



Zoning Officer

Borough of Carteret

Zoning Board of Adjustment
Planning Board
61 COOKE AVENUE
CARTERET, NEW JERSEY 07008
Tel: 732-541-3936
Fax: 732-969-2429

APPLICATION FOR MUNICIPAL CERTIFICATE OF OCCUPANCY

Date: _____ Certificate No.: _____

Owner's Name: _____

Address: _____

Telephone Number: _____

Location of Property: _____

Block: _____ Lot: _____ Square Footage: _____

Purchaser/Lessee Name: _____

Present Address: _____

Telephone Number: _____

Applicant's Signature

Three Family or Larger -	\$300.00	LI, HIA & HIB 0-25,000 Sq. Ft.	\$750.00
Mixed Commerical and/or Residential	\$300.00	25,000 - 50,000 sq.ft.	\$1000.00
Temporary for Commerical	\$150.00	50,000 Sq.ft. or more	\$1500.00
		Temporary Industrial	\$500.00

Specific Use: _____

Proposed Work: _____

THIS APPLICATION VOID AFTER NINETY DAYS FROM THE DATE OF ISSUANCE

OFFICIAL USE ONLY

Inspection Appointment Date and Time: _____

Check No: _____ Cash: _____ Checked Files: _____

Inspector's Signature

EMERGENCY CONTACT LIST

RE: _____

DATE: _____

BLOCK: _____ LOT: _____

BUSINESS NAME: _____

ADDRESS: _____

BUSINESS PHONE NO. _____

HOURS: _____

OWNER/OPERATOR _____

ALARM COMPANY _____

ALARM COMPANY PHONE _____

TYPE OF ALARM BURGLAR _____ FIRE _____

EMERGENCY CONTACT INFORMATION

NAME: _____ PHONE _____

NAME: _____ PHONE _____

NAME: _____ PHONE _____

NAME: _____ PHONE _____

HAZARDOUS MATERIALS STORED ON PREMISES YES _____ NO _____

TYPE OF MATERIALS _____

COMMENTS _____

**THIS FORM MUST BE TURNED IN TO THE CONSTRUCTION OFFICE PRIOR TO
ANY CERTIFICATE OF OCCUPANCY IS ISSUED.**

POLICE

FIRE

Division of
FIRE SAFETY
State of New Jersey

Owners of possible Life Hazard Use business must complete and file this form in accordance with the Uniform Fire Safety Act (N.J.S.A. 52:27D-192 et seq.). Failure to do so may result in a penalty of up to \$500.00.

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1. Business Ownership (mark the correct box):

- (0) _____ Corporation (1) _____ Private/ Individual (2) _____ Partnership
- (3) _____ Condominium (4) _____ Cooperative (5) _____ Government Agency
- (6) _____ LLC Corporation

2. Business Owner Mailing Address:

If Private / Individual: Name _____
Last First Middle Initial

If Other: _____
Give FULL Legal Name of Ownership, Including Corporation, Incorporated, Partnership, T/A etc.

Address: _____
P.O. Box Number or Street Number and Name

City: _____ State _____ Zip Code: _____

Federal Employer (Tax ID) Number

Social Security Number (For Private / Individual only)

Telephone: (_____) _____ - _____

In accordance with N.J.S.A. 52:27D-201 and N.J.A.C.
5:3-1.2, voluntary provision of your social security number
will ensure the efficiency of the program notification system.

Continued on Reverse Side

FOR FIRE OFFICIAL / DFS USE ONLY

USE CODE(S) _____

LEA Number _____ - _____

Assigned Owner Number: _____ () New Application

Alternate Owner Number: _____ () Transfer

3. Person To Receive Certified Mail Or Other Notices. If Same As Owner, Write "Same."

Name: _____

Address: _____
Number Street Name

City: _____ State: _____ Zip Code: _____ - _____

Telephone Number: (_____) _____ - _____

4. Briefly describe the building types and/or uses or businesses you own:

PART B – BUSINESS LOCATION INFORMATION
(Physical Location and name of business)

5. Name of Building and Business: _____

Building Location: _____
(Number and Street)

Suite or Room Number: _____ Municipality _____ County _____

6. _____
Block Lot Municipal Tax Account Number

7. _____
Height of Building (in feet) Number of stories Square Footage Occupant Load

(IMPORTANT – ALL LEVELS)

