



Main Facility Block: _____ Lot: _____ Municipality: _____ Permit No: _____

APPLICATION FOR ANNUAL PERMIT

1. Name and address of owner:

2. The buildings, street addresses (including blocks and lots), to be covered by this annual permit are: (attach sheet(s) if necessary)

3. The annual permit records will be maintained at:

4. List full time maintenance staff at the facility for each subcode (see page 2, or attach list).

5. List the names of at least one, but not more than three, individuals per subcode who are required to complete five hours of continuing education per year (see page 2, or attach list).

6. Person who will be responsible for the maintenance logs, job assignments, and quality control:

Name _____ Title _____
Telephone _____ Email _____

7. I attest that maintenance staff performing work under the annual permit are under the direct supervision of a qualified individual, as set forth in N.J.A.C. 5:23-2.14(e)1, or are individually qualified in their respective trades. Please initial to confirm: _____

8. I attest that procedures are developed to provide training on the Uniform Construction Code and adopted subcodes. This training is done on a regular basis. Please initial to confirm: _____

9. Attach to this application an explanation of the procedures that the applicant uses to ensure proper quality control of the work performed under the annual permit.

10. Fees:

State fees N.J.A.C. 5:23-4.20(c)5ii	• One to 25 workers (including forepersons): \$933.00 per worker • Each additional worker over 25: \$329.00 per worker • Training registration fee of \$196.00 per subcode; max of \$588
Local fees: N.J.A.C. 5:23-4.18(a)5	• Training registration fee of \$140 per subcode • Annual permit fee: _____ (determined by local ordinance)

11. Individuals Designated to Attend Training Seminars: Name & UCC license number (if applicable)

Building/Fire

1. _____
2. _____
3. _____

Electrical

1. _____
2. _____
3. _____

Plumbing

1. _____
2. _____
3. _____

Supervisor

Building

Name _____ Title _____

Fire protection

Name _____ Title _____

Electrical

Name _____ Title _____

Plumbing

Name _____ Title _____

Staff

Name	Title	Subcode (B, FP, E, P)	Qualification*
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

(attach separate sheet if necessary)

* Qualification: journeyman status, civil service experience, trade school certification, college degree, or State certification

Name of local construction office

By signing below, I attest that the information supplied on this application and attached hereto is true and accurate to the best of my knowledge.

Name of applicant

Title

Signature of applicant

Applicant must submit a copy of this form with the training registration fee to:

NJ Department of Community Affairs
Division of Codes and Standards
Attn: Education & Licensing Unit
PO Box 802
Trenton, NJ 08625