

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

## **ADDITION & NEW CONSTRUCTION CHECKLIST**

To expedite the review of your permit application, the following checklist is required when submitting your plans and permit application. This form must be reviewed, and items must be checked off and signed by owner/contractor when construction application documents are submitted to the Code Enforcement Bureau for review.

### **INCOMPLETE INFORMATION MAY RESULT IN DELAYS IN PROCESSING YOUR APPLICATION**

Date reviewed \_\_\_\_\_

( ) Complete

( ) Incomplete

\_\_\_\_ 1. **Three (Two** if engineering review is not required) Original (unmarked) signed with raised seal surveys. New construction must include existing topography and elevation datum.

\_\_\_\_ 2. **Three (Two** sets if engineering review is not required) copies of site plan showing the following:

- Three copies of a plot plan taken from a current survey prepared and sealed by a licensed engineer, architect, or the homeowner.
- Scale not less than 1"=20'.
- Show location of all existing and all proposed buildings and structures.
- Show location of all existing and proposed central a/c systems.
- Show existing and proposed yard setbacks from property lines to structures and buildings and other pertinent information.
- A zoning table shall be shown on the plot plan listing the required and proposed conditions according to chapter 230 of the zoning ordinance.
- Building/structure, total impervious coverage calculations and effective gross floor area ratio (EGFAR) if applicable using borough form reproduced on site plan page. If plan is by architect or other professional, he/she must do the calculations.
- If required, show average set back study for front yard. In addition, you must copy tax map area used for study on site plan page. **Average setback study must be done by a licensed surveyor.**

**NOTE: The site plan shall be prepared from information taken from a survey and it must be stated on the site plan as to the prepared, signed and sealed (if architect) by him/her, and must have additional note the information was taken from survey prepared by and dated.**

\_\_\_\_ 3. **Three (Two** copies if engineering review is not required) copies of plans prepared and sealed by a New Jersey licensed architect or prepared and certified by the homeowner. Rolled plans are not accepted, plans must be folded. Use group, construction classification and roof and floor load table must be on all sets of plans (**copies will not be made in this office**). Plans must include current adopted codes as applicable (<https://www.nj.gov/dca/divisions/codes/codereg/>), largest existing floor (do not include proposed construction), square footage of proposed additions, cubic volume of new construction.

\_\_\_\_ 4. Riser diagram for any new plumbing work.

\_\_\_\_ 5. Completed subcode forms with owner and contractor information, use group, construction classification and all building information and characteristic section must be filled out.

- \_\_\_ 6. Costs of each subcode and total job noted on each subcode form and on the permit folder, cost of alteration work is not to be included in addition cost. It is separate and must be on both folder section and UCC building section.
- \_\_\_ 7. Contractor and/or homeowner signatures on inside folder as required and the appropriate boxes are checked.
- \_\_\_ 8. Energy Code Calculations: (new construction/additions only) Rescheck software is available free at [www.energycodes.gov](http://www.energycodes.gov). Use 2021 IECC.
- \_\_\_ 9. Smoke detectors layout showing all levels with all rooms, new and existing, labeled and location of all smoke detectors. Hard wired smoke detectors are required on each level when the total footage of the addition is 5% or more of the square footage of the largest existing floor. When the addition of 25% or more, hard wired smoke detectors are required in each bedroom in addition to each level.
- \_\_\_ 10. Certificate of Occupancy application required for new construction and additions.
- \_\_\_ 11. When required for Borough Engineer review, **three sets of plans and \$1,500 initial engineer escrow** will be necessary to process application (deposit slip available at the Building Department).
- \_\_\_ 12. A separate sitework (zoning) permit is required for patio, walkway, driveway, etc., which are related or part of the proposed project.
- \_\_\_ 13. Passaic Valley Sewer Commission application and approval (for residential and commercial projects).
- \_\_\_ 14. Construction of one single family dwelling or other project shall obtain soil erosion and sediment control plan certification.
- \_\_\_ 15. COAH residential development fee form.
- \_\_\_ 16. Is any portion of the lot located in a flood plain as determined by FEMA flood map.
- \_\_\_ 17. Is the property currently or previously covered under NFIP?

