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

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) $ ________________