

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 _____
Municipality _____ State _____ Zip _____
Phone number (_____) _____ Fax (_____) _____
Email _____

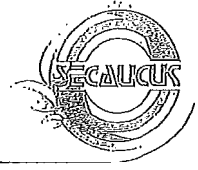
Owner _____
Street address _____
Municipality _____ State _____ Zip _____
Phone number (_____) _____ Fax (_____) _____
Email _____

Owner designated agent _____
Street address _____
Municipality _____ State _____ Zip _____
Phone number (_____) _____ Fax (_____) _____
Email _____

Architect/Engineer _____
Address _____
Municipality _____ State _____ Zip _____
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 _____



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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) \$ _____