work Site Location	The Building Name, Building Number, Room Number must be included as part of the Address.	✓
Owner in Fee	This will always be Rutgers University. The Rutgers University Project Manager's Email and Phone are placed here. The Address will always be 33 Knightsbridge Road, Piscataway 08854.	✓
Contractor	Enter the General Contractor's Company Name, Phone, Address, Email address, License Number with Expiration Date, and Federal Tax ID.	✓
Fire Protection Equipment, NJ Div of Fire Safety Permit No.	Skip this section.	✗
Fire Protection Equipment, NJ Div of Fire Safety Installer No.	Skip this section.	✗
Fire Alarm Contractor No.	Skip this section.	✗

A sample form is filled out below.

The screenshot displays a web browser window with the URL nj.gov/dca/divisions/codes/forms/pdf_ucc_stdforms/ucc_f140_fire_prot.pdf. The form is titled "FIRE PROTECTION SUBCODE TECHNICAL SECTION" and is filled out with sample data. A red box highlights the "CERTIFICATION IN LIEU OF OATH" section, which includes a statement: "I hereby certify that I am the agent of owner of record and am authorized to make this application." The form also includes sections for "TECHNICAL SITE DATA", "DESCRIPTION OF WORK", "FIRE PROTECTION EQUIPMENT", and "FIRE ALARM SYSTEMS". The "FIRE PROTECTION EQUIPMENT" section includes fields for "Fire Protection Equipment, NJ Div of Fire Safety Permit No." and "Fire Protection Equipment, NJ Div of Fire Safety Installer No.". The "FIRE ALARM SYSTEMS" section includes fields for "Fire Alarm Contractor No." and "Fire Alarm System". The form is dated 02/13/2025 and includes a "TOTAL FEE" section at the bottom right.

5. **FIRE PROTECTION CHARACTERISTICS:** Only the **Total Cost of Fire Protection Work** needs to be filled out. This should match the **Est. Cost** for the **Fire Protection** section of the **Jacket**.

A sample form is filled out below.

The screenshot shows a web browser window with the address bar displaying 'nj.gov/sca/divisions/codes/forms/pdf_ucc_stdforms/ucc_f140_fire_prot.pdf'. The browser window title is 'Internet f140 02-2011 (red).pdf'. The PDF form is titled 'FIRE PROTECTION SUBCODE TECHNICAL SECTION'. The form is filled out with sample data. A red box highlights the 'Total Cost of Fire Protection Work' field, which contains the value '80,000'. The form includes sections for applicant information, project details, fire protection characteristics, and a fee schedule. The browser window shows a zoom level of 100% and a page number of 1/1.

6. **JOB SUMMARY (Office Use Only):** Skip this section.

7. CERTIFICATE IN LIEU OF OATH: This section must be completed after printing.

Either the Rutgers University Project Manager or the General Contractor must physically sign and print their name.



NOTE: If the General Contractor fills out this section, they must check **Certified Contractor**. If a Rutgers University Project Manager or Rutgers employee fills out this section, they must check **Exempt Applicant**.



CAUTION: Electronic signatures are not accepted. Failure to properly sign and print will result in a denied permit.

The screenshot displays the 'FIRE PROTECTION SUBCODE TECHNICAL SECTION' form. Key sections include:

- IDENTIFICATION—APPLICANT:** Fields for Owner (Rutgers University), Address (33 Knightsbridge Road), and Contact Information (Project Manager and Contractor).
- WORK SITE LOCATION:** 1 Test St, Sample NJ 12345 Doe Hall, 5555, Room 012.
- PERMIT INFORMATION:** Fire Protection Equipment No. 12, Fire Alarm Contractor No. 1234, and Fire Alarm Contractor License No. 55555.
- INSPECTIONS:** A table for recording inspections by type (Alarm, Standpipe, Fire Pump, etc.) and date.
- CERTIFICATION IN LIEU OF OATH:** A section where the applicant certifies they are the owner or authorized to make the application, with checkboxes for 'Certified Contractor' or 'Exempt Applicant'.
- TECHNICAL SITE DATA:** Detailed information about the fire protection system, including water supply, alarm systems, and suppression systems.
- FEES:** A section for calculating fees, including administrative, minimum, and state permit surcharge fees.

8. **TECHNICAL SITE DATA:** Leave the **Water Supply Source** and **Method of Alarm/Suppression Supervision** blank. The Office of Codes and Standards will handle this.

Enter the appropriate **NUMBER** for each item.

9. **FEE (Office Use Only):** Skip this section.
 10. Follow the [Downloading and Printing a Form](#) steps.



KEY: After printing, remember to sign and date all designated areas. Documents submitted without proper signatures and dates will result in a denied permit.

F145: Mechanical Inspection Technical Section



KEY: Only certain sections and pages of this **Tech Sheet** must be filled out. Read the following steps carefully.

1. After [downloading the Tech Sheet](#), fill out the appropriate grey highlighted areas in the PDF. Click in the grey areas to type.



HINT: Enter all phone numbers and faxes without spaces or punctuation. The form will automatically add the necessary text.

2. You may need to scroll to the side or down to view the entire document.
3. Some of the information will be the same as the **Jacket**, ensure ALL overlapping information is correct on both forms. If the overlapped information does not match, the permit will be denied.

MECHANICAL INSPECTION TECHNICAL SECTION

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

Block _____ Lot _____ Qualification Code _____
 Work Site Location _____
 Owner in Fee _____
 Tel. _____ e-mail _____
 Address _____
 Contractor _____
 Address _____ e-mail _____
 Contractor License No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason _____
 Federal Emp. ID No. _____ FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present R-S
 Heating System work: ☐ New on ☐ Modification to Existing on ☐ Conversion on ☐ Replacement
 Type ☐ Hydronic ☐ Oil ☐ Hot Air
 Fuel Type ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other _____
 Estimated Cost of Mechanical Work \$ _____

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 sign/Contractor sign and seal here _____
 Print name here _____
☐ Licensed Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK _____

JOB SUMMARY (Office Use Only)

PLANS REVIEW
☐ No Plans Required
☐ Mechanical Plans Approved _____
 Date _____ Approved by _____
☐ Joint Plan Review Required _____
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire
☐ Gas
 SUBCODE APPROVAL FOR PERMIT
 Date _____
 Approved by _____
 SUBCODE APPROVAL FOR CERTIFICATE
 Date _____ T-1 CA T-1 COO
 Approved by _____

INSPECTIONS

Type	Failure	Approval	Initial
Water Heater			
Appliance			
Chimney/Vent			
Piping			
Tank			
Cooling/AC			
Generator			
Fireplace			
Chimney Cert.			
Other			
First			

FIXTURE/EQUIPMENT

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Generator	
	Other	
	Administrative Surcharge \$	
	Minimum Fee \$	
	State Permit Surcharge Fee \$	
	TOTAL FEE \$	

U.S.C. F145 (Rev. 10/18) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

4. **IDENTIFICATION – APPLICANT:** Enter the appropriate information and ensure that all information that overlaps with the **Jacket** is the same.

Name	Information	Required?
Block	Skip this section.	✗
Lot	Skip this section.	✗
Qualification Code	Skip this section.	✗
Work Site Location	The Building Name, Building Number, Room Number must be included as part of the Address.	✓
Owner in Fee	This will always be Rutgers University. The Rutgers University Project Manager's Email and Phone are placed here. The Address will always be 33 Knightsbridge Road, Piscataway 08854.	✓
Contractor	Enter the General Contractor's Company Name, Phone, Address, Email address, License Number with Expiration Date, and Federal Tax ID.	✓

A sample form is filled out below.

The screenshot shows a web browser window with the URL nj.gov/dca/divisions/codes/forms/pdf_ucc_stdforms/ucc_f145_mech_insp.pdf. The form is titled 'MECHANICAL INSPECTION TECHNICAL SECTION'. The 'IDENTIFICATION - APPLICANT' section is highlighted with a red box. The form is filled out with sample data, including 'Rutgers University' as the Owner in Fee, 'General Contracting Company A' as the Contractor, and 'Sample NJ 12345' as the Work Site Location. The 'FEE' section at the bottom right shows a total fee of \$0.00.

5. **MECHANICAL CHARACTERISTICS:** Only the **Estimated Cost of Mechanical Work** and the **Present** fields need to be filled out.

Click the box to reveal the **Present** dropdown menu. Select the blank option.

MECHANICAL INSPECTION TECHNICAL SECTION

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

Block: _____ Lot: _____ Qualification Code: _____
 Work Site Location: 1 Test St, Sample NJ 12345 Doe Hall, 5555, Room 012

Owner in Fee: Rutgers University
 Tel: (123) 456-7890 e-mail: projectmanager@rutgers.edu
 Address: 33 Knightsbridge Road Piscataway NJ 08854
 Contractor: General Contracting Company A Tel: (555) 555-5555
 Address: 123 Sample Road e-mail: gcontractor@test.com
 Sample NJ 12345
 Contractor License No: 5555555 Exp. Date: 01/28/2025
 Home Improvement Contractor Registration No. or Exemption Reason: _____
 Federal Emp. ID No: 5555555 FAX: (555) 555-5555

B. MECHANICAL CHARACTERISTICS

Use Group: Present: **R-5** [dropdown]
 Heating System work: R-3 [dropdown] Modification to Existing on [] Conversion on [] Replacement
 Type: [] Hydronic [] Electric [] Solar [] Other []
 Fuel Type: [] Gas [] Oil [] Coal [] Other []

Estimated Cost of Mechanical Work: \$ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	DATES
	Type	Failure - Failure - Approval - Initial
[] No Plans Required	Water Heater	
[] Mechanical Plans Approved	Appliance	
Date: _____ Approved by: _____	Chimney/Vent	
[] Joint Plan Review Required	Piping	
[] Bldg. [] Elec. [] Plumb. [] Fire	Tank	
[] Elec.	Cooling/AC	
SUBCODE APPROVAL FOR PERMIT	Generator	
Date: _____ Approved by: _____	Fireplace	
SUBCODE APPROVAL FOR CERTIFICATE	Chimney Cert.	
Date: _____ CA: _____ T: COO: _____	Other	
Approved by: _____	Final	

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 sign/Contractor sign and seal here:
 Print name here: [] Licensed Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA
 DESCRIPTION OF WORK: _____

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	\$
	Fuel Oil Piping Connections	\$
	Gas Piping Connections	\$
	Steam Boiler	\$
	Hot Water Boiler	\$
	Hot Air Furnace	\$
	Oil Tank	\$
	LPG Tank	\$
	Fireplace	\$
	Generator	\$
	Other	\$
Administrative Surcharge \$		
Minimum Fee \$		
State Permit Surcharge Fee \$		
TOTAL FEE \$		

S.C.C. F145 (rev. 12/16) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original and three photocopies.

The **Estimated Cost of Mechanical Work** should match the **Est. Cost** for the **Plumbing** section of the **Jacket**.



NOTE: For example, if the **Est. Cost of Plumbing** on the **Jacket** is \$60,000, then the **Estimated Cost of Mechanical Work** can be \$5,000 on the **Mechanical Inspection Technical Section** and the **Estimated Cost of Plumbing Work** can be \$55,000 on the **Plumbing Subcode Technical Section** because this value equals \$60,000.

A sample form is filled out below.

MECHANICAL INSPECTION TECHNICAL SECTION

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

Block: _____ Lot: _____ Qualification Code: _____
 Work Site Location: 1 Test St, Sample NJ 12345 Doe Hall, 5555, Room 012

Owner in Fee: Rutgers University
 Tel: (123) 456-7890 e-mail: projectmanager@rutgers.edu
 Address: 33 Knightsbridge Road Piscataway NJ 08854
 Contractor: General Contracting Company A Tel: (555) 555-5555
 Address: 123 Sample Road e-mail: gcontractor@test.com
 Sample NJ 12345
 Contractor License No: 5555555 Exp. Date: 01/28/2025
 Home Improvement Contractor Registration No. or Exemption Reason: _____
 Federal Emp. ID No: 5555555 FAX: (555) 555-5555

B. MECHANICAL CHARACTERISTICS

Use Group: Present: **R-5** [dropdown]
 Heating System work: R-3 [dropdown] Modification to Existing on [] Conversion on [] Replacement
 Type: [] Hydronic [] Electric [] Solar [] Other []
 Fuel Type: [] Gas [] Oil [] Coal [] Other []

Estimated Cost of Mechanical Work: \$ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	DATES
	Type	Failure - Failure - Approval - Initial
[] No Plans Required	Water Heater	
[] Mechanical Plans Approved	Appliance	
Date: _____ Approved by: _____	Chimney/Vent	
[] Joint Plan Review Required	Piping	
[] Bldg. [] Elec. [] Plumb. [] Fire	Tank	
[] Elec.	Cooling/AC	
SUBCODE APPROVAL FOR PERMIT	Generator	
Date: _____ Approved by: _____	Fireplace	
SUBCODE APPROVAL FOR CERTIFICATE	Chimney Cert.	
Date: _____ CA: _____ T: COO: _____	Other	
Approved by: _____	Final	

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 sign/Contractor sign and seal here:
 Print name here: [] Licensed Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA
 DESCRIPTION OF WORK: _____

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	\$
	Fuel Oil Piping Connections	\$
	Gas Piping Connections	\$
	Steam Boiler	\$
	Hot Water Boiler	\$
	Hot Air Furnace	\$
	Oil Tank	\$
	LPG Tank	\$
	Fireplace	\$
	Generator	\$
	Other	\$
Administrative Surcharge \$		
Minimum Fee \$		
State Permit Surcharge Fee \$		
TOTAL FEE \$		

S.C.C. F145 (rev. 12/16) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original and three photocopies.

6. **JOB SUMMARY (Office Use Only):** Skip this section.
7. **CERTIFICATE IN LIEU OF OATH:** This section must be completed after printing.

Either the Rutgers University Project Manager or the General Contractor must physically sign and print their name.



NOTE: If the General Contractor fills out this section, they must check **Licensed Contractor**. If a Rutgers University Project Manager or Rutgers employee fills out this section, they must check **Exempt Applicant**.



CAUTION: Electronic signatures are not accepted. Failure to properly sign and print will result in a denied permit.

MECHANICAL INSPECTION 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 1 Test St. Sample NJ 12345 Doe Hall, 5555, Room 012

Owner in Fee Rutgers University
 Tel. (201) 456-7890 e-mail projectmanager@rutgers.edu
 Address 33 Knightsbridge Road Piscataway NJ 08854

Contractor General Contracting Company A
 Tel. (555) 555-5555
 Address 123 Sample Road e-mail gcontractor@test.com
 Sample NJ 12345
 Contractor License No. 5555555 Exp. Date 01/28/2025
 Home Improvement Contractor Registration No. or Exemption Reason
 Federal Corp. ID No. 5555555 FAX (555) 555-5555

B. MECHANICAL CHARACTERISTICS

Use Group Present
 Heating System works: New or Modification to Existing or Conversion or Replacement
 Type: Hydronic Hot Air
 Fuel Type: Gas Oil Electric Solar Other
 Estimated Cost of Mechanical Work \$ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		DATES		
		Type	Failure	Failure	Approval	Initial
[] No Plans Required		Water Heater				
[] Mechanical Plans Approved		Appliance				
Date _____ Approved by _____		Chimney/Vent				
[] Joint Plan Review Required		Piping				
[] Bldg. [] Elec. [] Plumb. [] Fire		Tank				
[] Elec.		Cooling/AC				
SUBCODE APPROVAL FOR PERMIT		Generator				
Date _____		Fireplace				
Approved by _____		Driveway Curb				
SUBCODE APPROVAL FOR CERTIFICATE		Other				
Date _____		Final				
Approved by _____						

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 sign/Contractor sign and seal here:
 Print name here: David Doe
☐ Licensed Contractor ☒ Exempt Applicant

DESCRIPTION OF WORK

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	\$
	Fuel Oil Piping Connections	\$
	Gas Piping Connections	\$
	Steam Boiler	\$
	Hot Water Boiler	\$
	Hot Air Furnace	\$
	Oil Tank	\$
	LPG Tank	\$
	Fireplace	\$
	Generator	\$
	Other	\$

Administrative Surcharge \$
 Minimum Fee \$
 State Permit Surcharge Fee \$
TOTAL FEE \$

S.C.C. F145 (rev. 12/16) Applicant: When submitting the form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

8. TECHNICAL SITE DATA: Enter a brief DESCRIPTION OF WORK.

Enter the appropriate **NO.** for each **FIXTURE/EQUIPMENT**.

MECHANICAL INSPECTION TECHNICAL SECTION

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIS NO: 1-800-272-1999.

Block: _____ Lot: _____ Qualification Code: _____
Work Site Location: 1 Test St, Sample NJ 12345 Doe Hall, 5555, Room 012

Owner in Fee: Rutgers University
for: (201) 455-7890 e-mail: projectmanager@rutgers.edu
Address: 33 Knightsbridge Road Piscataway NJ 08854
Contractor: General Contracting Company A Tel: (555) 555-5555
Address: 123 Sample Road e-mail: gcontractor@test.com
Sample NJ 12345
Contractor License No: 5555555 Exp. Date: 01/28/2025
Home Improvement Contractor Registration No. or Exemption Reason: _____
Federal Emp. ID No: 5555555 FAX: (555) 555-5555

B. MECHANICAL CHARACTERISTICS
Use Group: Present: ☒ New or ☐ Modification to Existing or ☐ Conversion or ☐ Replacement
Heating System work: ☐ New or ☐ Modification to Existing or ☐ Conversion or ☐ Replacement
Type: ☐ Hydronic ☐ Hot Air
Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Boiler ☐ Other _____
Estimated Cost of Mechanical Work: \$ 8,000

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 sign/Contractor sign and seal here:
Print name here: David Doe

TECHNICAL SITE DATA
DESCRIPTION OF WORK
Brief description of work:

FIXTURE/EQUIPMENT

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	\$
	Fuel Oil Piping Connections	\$
	Gas Piping Connections	\$
	Steam Boiler	\$
	Hot Water Boiler	\$
	Hot Air Furnace	\$
	Oil Tank	\$
	LPG Tank	\$
	Fireplace	\$
	Generator	\$
	Other	\$

FEE (Office Use Only)
Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$

JOB SUMMARY (Office Use Only)
PLAN REVIEW
☐ No Plans Required
☐ Mechanical Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
☐ Bldg ☐ Elec ☐ Plumb ☐ Fire
☐ Elev
RECORD APPROVAL FOR PERMIT
Date: _____
APPROVAL FOR CERTIFICATE
Date: _____
Approved by: _____

INSPECTIONS

Type	Failure	Approval	Initials
Water Heater			
Appliance			
Chimney/Vent			
Piping			
Tank			
Cooling/AC			
Generator			
Fireplace			
Chimney Cart			
Other			
Final			

N.J.C. 1748 (rev. 12/16) Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

9. FEE (Office Use Only): Skip this section.

10. Follow the [Downloading and Printing a Form](#) steps.



KEY: After printing, remember to sign and date in all designated areas. Documents submitted without proper signatures and dates will result in a denied permit.

F150: Elevator Subcode Technical Section





KEY: Only certain sections and pages of this **Tech Sheet** must be filled out. Read the following steps carefully.

1. After [downloading the Tech Sheet](#), fill out the appropriate grey highlighted areas in the PDF. Click in the grey areas to type.



HINT: Enter all phone numbers and faxes without spaces or punctuation. The form will automatically add the necessary text.

2. You may need to scroll to the side  or down  to view the entire document.
3. Some of the information will be the same as the **Jacket**, ensure ALL overlapping information is correct on both forms. If the overlapped information does not match, the permit will be denied.

ELEVATOR SUBCODE TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIS NO: 1-800-220-1000.

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Tel _____ e-mail _____

Address _____

Contractor/Installer _____ Tel _____

Address _____ e-mail _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX _____

Maintenance/Service Contractor _____

Address _____

Tel _____ FAX _____

B. ELEVATOR CHARACTERISTICS

Building User Group _____ Building Registration No. _____

Manufacturer _____ Device I.D. _____

Machine Room Location _____

No. of Stops _____ No. of Openings _____

Trip (ft.) _____ Speed (f.p.m.) _____

Type of Control _____ Type of Operation _____

Passenger _____ Freight _____

Capacity (lbs.) _____

Year of Installation _____ Year of Alteration _____

Estimated Cost of Elevator Work \$ _____

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.

Signature _____

Print name here _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY. ITEM

Traction or Winding Drum

1 to 10 Floors

Over 10 Floors

Hydraulic

Raised Hydraulic

Escalator/Moving Walk

Drumbrake

Railway Chairlift, Inclined and

Vertical Wheelchair Lifts and Man Lifts

Or Buffers

Counterweight Governor and Safety

Auxiliary Power Generator

Alterations

Other _____

FEE (Office Use Only)

Administrative Surcharge \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Building Plans and Elevator Specs.

Date _____ Approved by _____

[] Elevator Layout Drawings

Date _____ Approved by _____

Joint Plan Review Required

[] Prop. [] Elev. [] Plumb. [] Fire

SUBCODE APPROVAL FOR PERMIT

Date _____

Approved by _____

INSPECTIONS

Type _____ Dates (Month/Day)

Final _____ Failure _____ Approval _____

SUBCODE APPROVAL FOR CERTIFICATE

[] Prop. [] Elev. [] Plumb. [] Fire

Date _____

Approved by _____

U.C.C. F150 (rev. 10/05) Applicant When Submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

4. **IDENTIFICATION – APPLICANT:** Enter the appropriate information and ensure that all information that overlaps with the **Jacket** is the same.

Name	Information	Required?
Block	Skip this section.	✗
Lot	Skip this section.	✗
Qualification Code	Skip this section.	✗
Work Site Location	The Building Name, Building Number, Room Number must be included as part of the Address.	✓
Owner in Fee	This will always be Rutgers University. The Rutgers University Project Manager's Email and Phone are placed here. The Address will always be 33 Knightsbridge Road, Piscataway 08854.	✓
Contractor	Enter the General Contractor's Company Name, Phone, Address, Email address, License Number with Expiration Date, and Federal Tax ID.	✓

A sample form is filled out below.

The screenshot displays a web browser window with the address bar showing 'nj.gov/dca/divisions/codes/forms/pdf_ucc_stdforms/ucc_f150_elev.pdf'. The main content area shows a PDF form titled 'ELEVATOR SUBCODE TECHNICAL SECTION'. The form is filled out with sample data. A red box highlights the 'IDENTIFICATION - APPLICANT' section, which includes fields for Work Site Location (1 Test St, Sample NJ 12345, Doe Hall, 5555, Room 012), Owner in Fee (Rutgers University, No. (123) 456-7890, e-mail projectmanager@rutgers.edu, Address 33 Knightsbridge Road, Piscataway NJ 08854), and Contractor (General Contracting Company A, No. (555) 555-5555, e-mail gcontractor@test.com, Address 123 Sample Road, Sample NJ 12345). The form also includes sections for 'B. ELEVATOR CHARACTERISTICS', 'C. CERTIFICATION IN LIEU OF DATA', and 'FEE (Office Use Only)'. The browser window shows the form is viewed at 100% zoom.

- ELEVATOR CHARACTERISTICS:** Only the **Estimated Cost of Elevator Work** needs to be filled out. This should match the **Est. Cost** for the **Elevator** section of the **Jacket**.

A sample form is filled out below.

The screenshot shows a web browser window with the URL `nj.gov/divisions/codes/forms/pdf_ucc_stdforms/ucc_f150_slev.pdf`. The form is titled "ELEVATOR SUBCODE TECHNICAL SECTION" and is filled out with sample data. The "Estimated Cost of Elevator Work" is highlighted with a red box and set to \$25,000. The form includes sections for identification, certification, technical site data, and elevator characteristics.

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

Block _____ Lot _____ Qualification Code _____
 Work Site Location 1 Test St, Sample NJ 12345, Doe Hall, 5555, Room 012
 Owner is For Rutgers University
 Tel (123) 456-7890 e-mail projectmanager@rutgers.edu
 Address 33 Knightbridge Road Piscataway NJ 08854
 Contract/Invoice General Contracting Company A Tel (555) 555-5555
 Address 123 Sample Road e-mail gcontractor@test.com
 Sample NJ 12345
 Home Improvement Contractor Registration No. or Exemption Reason _____
 Federal Emp. ID No. 555555 FAX (555) 555-5555
 Maintenance/Service Contractor _____
 Address _____ e-mail _____
 Tel _____ FAX _____

B. ELEVATOR CHARACTERISTICS

Building Use Group _____ Building Registration No. _____
 Manufacturer _____ Device I.D. _____
 Machine Room Location _____
 No. of Stops _____ No. of Openings _____
 Travel (ft.) _____ Speed (ft./min.) _____
 Type of Control _____ Type of Operation _____
 Passenger _____ Freight _____
 Capacity (lbs.) _____ Location _____

Estimated Cost of Elevator Work \$ 25,000

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 _____

QTY: ITEM _____
 Traction or Winding Drum _____
 1 to 10 Floors _____
 Over 10 Floors _____
 Hydraulic _____
 Roped Hydraulic _____
 Escalator/Moving Walk _____
 Dumbwaiter _____
 Stairway Chairlift, Inclined and _____
 Vertical Wheelchair Lifts and Man Lifts _____
 Oil Buffers _____
 Counterweight Governor and Safeties _____
 Auxiliary Power Generator _____
 Alternating _____
 Other _____

FEE (Office Use Only)

Administrative Surcharge \$ _____
 State Permit Surcharge Fee \$ _____
 TOTAL FEE \$ _____

PLAN REVIEW

1. 1 Set Plans Required _____
 2. Building Plans and Elevator Specs. _____
 Date _____ Approved by _____
 3. Elevator Layout Drawings _____
 Date _____ Approved by _____
 4. Joint Plan Review Required _____
 5. Subcode Approval for Permit _____
 Date _____ Approved by _____

INSPECTIONS

1. Type _____ Date (Month/Day) _____
 2. Temporary _____
 3. Final _____

SUBCODE APPROVAL FOR CERTIFICATE

1. Subcode _____
 2. Subcode _____
 3. Subcode _____
 Date _____ Approved by _____

U.C.C. F150 (rev. 11/05)
 Revised version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original and three photocopies.

- JOB SUMMARY (Office Use Only):** Skip this section.

7. CERTIFICATE IN LIEU OF OATH: This section must be completed after printing.

Either the Rutgers University Project Manager or the General Contractor must physically sign and print their name.



CAUTION: Electronic signatures are not accepted. Failure to properly sign and print will result in a denied permit.

Internet F150 11-2009 (green).pmd

Internet F150 11-2009 (green).pmd

1 / 1 - 100% +

ELEVATOR SUBCODE TECHNICAL SECTION

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

Block _____ Lot _____ Qualification Code _____
Work Site Location 1 Test St, Sample NJ 12345, Doe Hall, 5555, Room 012

Owner is Fee Rutgers University
Tel (123) 456-7890 e-mail projectmanager@rutgers.edu
Address 33 Knightbridge Road Princeton NJ 0854

Contractor/Installer General Contracting Company A Tel (555) 555-5555
Address 123 Sample Road e-mail gcontractor@test.com
Sample NJ 12345

Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. 555555 FAX (555) 555-5555

Maintenance/Service Contractor _____
Address _____ e-mail _____
Tel _____ FAX _____

B. ELEVATOR CHARACTERISTICS

Building Use Group _____ Building Registration No. _____
Manufacturer _____ Device I.D. _____
Machine Room Location _____
No. of Stops _____ No. of Openings _____
Travel (ft.) _____ Speed (f.p.m.) _____
Type of Control _____ Type of Operation _____
Passenger _____ Freight _____
Capacity (lbs.) _____
Year of Installation _____ Year of Alteration _____
Estimated Cost of Elevator Work \$ 25,000

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: David Doe

DESCRIPTION OF WORK

QTY.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
	1 to 10 Floors	
	Over 10 Floors	
	Hydraulic	
	Roped Hydraulic	
	Escalator-Moving Walk	
	Dumbwaiter	
	Stairway Chairlift, Inclined and	
	Vertical Wheelchair Lifts and Man Lifts	
	Oil Buffers	
	Counterweight Governor and Safeties	
	Auxiliary Power Generator	
	Alternative	
	Other	
	Administrative Surcharge \$	
	State Permit Surcharge Fee \$	
	TOTAL FEE \$	

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
[] Building Plans and Elevator Specs.
Date _____ Approved by _____
[] Elevator Layout Drawings
Date _____ Approved by _____
[] Joint Plan Review Required
[] Bldg. [] Elec. [] Plumb. [] Fire
SUBCODE APPROVAL FOR PERMIT
Date _____ Approved by _____

INSPECTIONS
Type _____ Dates (Month/Day) _____
Temporary _____ Failure _____ Approval _____ Initial _____
Final _____

SUBCODE APPROVAL FOR CERTIFICATE
Date _____ Approved by _____

U.E.C. F150 (Rev. 11/05)
Revised 11/05

Applicant: After submitting this form to your local Construction Code Enforcement Office, please provide one original plus three photocopies.

8. TECHNICAL SITE DATA: Enter a brief DESCRIPTION OF WORK.

Enter the appropriate QTY for each ITEM.

ELEVATOR SUBCODE TECHNICAL SECTION

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

Block _____ Lot _____ Qualification Code _____
Work Site Location 1 Test St, Sample NJ 12345, Doe Hall, 5555, Room 012

Owner or Fee Rutgers University
Tel (123) 456-7890 e-mail projectmanager@rutgers.edu
Address 33 Knightbridge Road Piscataway NJ 08854
Contractor General Contracting Company A Tel (555) 555-5555
Address 123 Sample Road e-mail gcontractor@test.com
Sample NJ 12345

Home Improvement Contractor Registration No. or Exemption Reason _____
Federal Emp. ID No. 555555 FAX (555) 555-5555

Maintenance/Service Contractor _____
Address _____
Tel _____ e-mail _____ FAX _____

B. ELEVATOR CHARACTERISTICS

Building Use Group _____ Building Registration No. _____
Manufacturer _____ Device I.D. _____
Machine Room Location _____ No. of Shafts _____
No. of Stops _____ No. of Openings _____
Travel (ft.) _____ Speed (ft./min.) _____
Type of Control _____ Type of Operation _____
Passenger _____ Freight _____
Capacity (lbs.) _____
Year of Installation _____ Year of Alteration _____
Estimated Cost of Elevator Work \$ 25,000