**NOTE: CONSTRUCTION DOCUMENTS MUST BE ASSEMBLED AS TWO COMPLETE PACKAGES FOR SUBMISSION. THREE COMPLETE PACKAGES IF BOROUGH ENGINEER REVIEW IS REQUIRED.**

- APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THE ABOVE INFORMATION AND DOCUMENTS.
- TIME PERIOD FOR PLAN REVIEW IS 20 WORKING DAYS WHICH COMMENCES ONCE ZONING APPROVAL HAS BEEN GRANTED FOR THE PROJECT.

I have reviewed this checklist and the construction permit as submitted contains the required information and documents for complete submission for review.

If you are unsure of any required information, please ask before you submit your application.

**THIS CHECKLIST FORM MUST BE FILLED OUT, SIGNED AND SUBMITTED WITH THE APPLICATION.**

\_\_\_\_\_  
OWNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CONTRACTOR

\_\_\_\_\_  
DATE

**FOR OFFICE USE  
ONLY**

- \_\_\_\_ Tax record from the tax assessor's office  
\_\_\_\_ Copy of block/lot record



# APPLICATION FOR CERTIFICATE

Permit #  
Date Issued  
- or -  
Control #  
Certificate Application Received:  
Certificate Issued:

## IDENTIFICATION

Work Site Location \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
\_\_\_\_\_  
Contractor \_\_\_\_\_  
Owner in Fee \_\_\_\_\_ Address \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Tel. \_\_\_\_\_  
Tel. \_\_\_\_\_ License No. \_\_\_\_\_  
Federal Employee No. \_\_\_\_\_

## ACTION

- ☐ CERTIFICATE OF OCCUPANCY  
☐ CERTIFICATE OF CONTINUED OCCUPANCY  
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE  
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP \_\_\_\_\_ Previous \_\_\_\_\_ Current \_\_\_\_\_

**FINAL COST OF CONSTRUCTION:** \$ \_\_\_\_\_

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: \_\_\_\_\_

OWNER/AGENT

☐ OWNER ☐ AGENT

## RESIDENTIAL DEVELOPMENT FEE WORKSHEET

**BLOCK:** \_\_\_\_\_

**LOT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

To fund its Coalition of Affordable Housing (COAH) fund, the Borough of Glen Rock has instituted a residential development fee.

As per Section § 101-21, fee of 1.5% of the equalized assessed value for residential development provided no increased density is permitted. Development fees shall also be imposed and collected when an additional dwelling unit is added to an existing residential structure; in such cases, the fee shall be calculated based on the increase in the equalized assessed value of the property due to the additional dwelling unit.

The fee shall be collected in the following manner: Half of 1.5% of the estimated cost of development shall be collected at the time the building permit is issued. Prior to issuance of the Certificate of Occupancy, the Borough's Tax Assessor shall assess the equalized assessed value of the improvement (EAV) and the remaining development fee shall be remitted by the developer based on 1.5% of the equalized assessed value of the improvement less the amount remitted at the time the permit was issued.

Date Permit Issued: \_\_\_\_\_ Permit #: \_\_\_\_\_

Estimated Cost of Development: \_\_\_\_\_

1.5% of 1/2 of estimated cost: \_\_\_\_\_

Remitted: \_\_\_\_\_ Date: \_\_\_\_\_

Check #: \_\_\_\_\_

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Equalized Assessed Value (EAV): \_\_\_\_\_

Signature of Tax Assessor: \_\_\_\_\_

1.5% of EAV \_\_\_\_\_ less amt paid \_\_\_\_\_ = Amt Due: \_\_\_\_\_

Remitted: \_\_\_\_\_ Date: \_\_\_\_\_

Check #: \_\_\_\_\_

**BOROUGH OF GLEN ROCK CODE ENFORCEMENT BUREAU****Residential and Commercial Site Work**

1 HARDING PLAZA GLEN ROCK, NEW JERSEY 07452

(201) 670-3965 Ext: 2

Date Received: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Work Site Location: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Owner in Fee: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

( ) Residential ( ) Commercial Zone: \_\_\_\_\_

**PROJECT INFORMATION**

Est. Cost of Work: \$ \_\_\_\_\_

**POOL:** New ☐ Replacement ☐ Above Ground ☐ In Ground ☐Pool fence: New ☐ Replacement ☐ Height: \_\_\_\_\_ Material: \_\_\_\_\_ **\*Building and Engineering Required\*****BUILDING:** New Construction ☐ Addition ☐☐ **DRIVEWAY** ☐ **WALKWAY** - Repaving ☐ Expansion ☐ New ☐**FENCES:** New ☐ Replacement ☐ Height: \_\_\_\_\_ Style: \_\_\_\_\_**SHEDS:** New ☐ Replacement ☐ Sq Footage: \_\_\_\_\_ Height: \_\_\_\_\_

Under 200 sq ft – Zoning permit only; Over 200 sq ft – Zoning &amp; Building permit required.

