



Construction Code Plan Review Application

One DeKorte Park Plaza • PO Box 640 • Lyndhurst, New Jersey • 07071

Phone: 201.460.1700 • Fax: 201.372.0161

Website: njsea.com/applications

Application date: _____

NJSEA File Number _____

1. Project information

Project description _____

Street address _____

Suite No. _____ Floor No. _____ Block _____ Lot _____

Town _____ County _____ State _____ Zip _____

2. Project type (New building only)

☐ New construction ☐ Addition ☐ Change of use ☐ Repair ☐ Renovation ☐ Alteration ☐ Reconstruction

3. Project specifications

Use group _____ Area of largest floor _____

Gross area of building _____ Total volume _____

Number of stories _____ Maximum height _____

Construction type _____ Total project cost - all disciplines \$ _____

Cost of barrier-free renovation/alternate work _____

4. Applicant information (please check off designated contact person)

☐ Applicant _____

Street address _____

Town _____ State _____ Zip _____

Office phone (_____) _____ Cell Phone (_____) _____

Email _____

☐ Owner _____

Street address _____

Town _____ State _____ Zip _____

Office phone (_____) _____ Cell Phone (_____) _____

Email _____

☐ Owner designated agent _____

Street address _____

Town _____ State _____ Zip _____

Office phone (_____) _____ Cell Phone (_____) _____

Email _____

☐ Architect/Engineer _____

Address _____

Town _____ State _____ Zip _____

Office phone (_____) _____ Cell Phone (_____) _____

Email _____

This application will not be processed unless it is signed and filled out in its entirety

Owner's/Designated Agent's Signature _____



Construction Code Plan Review Fees

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1. PLAN REVIEW FEE (excluding elevator)

A. New construction and additions

Use Groups

A-1, A-2, A-3, A-4, A-5, F-1, F-2, S-1, S-2 Volume of bldg. _____ cu. ft. X .010 = \$ _____

All Other Use Groups Volume of bldg. _____ cu. ft. X .016 = \$ _____

B. Reconstruction, alteration, renovation, repair — *including site construction associated with pre-engineered systems of commercial farm buildings, premanufactured construction and external connections for premanufactured construction.*

Minimum Plan Review Fee: \$65.00

Renovation Cost: _____ (all disciplines)

a. Estimated cost up to and including \$50,000.00 plus \$10.00 per \$1,000 = \$ _____

b. Portion of cost \$50,001.00 up to and including \$100,000.00 plus \$8.00 per \$1,000 = \$ _____

c. Portion of cost above \$100,000.00 \$7.00 per \$1,000 = \$ _____

Total plan review fee (excluding elevators) Sum of above items a, b & c: \$ _____

2. ELEVATOR PLAN REVIEW FEE

R-3 and R-4 Use Groups—\$50.00 per elevator Number of elevators: _____ Total _____

All other Use Groups—\$260.00 per elevator Number of elevators: _____ Total _____

Total elevator plan review fee \$ _____

3. GRAND TOTAL OF ALL FEES: (Sum of 1 and 2) \$ _____

Remit check payable to New Jersey Sports and Exposition Authority