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: David Doe

D. TECHNICAL SITE DATA

Brief description of work _____

QTY	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
	1 to 10 Floors	
	Over 10 Floors	
	Hydraulic	
	Roped Hydraulic	
	Excavator/Moving Walk	
	Dumbwaiter	
	Stairway Chairlift, Inclined and Vertical Wheelchair Lifts and Man Lifts	
	Oil Buffers	
	Counterweight Governor and Safeties	
	Auxiliary Power Generator	
	Alternating	
	Other	

Administrative Surcharge \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

E. JOB SUMMARY (Office Use Only)

PLAN REVIEW
1. 1/30 Plans Required _____
2. Building Plans and Elevator Specs. _____
Date _____ Approved by _____
3. Elevator Layout Drawings _____
Date _____ Approved by _____
Joint Plan Review Required _____
1. Bldg. 1 Elev. 1 Plans 1 Fines _____
SUBCODE APPROVAL FOR PERMIT _____
Date _____ Approved by _____

F. INSPECTIONS

Type	Dates (Month/Day)	Pass	Fail	Approval	Total
Temporary					
Final					

SUBCODE APPROVAL BY CERTIFICATE
1. GO 1. CA
Date _____ Approved by _____

U.C.C. F150 (rev. 01/05)
Notarize online

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide the original and two photocopies.


9. FEE (Office Use Only): Skip this section.

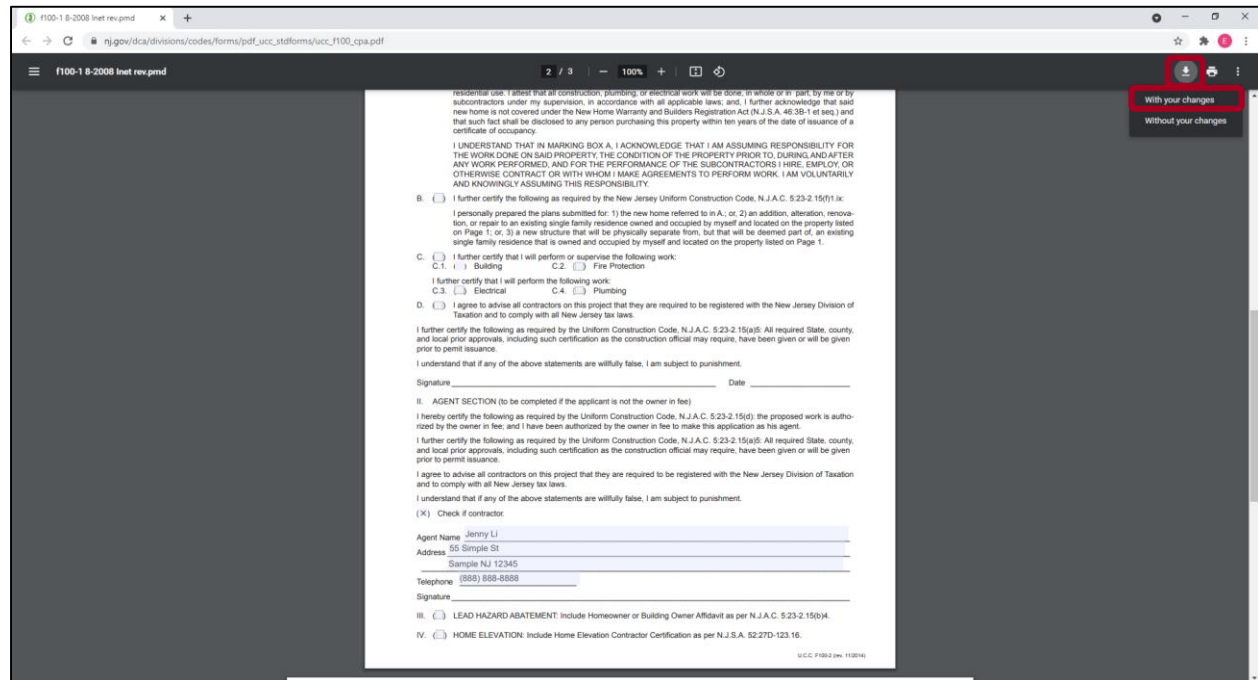
10. Follow the [Downloading and Printing a Form](#) steps.



KEY: After printing, remember to sign and date in all designated areas. Documents submitted without proper signatures and dates will result in a denied permit.

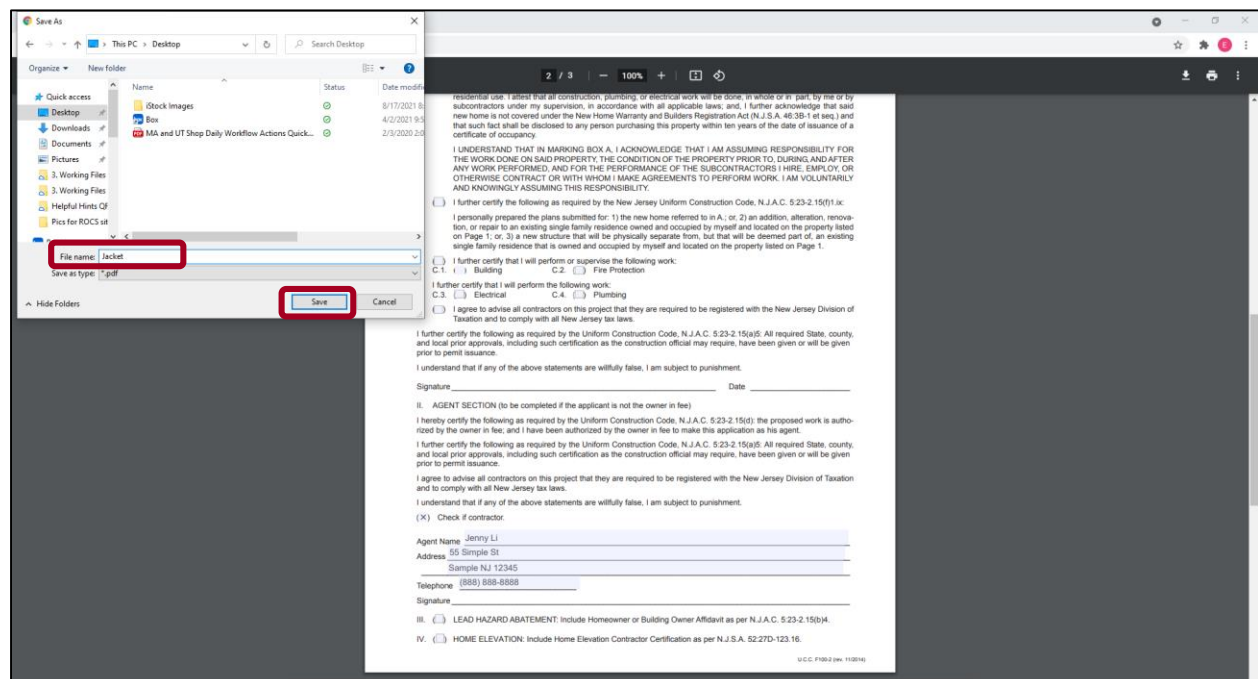
Downloading and Printing a Form


1. Click the **Download** icon  and select **with your changes** to save the document.

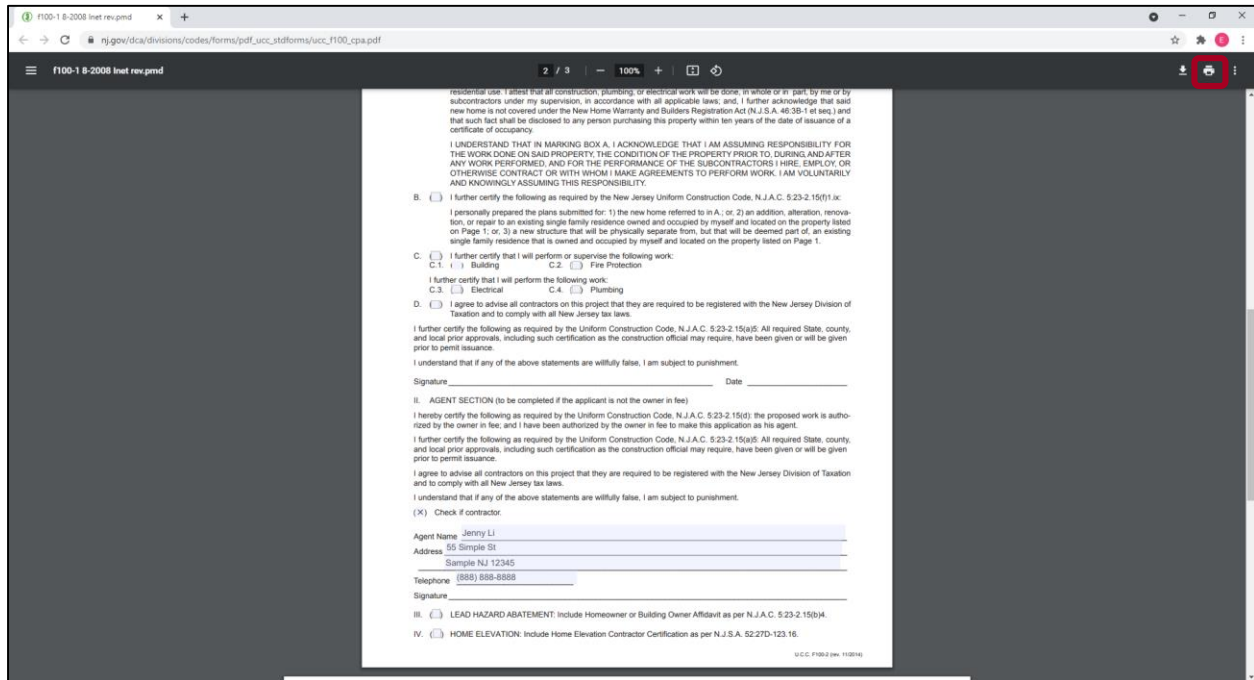


2. Select a location to save the file.

Enter a name for the file and click **Save**.

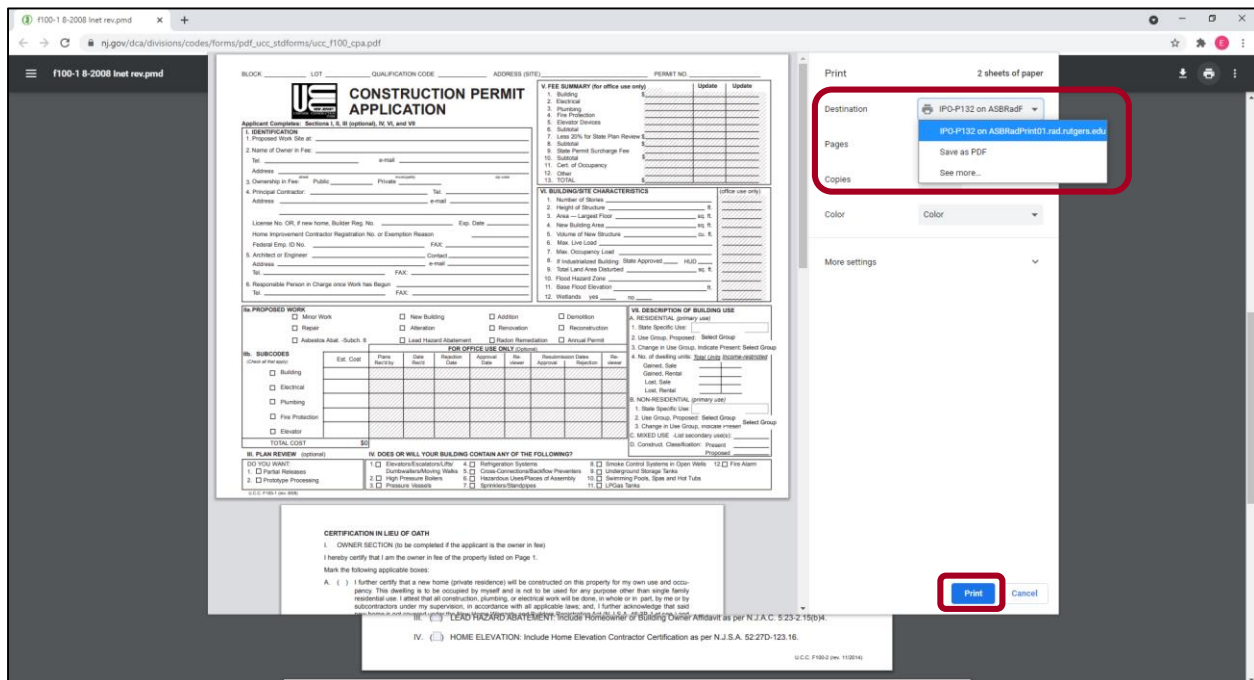


- After saving the file, click the **Print** icon . Alternatively, go to the file save location and print from there.



UCC Form 100-1.8-2008

- A pop-up tab will appear. Select the appropriate **Destination**. Click **Print**.



Print 2 sheets of paper

Destination: IPD-P132 on ASBRadF, IPD-P132 on ASBRadFv01.rut.rutgers.edu

Pages: 1 of 2

Copies: 1

Color: Color

More settings

Print Cancel

- Sign and date the form in the appropriate areas.

Submitting the Permit Packet for Review



KEY: Each project must have its own **Permit Packet**. Each location receives its own permit. If the Contractor is doing work in several rooms on the same floor, those may be grouped together.

The **Permit Packet** consists of the following items:

- A completed **Jacket**
- Completed **Tech Sheets**
- 2 copies of **signed and sealed Drawings**, both signed by a Rutgers University Architect

Every form in the Permit Packet must include the following information:

- Building number
- Building name
- Building address
- Room number (if applicable)
- Rutgers University Project Manager name, phone number, and email



CAUTION: Failure to provide any of the above materials will automatically result in a denied permit.

1. Print all **Permit Packet** materials.
2. Sign and date in all the designated areas. Electronic signatures are not acceptable.
3. Fees are not charged to Rutgers University operated building or department.



NOTE: The only instance where fees are charged involves for-profit tenant renting space from the university. In this case, pay the Permit Fee and Permit Review Fee with a check made out to The Office of Codes and Standards - Rutgers University.

4. Submit the physical **Permit Packet** for review by mail or in-person to:

William (Bill) Fox
33 Knightsbridge Road, 3rd Floor West Wing
Piscataway, NJ 08854



KEY: If there is additional work planned for later, and the **Tech Sheets** are not ready, you must notify the Office of Codes and Standards upon submittal.



NOTE: Only **Tech Sheets** and updated **Drawings** (with Rutgers University Architect signature) need to be submitted for additional work on an open permit. Notify the Office of Codes and Standards that this work is part of an existing permit and provide the **Permit Number**.

5. Once the permit is received, the **Drawings** are reviewed by a **Sub Code Official**.

If approved, a **Permit Number** is issued and work can begin. The Rutgers University Project Manager will be given a copy of the **Permit Packet**, including the **Drawings**, all physically signed by a Code Official from the Office of Codes and Standards.

If any section of the **Permit Packet** is denied, the packet will be returned to the Rutgers University Project Manager, who is responsible for resubmission.



STOP: Never begin without an approved permit. Follow this User Guide to request a permit before starting any project.

