

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
BUREAU OF CONSTRUCTION PROJECT REVIEW
1601 ATLANTIC AVENUE, 6th FLOOR
ATLANTIC CITY, NJ 08401

PROJECT REVIEW APPLICATION

Application Date: ____/____/____

DCA Project Number: _____

1. Project Name _____
Street Address _____
Municipality _____ County _____ Block _____ Lot _____

Note: Do not use mailing address for the above information.

2. Project Type: New Construction Addition Change of Use Repair Renovation Alteration Reconstruction
Filing Type: Variation Complete Plan Release Partial Plan Release (see Section 4, below)

3. Project Specifications:
Use Group _____
Area of largest floor _____
Gross area of bldg. _____
Total volume _____
No. of stories _____
Maximum height _____
Construction type _____
Elevator? Yes No

Total Project Cost—all disciplines:
\$ _____
Cost of Barrier Free Reno./Alt. Work
\$ _____

4. Partial releases requested:

Release Type	Expected Submission Date
<input type="checkbox"/> Footings and foundations	_____
<input type="checkbox"/> Underslab utilities	_____
<input type="checkbox"/> Structural framework	_____
<input type="checkbox"/> Exterior building	_____
<input type="checkbox"/> Interior building	_____
<input type="checkbox"/> Plumbing	_____
<input type="checkbox"/> Mechanical	_____
<input type="checkbox"/> Electrical	_____
<input type="checkbox"/> Fire protection	_____
<input type="checkbox"/> Elevator	_____

5. Applicant information: comments/releases will be sent to Casino Representative.

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Email Address: _____ **OR** Decline Email Communication

Casino Representative Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Email Address: _____ **OR** Decline Email Communication

Architect/Engineer Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Email Address: _____ **OR** Decline Email Communication

For office use only:

Plan review fee: \$ _____

Permit fee: \$ _____

Training fee: \$ _____

CO/CCO fee \$ _____

Elevator review \$ _____

Elevator T & I \$ _____

Total fees \$ _____

Rec'd from _____

Check cash amt \$ _____

Check number _____

Rec'd by/date _____ / _____

Owner's or Designated Agent's Signature: