

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/codreg/>), 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.

OVER 

___ 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. 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 \$2000 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



Passaic Valley Sewerage Commission

"Protecting Public Health and the Environment"

Form SCF-25 FMG
Revised: (12/11/24)

APPLICANT, OWNER, PROJECT INFORMATION

1.) APPLICANT: (APPROVAL LETTER IS MAILED TO THIS ADDRESS, ENSURE IT IS ACTIVE)

NAME: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX # or E-MAIL: _____

2.) PROPERTY OWNER OR AUTHORIZED AGENT: SAME AS ABOVE

NAME: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX # or E-MAIL: _____

3.) PROJECT/TENANT SPACE: FILE CAN NOT BE ENTERED WITHOUT THIS FILLED OUT

ADDRESS: _____

CITY: _____ STATE: NEW JERSEY ZIP: _____

BLOCK: _____ LOT: _____

DESCRIPTION: The project consists of _____

PVSC Inspector Signature Print Name Date

PVSC Supervisor Signature Print Name Date

Submitted by: _____ (signature) _____ (print name) _____ (date)



BOROUGH OF GLEN ROCK CODE ENFORCEMENT BUREAU

Date Received: _____

Residential and Commercial Site Work

1 HARDING PLAZA GLEN ROCK, NEW JERSEY 07452

(201) 670-3965 Ext: 2

PERMIT #: _____

Date Issued: _____

Work Site Location: _____ Block: _____ Lot: _____

Owner in Fee: _____ Tel. No.: _____

Address: _____

Email: _____

Contractor: _____ Tel. No.: _____

Address: _____

Email: _____

() Residential () Commercial Zone: _____

Est. Cost of Work: \$ _____

PROJECT INFORMATION

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 & 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

Paid () Check #: _____

Zoning _____

Collected by: _____ Fee: \$ _____

Engineering _____

*****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: _____

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 ½ of estimated cost: _____

Remitted: _____ Date: _____

Check #: _____

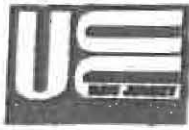
Equalized Assessed Value (EAV): _____

Signature of Tax Assessor: _____

1.5% of EAV _____ less amt paid _____ = Amt Due: _____

Remitted: Date: _____

Check #: _____



APPLICATION FOR CERTIFICATE

Date Received _____
Date Permit Issued _____
Control # _____
Permit # _____
Date Issued _____

IDENTIFICATION

Block _____	Lot _____	Contractor _____
Work Site Location _____		Address _____
Owner in Fee _____		Tel. (_____) _____
Address _____		License No. _____
Tel. (_____) _____		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.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

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, all work has been completed in accordance with the approved plans, permit, and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate

SIGNED: _____
OWNER/AGENT

- OWNER
- AGENT