6. After the permit is approved and work starts, inspections can begin.

Scheduling an Inspection

For **Final Fire Inspection**:

- All other final inspections must be completed prior to the **Final Fire Inspection**. This is always the last inspection since construction dust can interfere with tests.
- All pre-tests and reports must be completed and submitted. This includes the 200 psi/2-hour test on the water service line.
- All of the following people must be present at inspection:
 - The Electrical Contractor
 - A representative from the fire alarm company
 - A representative from the sprinkler company (if applicable)
 - Rutgers University Project Manager



NOTE: The Rutgers University Project Manager schedules the appointment with the fire alarm company.

For all inspections (including **Final Fire Inspection**):



KEY: The **Inspection Request Form** can be filled out by either the Contractor or the Rutgers University Project Manager. However, it is the Rutgers University Project Manager's responsibility to reschedule any inspections.

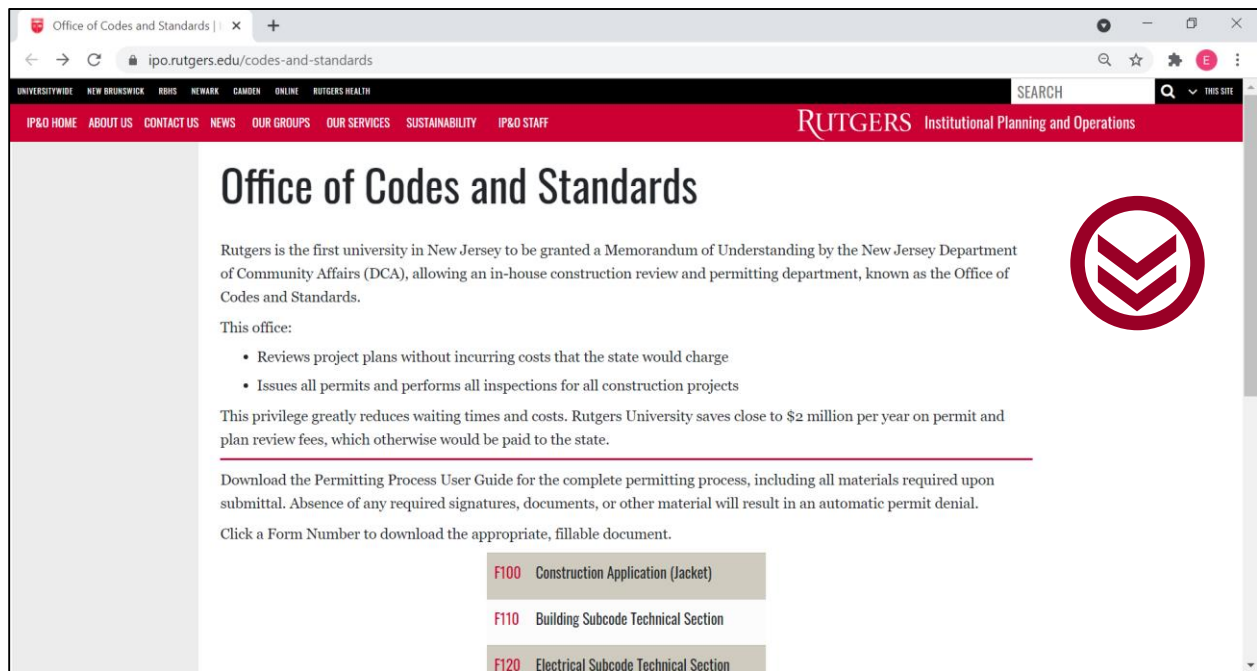


CAUTION: All work must be complete prior to scheduling an inspection. If work is not complete, [contact](#)⁷ the Office of Codes and Standards immediately.

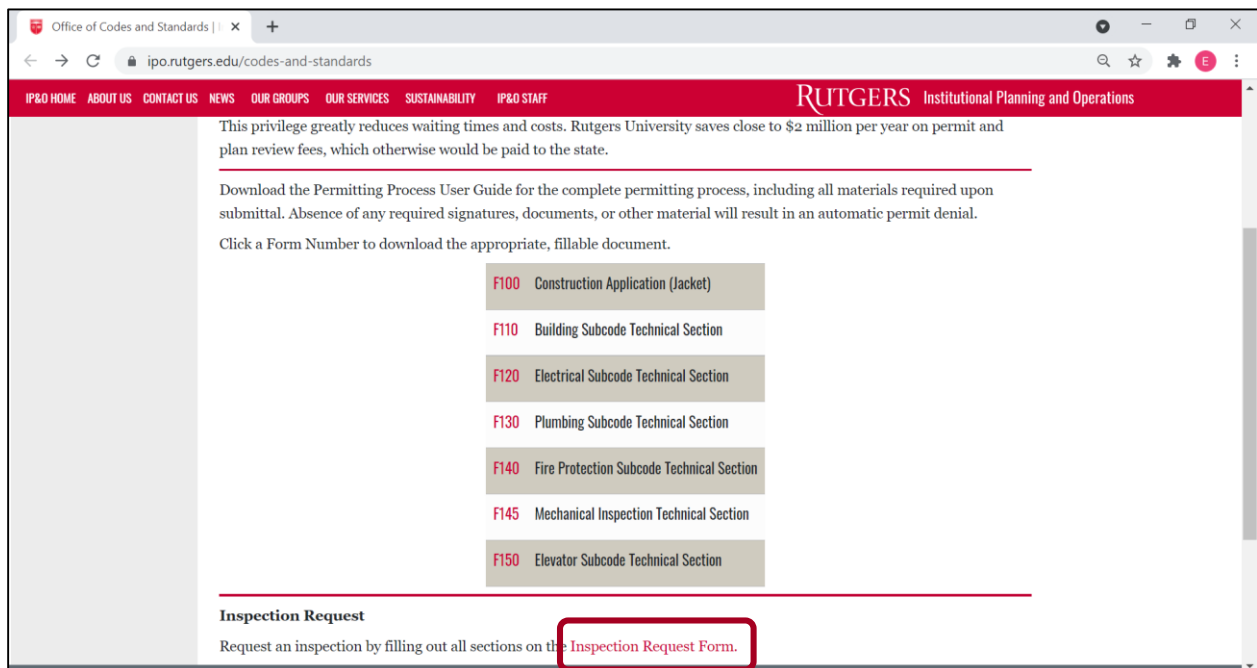
⁷ william.fox@rutgers.edu

To schedule any inspection:

1. Navigate to the [Office of Codes and Standards](https://ipo.rutgers.edu/codes-and-standards)⁸ website.



2. Click **Inspection Request Form**.



⁸ <https://ipo.rutgers.edu/codes-and-standards>

3. Enter the appropriate information and click **Submit**.

The screenshot shows a web browser displaying the 'Inspection Request Form' on the Rutgers University Institutional Planning and Operations (IP&O) website. The URL in the address bar is 'ipo.rutgers.edu/inspection-request-form'. The page has a red header with the Rutgers logo and navigation links. The main content area is white and contains the form title 'Inspection Request Form'. Below the title, there is a note: 'All pertinent work must be completed before the inspection. Additionally' followed by two bullet points: 'The Project Manager or Contractor must be present at the inspection.' and 'The Project Manager must **contact** the Office of Codes and Standards if rescheduling is necessary.' The form fields include: 'First Name: *' (text input), 'Last Name: *' (text input), 'Email: *' (text input), 'Phone Number: *' (text input), 'Contractor or Project Manager? *' (radio buttons for 'Contractor' and 'Project Manager'), 'Permit Number: *' (text input), and 'Room Number (if applicable):' (text input). A red box highlights the 'SUBMIT' button at the bottom of the form. The footer of the page is dark grey and contains contact information for general and group specific inquiries, as well as social media links for Facebook, Instagram, and Twitter.

4. A member of the Office of Codes and Standards will review your request and schedule an inspection.



STOP: Either the Rutgers University Project Manager or the Contractor must be present at the inspection.

5. If work passes inspection, work can continue. If this is the final inspection, continue to Step 6.

If work does not pass inspection, the Office of Codes and Standards records the inspection as “Did not pass.”