PART B – CERTIFICATION

8. I certify that all statements made by me on this registration application are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of Owner or Agent Completing This Form

Date

Printed Name of Owner or Agent Completing This Form

Date

Street Address of Owner or Agent Completing This Form

City

State

Zip Code

Telephone Number of Owner or Agent Completing This Form: (_____) _____ - _____



Borough of Carteret

CONSTRUCTION OFFICE

61 COOKE AVENUE
CARTERET, NEW JERSEY 07008
Tel: 732-541-3810
Fax: 732-969-2429

Application # _____
Date Rec'd. _____
Fee _____
Cash _____
Check No. _____

ZONING PERMIT

JOB SITE LOCATION _____ Block _____ Lot _____
Contractor _____ (License #) _____
ADDRESS _____ (Phone #) _____
ZONE CLASSIFICATION: _____ LOT SIZE: _____ Cost of Project \$ _____

NAME OF PROPERTY OWNER: _____
Address: _____ Phone _____

New Const. Specs: Length _____ FT. Width _____ FT. Height _____ FT. No. of Stories _____

SETBACK FROM PROPERTY LINES: Front _____ FT. Rear _____ FT. Side _____ FT. Side _____ FT.

Is Property Subject to Deed Restrictions? _____ If Yes, Supply: _____

Is Property Subject to any Easements? _____ If Yes, Supply: _____

Number of parking spaces: _____ Number of Employee's: _____ Hours of Operation: _____

WORK TO BE PERFORMED: _____

I understand I must secure a Certificate of Occupancy/Compliance before using or occupying this structure. I hereby certify that all statements contained herein and in all accompanying documents are true and correct to the best of my knowledge.

Applicant's Signature _____ Print Name _____ Date: _____

JOB SPECIFICATIONS MUST MEET ZONING REQUIREMENTS

(OFFICE USE ONLY) – ZONING OFFICER'S REPORT

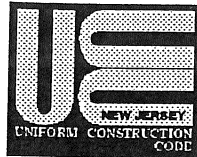
Date Approved: _____ Date Denied: _____

CONDITIONS / COMMENTS:

ZONING OFFICER

No changes from the approved plan may be made during construction without PRIOR APPROVAL of the Zoning Officer. As a condition of this permit, construction hours are limited to 7:00 AM to 10:00PM Monday thru Friday 9:00AM to 8:00PM on Saturdays and Sundays. This permit shall expire and have no effect unless substantial construction has commenced within 180 days of the date the permit was granted. Unless an extension is granted before the permit expires, the applicant must restart the application process.

01/25/11



Fire Sprinkler Hydraulic Data Plate

Project: _____ Date: _____
Location: _____ Sys #: _____
Contractor: _____ Zone: _____
Address: _____ Area: _____

Hazard: LIGHT _____ OR-1(8') _____ OR-2(12') _____ EX-1 _____ EX-2 _____
NFPA Standard: _____ System Type: _____
Density/Area: _____ gpm/sf over _____ sq. ft. area
Area/Sprinkler: _____ sf/sp. used _____ sq. ft. allowed
Mfg: _____ Model: _____
Sprinkler Data: _____ orifice _____ k-factor _____ degree _____
Spkr's Flowing: _____ spkr. _____ Hose: _____ gpm allowance
TOTAL SPRINKLERS ON SYSTEM: _____

SUMMARY OF FLOW

End Sprinkler Flow: _____ gpm @ _____ psi
Discharge of Flowing Sprinklers: _____
TOTAL DEMAND BASE OF RISER: _____
With Hose: _____ gpm With Rack: _____ gpm

SUPPLY DATA

Location: _____
Test By: _____ Test Date: _____
City: Static _____ psi; Residual _____ psi; Flow _____ gpm
Fire Pump Rating: _____ gpm @ _____ psi; Elec. _____ Diesel _____

PIPE DATA

C-Factor: Aboveground = _____ Underground = _____
Pipe Type: Sched/40 _____ Lt. Wall _____ XL _____ CPVC _____ Copper _____

STORAGE

Commodity Class: _____ Maximum Height _____ Minimum Clear _____
Fig. No (231-C): _____ Curve: _____ Spkr/Level to Flow: _____
Rack Demand: _____ gpm @ _____ psi @ ref. pt. _____
Backflow Preventer: Mfg. _____ Model _____
(If Provided)