



Town of Secaucus
Construction Department

Municipal Government Center
Secaucus, N.J. 07094

Tel: 201-330-2027
Fax: 201-974-1387

CONSTRUCTION CODE PLAN REVIEW APPLICATION APPLICATIONS WITHIN THE NJSEA DISTRICT

Application date: _____

1. Project information

Project description _____
Street address _____
Suite No. _____ Floor No. _____ Block _____ Lot _____
Municipality _____ 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 _____ State _____ Zip _____
Municipality _____
Phone number (_____) _____ Fax (_____) _____
Email _____
- Owner _____
Street address _____ State _____ Zip _____
Municipality _____
Phone number (_____) _____ Fax (_____) _____
Email _____
- Owner designated agent _____
Street address _____ State _____ Zip _____
Municipality _____
Phone number (_____) _____ Fax (_____) _____
Email _____
- Architect/Engineer _____
Address _____ State _____ Zip _____
Municipality _____
Phone number (_____) _____ Fax (_____) _____
Email _____

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

Owner's/Designated Agent's Signature _____