STOP: New work cannot begin until this work is corrected. Once the work is corrected, the Rutgers University Project Manager must [contact](#) the Office of Codes and Standards for re-inspection.

6. If work passes inspection and this is the final inspection, a **Certificate of Occupancy (CO)** or **Certificate of Approval (CA)** is given.

An example **CO** and **CA** are located on the following pages.

If a **Temporary Certificate of Occupancy (TCO)** is given, view the attached comments and **Valid** date. The Rutgers University Project Manager and Contractor have until that date to correct all comments.



STOP: Read the **TCO** carefully. The **TCO** may only offer temporary approval for certain areas within a building, not the entire building.



CAUTION: All conditions must be met before the **Valid** date. Failure to meet all conditions may result in an immediate order to vacate.

An example **TCO** is located on the following pages.

<h2 style="margin: 0;">Certificate</h2> <p style="margin: 0;">Construction Code Division (Certificate of Occupancy) Identification</p>	Date Issued _____ Control Number _____ Permit Number _____ Permit Issue Date _____ Certificate Number _____
---	---

Work Site Location: _____ Block: _____ Lot: _____ Qual: _____ Owner in Fee: _____ Owner Address: _____ Telephone: _____ Contractor: _____ Address: _____ Telephone: _____ Fax: _____ Federal Emp. Number: _____ License Number or Builders Registration Number: _____	Home Warranty Number: _____ Type of Warranty Plan: <input type="checkbox"/> State <input type="checkbox"/> Private Use Group: _____ Construction Classification: _____ Maximum Live Load: 0 _____ Maximum Occupancy Load: 0 _____ Description of Work/Use: _____
--	---

Certificate Comments: _____

<p><input checked="" type="checkbox"/> Certificate of Occupancy This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.</p> <p><input type="checkbox"/> Certificate of Approval This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.</p> <p><input type="checkbox"/> Certificate of Continued Occupancy This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.</p> <p><input type="checkbox"/> Temporary Certificate of Compliance The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate: This certificate has an expiration date of: _____ Conditions to be met: _____</p>	<p><input type="checkbox"/> Certificate of Clearance - Lead Abatement 5:17 This serves notice that based on written certification, lead abatement was performed as per NJACS:17 to the following extent: <input type="checkbox"/> Total removal of lead-based paint hazards in scope of work <input type="checkbox"/> Partial or limited time period (_____ years); see file</p> <p><input type="checkbox"/> Certificate of Clearance - Asbestos Abatement This serves notice that based on written certification, asbestos abatement was performed to the following extent: <input type="checkbox"/> Total removal of asbestos hazards in scope of work <input type="checkbox"/> Partial or limited time period (_____ years); see file</p> <p><input type="checkbox"/> Certificate of Compliance This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____</p> <p><input type="checkbox"/> Temporary Certificate of Occupancy The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate: This certificate has an expiration date of: _____ Conditions to be met: _____</p>
--	--

_____ Construction Official Date Printed: 9/1/2021	Fee: _____ Check Number: _____ Collected By: _____ Page 1
--	--

U.C.C. F260 (rev. 08/05)

Certificate Construction Code Division <div style="border: 1px solid red; padding: 2px; display: inline-block;">(Certificate of Approval)</div> Identification	Date Issued _____ Control Number _____ Permit Number _____ Permit Issue Date _____ Certificate Number _____
---	---

Work Site Location: _____	Block: _____	Lot: _____	Qual: _____
---------------------------	--------------	------------	-------------

Owner in Fee: _____

Owner Address: _____

Telephone: _____

Contractor _____

Address _____

Telephone: _____ Fax: _____ Federal Emp. Number: _____

License Number or Builders Registration Number: _____

Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private

Use Group: _____ Construction Classification: _____

Maximum Live Load: _____ Maximum Occupancy Load: _____

Description of Work/Use: _____

Certificate Comments: _____

<input type="checkbox"/> Certificate of Occupancy This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.	<input type="checkbox"/> Certificate of Clearance - Lead Abatement 5:17 This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent: <input type="checkbox"/> Total removal of lead-based paint hazards in scope of work <input type="checkbox"/> Partial or limited time period (years); see file
<input checked="" type="checkbox"/> Certificate of Approval This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.	<input type="checkbox"/> Certificate of Clearance - Asbestos Abatement This serves notice that based on written certification, asbestos abatement was performed to the following extent: <input type="checkbox"/> Total removal of asbestos hazards in scope of work <input type="checkbox"/> Partial or limited time period (years); see file
<input type="checkbox"/> Certificate of Continued Occupancy This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.	<input type="checkbox"/> Certificate of Compliance This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until
<input type="checkbox"/> Temporary Certificate of Compliance The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate: This certificate has an expiration date of: _____ Conditions to be met:	<input type="checkbox"/> Temporary Certificate of Occupancy The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate: This certificate has an expiration date of: _____ Conditions to be met:

Construction Official _____ Date Printed: 9/1/2021	Fee: _____ Check Number: _____ Collected By: _____ Page 1
---	--

U.C.C. F260 (rev. 08/05)

<h2 style="margin: 0;">Certificate</h2> <p style="margin: 0;">Construction Code Division</p> <div style="border: 1px solid red; padding: 2px; display: inline-block;"> <p style="margin: 0;">(Temporary Certificate of Occupancy)</p> </div> <h3 style="margin: 0;">Identification</h3>	<p>Date Issued _____</p> <p>Control Number _____</p> <p>Permit Number _____</p> <p>Permit Issue Date _____</p> <p>Certificate Number _____</p>
---	--

<p>Work Site Location: _____ Block: _____ Lot: _____ Qual: _____</p> <p>Owner in Fee: _____</p> <p>Owner Address: _____</p> <p>Telephone: _____</p> <p>Contractor _____</p> <p>Address _____</p> <p>Telephone: _____ Fax: _____ Federal Emp. Number: _____</p> <p>License Number or Builders Registration Number: _____</p>	<p>Home Warranty Number: _____ Type of Warranty Plan: <input type="checkbox"/> State <input type="checkbox"/> Private</p> <p>Use Group: _____ Construction Classification: _____</p> <p>Maximum Live Load: _____ Maximum Occupancy Load: _____</p> <p>Description of Work/Use: _____</p>
---	--

Certificate Comments: _____

<p><input type="checkbox"/> Certificate of Occupancy This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.</p> <p><input type="checkbox"/> Certificate of Approval This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.</p> <p><input type="checkbox"/> Certificate of Continued Occupancy This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.</p> <p><input checked="" type="checkbox"/> Temporary Certificate of Compliance The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate: This certificate has an expiration date of: _____ Conditions to be met: _____</p>	<p><input type="checkbox"/> Certificate of Clearance - Lead Abatement 5:17 This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent: <input type="checkbox"/> Total removal of lead-based paint hazards in scope of work <input type="checkbox"/> Partial or limited time period (_____ years); see file</p> <p><input type="checkbox"/> Certificate of Clearance - Asbestos Abatement This serves notice that based on written certification, asbestos abatement was performed to the following extent: <input type="checkbox"/> Total removal of asbestos hazards in scope of work <input type="checkbox"/> Partial or limited time period (_____ years); see file</p> <p><input type="checkbox"/> Certificate of Compliance This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____</p> <p><input checked="" type="checkbox"/> Temporary Certificate of Occupancy The following conditions must be met no later than: _____ or the owner will be subject to fine or order to vacate: This certificate has an expiration date of: _____ Conditions to be met: _____</p>
--	--

<p>Construction Official _____</p> <p>Date Printed: 9/1/2021</p>	<p>Fee: _____</p> <p>Check Number: _____</p> <p>Collected By: _____</p>
--	---

U.C.C. F260 (rev. 08/05) Page 1