**DECK/PATIO:** Deck ☐ Patio ☐ Size: \_\_\_\_\_**A/C:** New ☐ Replacement ☐ **Generator:** New ☐ Replacement ☐**RETAINING WALL** ☐ Maximum Height: \_\_\_\_\_**\*Retaining walls 4 ft or higher require ZONING, ENGINEERING & BUILDING permits\*****OTHER ACTIVITY:** \_\_\_\_\_Has the subject premises been the subject of prior application to the Zoning Board of Adjustment or Planning Board to the applicant's knowledge. Yes ☐ No ☐ If Yes, state date: \_\_\_\_\_

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Owner/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Final

Zoning \_\_\_\_\_

Engineering \_\_\_\_\_

Paid ( ) Check #: \_\_\_\_\_

Collected by: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

**\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\***

Based on the information submitted and the requirements of the Borough Zoning ordinance, your application for a Zoning Permit is hereby:

APPROVED ☐ DENIED ☐ DATE: \_\_\_\_\_If approved, valid for 1 year from date of approval.

Comments on Decision: \_\_\_\_\_

Zoning Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# INSPECTION & COMPLIANCE BUREAU CONNECTIONS UNIT MUNICIPAL REFERRAL FORM

In accordance with 602.6 of the PVSC Rules and Regulations (R&R), any person seeking to connect to the sewer or change the operation of an existing connection must fill out this form. This form must be filled out completely and faxed to PVSC at (973) 466-2712 at the close of each business day (PVSC R&R 602.7). For help with this form please contact the Connections Unit at (973) 817 5706 or the PVSC Inspector (card attached)

1.) Applicant Information: *(Please Print Neatly; This is Where Your Approval Letter Will be Mailed)*

Name:		Contact:	
Address:		Street Addresses only, No P.O Boxes accepted	
City:	State:	Zip Code:	
Phone:	Fax:	E-mail:	

2.) Property Owner Information: *(If Different From #1, Please Print Neatly) SAME AS ABOVE [ ]*

Name:		Contact:	
Address:		Street Addresses only, No P.O Boxes accepted	
City:	State:	Zip Code:	
Phone:	Fax:	E-mail:	

3.) Project Information *(Please Print Neatly)*

Address:		Unit #:	Floor # :	
City:	State: NJ	Zip Code:	Block:	Lot:
Project Description:				

Submitted by: \_\_\_\_\_  
(Signature) (Print name) (Date)

To be filled out by PVSC Personnel Only:

New Build	<input type="checkbox"/>	Knockdown / Rebuild	<input type="checkbox"/>	Renovation or Addition	<input type="checkbox"/>	Public Project	<input type="checkbox"/>	Change of Use/Operation/Tenant	<input type="checkbox"/>	No Connection	<input type="checkbox"/>
Residential	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Industrial	<input type="checkbox"/>	Affordable Housing	<input type="checkbox"/>	Out of District	<input type="checkbox"/>	Fire Rehabilitation	<input type="checkbox"/>
Review No Fee	<input type="checkbox"/>	Connection Fee	<input type="checkbox"/>	CO / CCO	_____	Confirmed Active Use	<input type="checkbox"/>	Other	_____		<input type="checkbox"/>

For Changes in Use / Operation:

Referred to: \_\_\_\_\_

Category	Existing	Proposed	Net	Category	Existing	Proposed	Net
Number of Dwelling Units				SF of Retail or Office Space			
# of 1 Bedroom Units				Seats 3 15 20 35 50			
# of 2 Bedroom Units				Students/Employees			
# of 3 Bedroom Units or Larger				Other			

Age Restricted: Yes ☐ No ☐ 501C3: Yes ☐ No ☐ Increase/ Decrease in Gallons Per Day (GPD) : \_\_\_\_\_

Reviewed by:

Construction Official: \_\_\_\_\_  
(Signature) (Print name) (Date)

PVSC Inspector: \_\_\_\_\_  
(Signature) (Print name) (Date)

PVSC Supervisor: \_\_\_\_\_  
(Signature) (Print name) (Date)