

NEW BUSINESS CHECKLIST

See below checklist. All items must be completed for Commercial Certificate to be issued and must be done prior to move in.

1. Zoning approval– Zoning approval is the first step in this process. This **MUST** be completed before any of the other below steps are completed. The zoning application must be completed in its' entirety. Under description of work, please put what type of Business is being opened (retail, storage, office, etc...). The Business name, number of employees and hours of operation must be included. If this space is being leased out, the owner of the property must sign the application. The cost of this application is \$50

DATE COMPLETED: _____

***Once Zoning approval is received, steps 2, 3, 4 and 5 can be completed. Steps 5 & 6 are only for food establishments. For any change in ownership/tenancy proceed to step 2. For any Construction or Tenant Fit-Outs proceed to step 3. ***

2. Application for Commercial Certificate of Transfer of Title/Tenancy– Please complete this form in its entirety. If no Realtor or Agent is used, that section can be left blank. The cost of this application is \$200 for a single unit and \$100 for any additional units sold or leased. An inspection will be scheduled, and the unit(s) will be inspected. Any violation will be given after the inspection

DATE COMPLETED: _____

3. Glassboro Construction- This will be needed if there will be any renovations to the existing building (i.e. walls, floors, alarms) or if there will be a change of use (i.e. a restaurant changing into a clothing store). Permits will need to be submitted along with 2 signed and sealed plans from a licensed NJ architect. This will need to include the use of the building and the occupancy load. Fees will be processed and given at permit pick-up.

DATE COMPLETED: _____

4. Glassboro Fire Prevention– This application needs to be filled out fully and legibly. This form is given to Gloucester County and all items must be able to be read. There is no cost for this application at the time of submittal.

DATE COMPLETED: _____

5. Gloucester County application to construct/alter/renovate a retail food establishment– This form can be found online at www.gloucestercountynj.gov/689/Applications-Forms. Gloucester County will conduct its' own inspection and issue a Sanitary Score. A copy of this must be provided at the time of the Commercial Certificate Inspection. The fee is determined by the County.

DATE COMPLETED: _____

5. Glassboro Application for License to Operate a Retail Food Establishment– This must be filled out and submitted before the Commercial Certificate is issued. This form can be found online at Glassboro.org/health-housing. The fee for this depends on the size of the building.

DATE COMPLETED: _____

6. A Mercantile License needs to be applied for and issued by the Office of Economic Development. This form can be found online at Glassboro.org/economic-development. This application costs \$10.

DATE COMPLETED: _____

7. Glassboro Water and Sewer- All billing information needs to be updated. This can be updated at Borough Hall at 1 S. Main St, Glassboro, NJ 08028

DATE COMPLETED: _____ **W&S initials:** _____

CONTACT LIST FOR ANY QUESTIONS

- **ZONING-** Kristine D'Amico -856-881-9230 ext. 88350 or via email at Kdamico@glassboro.org
- **GLASSBORO BOARD OF HEALTH-** Kaitlin Harrell-856-881-9230 ext. 88140 or via email at Kharrell@glassboro.org
- **COMMERCIAL CERTIFICATE OF TRANSFER OF TITLE/TENANCY (NON-CONSTRUCTION)** – Paul Dillard- 856-881-9230 ext. 88140 or via email at Pdillard@glassboro.org
- **CONSTRUCTION-** Terri Fanfarillo or Trish Pickard - 856-881-8140 option 1 or via email at Tfanfarillo@glassboro.org or Tpickard@glassboro.org
- **FIRE PREVENTION** - Kristine D'Amico 856-881-9230 ext. 88350 or via email at Kdamico@glassboro.org
- **GLOUCESTER COUNTY HEALTH-** 856-218-4101
- **ECONOMIC DEVELOPMENT** - Tawana Bryant 856-881-9230 ext. 88322 or via email at Tbryant@glassboro.org
- **WATER AND SEWER BILLING** – Mark Godfrey – 856-881-9230 ext. 88902 or via email at Mgodfrey@glassboro.org

BOROUGH OF GLASSBORO

1 South Main Street, Glassboro NJ 08028 (Mailing Address)

10 South Poplar Street, Glassboro NJ 08028 (Location)

Phone 856.881.8140 Fax 856.863.4690

ZONING APPLICATION #:

☐ New Unit Created☐ Redevelopment☐ Workshop☐ Rental Yes/No**APPLICATION FOR ZONING PERMIT**

Location of Worksite: BLOCK # LOT#

Mailing Address

Property Owner Print

Contact Phone Number Email

Description of Work:

Business Name: # of Employees & Hours of Operation:

ATTACH A PLOT PLAN OR SURVEY SHEET**OFFICE USE BELOW**

Current Zoning: Corner Lot:

Footprint of Improvement (Sq Ft.): Height of Improvement:

Building Permitted Coverage: % Existing: Proposed:

Recreation Permitted Paving: % Existing: Proposed:

Parking Permitted Paving: Existing: Proposed:

Total Coverage: %

New Total Building : *No Dumpsters to be parked on any

New Total Parking: public roadways

New Total Recreation: New unit - W&S notified

Approved: Denied:

CLARK PIERPONT, ZONING OFFICER

FOR OFFICE USE ONLY:

Residential Fee \$40 DATE: CHECK# Collected By:

Non-Residential Fee: \$50 DATE: CHECK# Collected By:

Compliance Letter: \$25 DATE: CHECK# Collected By:

Construction Permit: Street Opening: Water & Sewer:

Licenses: CCO: Mercantile: Fire: Food: County Food:

Applicant assumes all responsibility for any impact on drainage and grades

A denial requires a Zoning Board of Adjustment Approval

New Construction requires curbs and sidewalks



BOROUGH OF GLASSBORO

Code Enforcement Office

10 S. Poplar Street, Glassboro, NJ 08028

Kaitlin Harrell, Administrative Assistant

(P) 856-881-9230 ext. 88140

(F) 856-863-4690

(E) KHarrell@glassboro.org

APPLICATION FOR COMMERCIAL CERTIFICATE OF TRANSFER OF TITLE/TENANCY

Property information:

Address of Property: _____ Block: _____ Lot: _____

Owner's name(s): _____

Address of owner : _____

Email address of owner: _____ Phone number of owner _____

Buyer/Tenant information

Buyer(s)/Tenant(s) name: _____

Address of Buyer/Tenant: _____

Email address of Buyer/Tenant: _____

Phone number of Buyer/Tenant: _____

Business name: _____

Realtor/Agent

For the: ☐ Seller ☐ Buyer/Tenant

Name of Realtor/Agent: _____

Email of Realtor/Agent: _____ Phone number of Realtor/Agent: _____

Buyer/Tenant name (print)

Buyer/Tenant Signature

Property Owner Name (print)

Property Owner Name (print)

Purchase/Rental Price: _____ Copy Of Contract of Sale/Rental Agreement Provided: ☐ Yes ☐ No

For Office Use only

First Unit: \$200

Additional Units: \$100/Unit

Fee Remitted: _____ Date: _____ Form of payment/check # _____

Collected by: _____ Inspection Date: _____

Inspections are done Monday, Wednesday and Friday, 9am-11:30am, by appointment only.

A ZONING PERMIT IS REQUIRED PRIOR TO NEW TENANCY/OWNER OCCUPATION



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: _____

2. Name of Owner in Fee: _____

Tel. _____ e-mail _____

Address _____

3. Ownership in Fee: street Public _____ municipality Private _____ zip code _____

4. Principal Contractor: _____ Tel. _____

Address _____ e-mail _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. _____ FAX: _____

6. Responsible Person in Charge once Work has Begun _____

Tel. _____ FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure	ft.
3. Area — Largest Floor	sq. ft.
4. New Building Area	sq. ft.
5. Volume of New Structure	cu. ft.
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved _____ HUD _____	
9. Total Land Area Disturbed	sq. ft.
10. Flood Hazard Zone	
11. Base Flood Elevation	ft.
12. Wetlands yes _____ no _____	

IIa. PROPOSED WORK

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Minor Work | <input type="checkbox"/> New Building | <input type="checkbox"/> Addition | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Repair | <input type="checkbox"/> Alteration | <input type="checkbox"/> Renovation | <input type="checkbox"/> Reconstruction |
| <input type="checkbox"/> Asbestos Abat. -Subch. 8 | <input type="checkbox"/> Lead Hazard Abatement | <input type="checkbox"/> Radon Remediation | <input type="checkbox"/> Annual Permit |

IIb. SUBCODES

(Check all that apply)

- ☐ Building
- ☐ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Approval	Rejection	Re-viewer

TOTAL COST

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale	
Gained, Rental	
Lost, Sale	
Lost, Rental	

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- | | | | |
|---|---|---|---|
| 1. <input type="checkbox"/> Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks | 4. <input type="checkbox"/> Refrigeration Systems | 8. <input type="checkbox"/> Smoke Control Systems in Open Wells | 12. <input type="checkbox"/> Fire Alarm |
| 2. <input type="checkbox"/> High Pressure Boilers | 5. <input type="checkbox"/> Cross-Connections/Backflow Preventers | 9. <input type="checkbox"/> Underground Storage Tanks | |
| 3. <input type="checkbox"/> Pressure Vessels | 6. <input type="checkbox"/> Hazardous Uses/Places of Assembly | 10. <input type="checkbox"/> Swimming Pools, Spas and Hot Tubs | |
| | 7. <input type="checkbox"/> Sprinklers/Standpipes | 11. <input type="checkbox"/> LPGas Tanks | |

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☐ Check if contractor.

Agent Name _____

Address _____

Telephone _____

Signature _____

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ☐ HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
<input type="checkbox"/> Zoning Officer									
<input type="checkbox"/> Planning Board									
<input type="checkbox"/> Zoning Board									
<input type="checkbox"/> Sewer Authority									
<input type="checkbox"/> Water Authority									
<input type="checkbox"/> Police Department									
<input type="checkbox"/> Health Department									
<input type="checkbox"/> Soil Conservation									
<input type="checkbox"/> N.J. Department of Community Affairs									
<input type="checkbox"/> N.J. Department of Transportation									
<input type="checkbox"/> N.J. Department of Environmental Protection									
<input type="checkbox"/> Utility Dig No.									
<input type="checkbox"/>									
<input type="checkbox"/>									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)		
Name of Code & Edition	Name of Code & Edition	
Building _____	Energy _____	Other _____
Electrical _____	Barrier Free _____	_____
Plumbing _____	Flood Hazard _____	_____
Fire Protection _____	As Built Elevation Cert. _____	_____
Mechanical _____	Other _____	_____

X. CERTIFICATES ISSUED (office use only)		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
<input type="checkbox"/> Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
<input type="checkbox"/> Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
<input type="checkbox"/> Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
<input type="checkbox"/> Certificate of Compliance	No. _____	_____	_____	_____	_____
<input type="checkbox"/> Certificate of Occupancy	No. _____	_____	_____	_____	_____
<input type="checkbox"/> Certificate of Approval	No. _____	_____	_____	_____	_____
<input type="checkbox"/> Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____



Date Issued
Permit #

Block _____ Lot _____ Qualification Code _____
Work Site Location _____

Owner in Fee: _____

Tel. _____ e-mail _____

Address _____
 street municipality zip code

Contractor: _____ Tel. _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)		
<input type="checkbox"/>	No Plans Required	_____	_____	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/>	All	_____	_____	Footing	_____	_____	_____	_____
<input type="checkbox"/>	Footings/Foundations	_____	_____	Footing Bonding	_____	_____	_____	_____
<input type="checkbox"/>	Structural/Framework	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/>	Exterior	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/>	Interior	_____	_____	Frame	_____	_____	_____	_____
				Truss Sys./Bracing	_____	_____	_____	_____
Joint Plan Review Required:				Barrier-Free	_____	_____	_____	_____
<input type="checkbox"/>	Elec.	<input type="checkbox"/>	Plumb.	<input type="checkbox"/>	Fire	<input type="checkbox"/>	Elevator	Insulation
				Finishes -Base Layer	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT				Finishes -Final	_____	_____	_____	_____
Date: _____				Energy	_____	_____	_____	_____
Approved by: _____				Mechanical	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE				TCO	_____	_____	_____	_____
<input type="checkbox"/>	CO	<input type="checkbox"/>	CCO	<input type="checkbox"/>	CA	Other	_____	_____
Date: _____				Final	_____	_____	_____	_____
Approved by: _____				Barrier-Free	_____	_____	_____	_____

Use Group Present _____ Proposed _____ **Constr. Class** Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. **Est. Cost of Bldg. Work:**

New Bldg. Area/All Floors _____ sq. ft. 1 New Bldg \$

Volume of New Structure _____ cu. ft. 2 Rehabilitation \$ _____

Max. Live Load _____ 3. Total (1+ 2) \$ _____

Max. Occupancy Load I.C.C. E110 (rev. 11/09)

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____

2. Rehabilitation \$_____

3. Total (1+ 2) \$ _____

U.C.C. F110 (rev. 11/09)
Internet version

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

Sign here: _____

Print name here: _____

DESCRIPTION OF WORK

- [] New Building
- [] Addition
- [] Rehabilitation
- [] Roofing
- [] Siding
- [] Fence _____ Height (exceeds 6')
- [] Sign _____ Sq. Ft.
- [] Pool
- [] Retaining Wall _____ Sq. Ft.
- [] Asbestos Abatement Subchapter 8
- [] Lead Haz. Abatement NJAC 5:17
- [] Radon Remediation
- [] Other _____
- [] Demolition

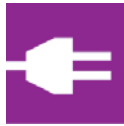
[illegible]

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
State Permit Surcharge Fee	\$ _____
TOTAL FEE	\$ _____

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received

Control #

Date Issued

Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
	Dates (Month/Day)
<input type="checkbox"/> No Plans Required	Type: Failure Failure Approval Initial
<input type="checkbox"/> Partial -Underslab Utilities Approved	Rough _____
Date: _____ Approved by: _____	Barrier-Free _____
<input type="checkbox"/> Electric Plans Approved	Trench _____
Date: _____ Approved by: _____	Temp. Serv. _____
Joint Plan Review Required:	Constr. Serv. _____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.	TCO _____
SUBCODE APPROVAL for PERMIT	Other _____
Date: _____	Service _____
Approved by: _____	Final _____
	Barrier-Free _____
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-in-Card Date Issued _____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Final Cut-in-Card Date Issued _____
Date: _____	Annual Pool Inspection _____
Approved by: _____	Date of Grounding and Bonding Certification _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

☐ Licensed Elec. Contractor ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	TOTAL NUMBERS	\$ _____
_____	_____	Pool Permit/with UW Lights	_____
_____	_____	Storable Pool/Spa/Hot Tub	_____
_____	_____	KW Elec. Range/Receptacle	_____
_____	_____	KW Oven/Surface Unit	_____
_____	_____	KW Elec. Water Heater	_____
_____	_____	KW Elec. Dryer/Receptacle	_____
_____	_____	KW Dishwasher	_____
_____	_____	HP Garbage Disposal	_____
_____	_____	KW Central A/C Unit	_____
_____	_____	HP/KW Space Heater/Air Handler	_____
_____	_____	KW Baseboard Heat	_____
_____	_____	HP Motors 1/+ HP	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. _____ e-mail _____

Address _____

Contractor: _____ street _____ municipality _____ Tel. _____ zip code _____

Address _____ e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: ☐ New OR ☐ Modification to Existing
OR ☐ Conversion OR ☐ Replacement

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other _____

Location: _____

Total Cost of Fire Protection Work \$ _____

Fuel Storage Tank:

Fuel Type: ☐ Flammable OR ☐ Combustible
Capacity _____

Fire Alarm System: ☐ New OR ☐ Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

☐ New OR ☐ Existing

Location of Main Control Valve: _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor
sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

☐ Certified Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	\$ _____
Alarm Systems		
<input type="checkbox"/> System	_____	_____
<input type="checkbox"/> 110v Interconnected	_____	_____
<input type="checkbox"/> CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	_____	_____
Supervisory Devices (i.e., tampers, low/high air)	_____	_____
Signaling Devices (i.e., horn/strobes, bells)	_____	_____
Other Devices	_____	_____
TOTAL	_____	_____
Suppression Systems		
Fire Pump _____ GPM Type _____	_____	_____
Dry Pipe/Alarm Valves	_____	_____
Pre-action Valves	_____	_____
Sprinkler Heads (Dry and Wet)	_____	_____
Standpipes	_____	_____
Pre-engineered Systems		
Wet Chemical	_____	_____
Dry Chemical	_____	_____
CO ₂ Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other _____	_____	_____
Other Systems		
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fuel-Fired Appliances <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid _____	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other _____	_____	_____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required		Alarm System	_____	_____	_____	_____
<input type="checkbox"/> Partial -Underslab Utilities Approved		Suppression Sys.	_____	_____	_____	_____
Date:_____ Approved by: _____		Standpipe	_____	_____	_____	_____
<input type="checkbox"/> Fire Protection Plans Approved		Fire Pump	_____	_____	_____	_____
Date:_____ Approved by: _____		Pre-Eng. System	_____	_____	_____	_____
Joint Plan Review Required:		Mechanical	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Elev.		Smoke Control	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		TCO	_____	_____	_____	_____
Date: _____		Flam/Combust Tanks	_____	_____	_____	_____
Approved by: _____		Fireplace Venting	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Final	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Other _____	_____	_____	_____	_____
Date: _____						
Approved by: _____						

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)					
PLAN REVIEW		INSPECTIONS			
		Dates (Month/Day)			
		Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required					
<input type="checkbox"/> Partial -Underslab Utilities Approved					
Date: _____ Approved by: _____					
<input type="checkbox"/> Plumbing Plans Approved					
Date: _____ Approved by: _____					
Joint Plan Review Required:					
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.					
SUBCODE APPROVAL for PERMIT					
Date: _____					
Approved by: _____					
SUBCODE APPROVAL for CERTIFICATE					
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA					
Date: _____					
Approved by: _____					

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor

sign and seal here: _____

Print name here: _____

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	\$ _____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LPGas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrapp	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks _____	_____
_____	Other _____	_____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____



GLASSBORO BUREAU OF FIRE PREVENTION

Kristine D'Amico– Administrative Assistant

10 South Poplar Street

(P) 856-881-9230 EXT. 88350

(F) 856-863-4690

1. Name of Business: _____

2. Business Address: _____

3. Business Phone number: _____

4. List all buildings and their uses in detail on this property:

5. Hours of Operation (ex. 9am-5pm, M-F) : _____

6. Height of Building: _____ (ft)

7. Number of stories/floors: _____

8. Gross Square Footage of each floor: _____

9. Year Building was built: _____

10. Name, address, phone number, and email of business owner:

Email Address: _____

Local L806: _____

State: _____

Date received: _____

Business Name: _____



11. Name, address, phone number, and email of building owner:

Email Address: _____

12. Name, address, phone number, and email of person (s) responsible for maintenance:

Email Address: _____

13. Names and phone numbers of three (3) people to contact for emergencies:

1. _____

2. _____

3. _____

I certify that all statements made by me in the registration form are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of affiant

Print name of affiant

Local L806: _____ State: _____ Date received: _____
Business Name: _____

MERCANTILE LICENSE APPLICATION

GENERAL INFORMATION

- Application Fee: \$10.00 (Make payable to “Borough of Glassboro”)
- P.O. Boxes are not sufficient address
- Licensing Term: January 1st – December 31st
- Please mail application before February 15, 2023

**** New State Requirement****

Ordinance #22-28 –Chapter 303A –Licensing Article II –

Every Business Must Submit Proof of Liability Insurance – (see letter for minimum requirements)

A mercantile license will not be issued until proof of insurance and any/all fees owed to the Borough of Glassboro are paid in full.

BUSINESS INFORMATION

Date:_____ Initial Application:_____ Renewal:_____ Block:_____ Lot:_____

Business Name:_____ Email:_____

DBA: _____ Description of Business:_____

Street Address: _____ Mailing Address (if different):_____

Hours of Operation:_____

Business Phone:_____ Website:_____

Fax:_____ # of Employees:_____

OWNER INFORMATION

Name of Owner of Business:_____

Home Address:_____ City:_____ State:_____ Zip:_____

Please provide previous address if Applicant has been at current address less than five years:

Phone Numbers: Home:_____ Cell: _____

Name of Corporation/Partnership/LLC:_____

If Corporation/Partnership/LLC: Provide names, address and phone numbers of all officers, members or partners:
(Attach information on additional page if necessary)

Name:_____	Title:_____	Address:_____	Phone:_____
Name:_____	Title:_____	Address:_____	Phone:_____
Name:_____	Title:_____	Address:_____	Phone:_____

If a Corporation/Partnership/LLC: Please provide name, address and phone number of Registered Agent:

Emergency Phone No:_____ Emergency Contact Person:_____

PROPERTY INFORMATION

Name of Owner of Property Where Business Is Located:_____

Address of Owner:_____ City:_____ State:_____ Zip:_____

Phone number:_____

Property Manager:_____

Address:_____ City:_____ State:_____ Zip:_____

Phone number:_____

CERTIFICATION

Has any previous Business License in this Borough, held by the applicant, been suspended or revoked? Yes__No__

If yes, please describe:_____

Have you been convicted of any crimes of the 1st, 2nd, 3rd or 4th degree? Yes __ No__

If yes, please provide date and location of conviction:_____

I hereby certify that the foregoing information given on this application is true and complete to the best of my knowledge and belief. I further agree to comply with all the laws and ordinances of the Borough of Glassboro applicable to the operation of said business. In the event any information given was willfully false, my license shall be declared null and void. **Included is my proof of business insurance.**

Date:_____

Signature of Applicant

Mail To: Economic Development
1 South Main Street
Glassboro, NJ 08028
Attn: Tawana Bryant

Office Use Only:
Check#:
License#:

Rev: 1/23