

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
BUREAU OF CONSTRUCTION PROJECT REVIEW

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 Renov./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 architect/engineer and either owner or owner's designated agent. Indicate which by checking appropriate box.
Note: do not list architect/engineer of record as owner's designated agent.

Owner Name: _____

Address: _____

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

Owner's Designated Agent Name: _____

Address: _____

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

Architect/Engineer Name: _____

Address: _____

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

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: