

Department of Public Affairs



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ARCHITECTURAL PLANS CHECK-LIST

This form is to be submitted with any/all plans that are submitted to the building department for review. Please be advised that same will be rejected if your plans do not include all items below in their entirety.

DATE: _____

ARCHITECT NAME: _____

ARCHITECT TELEPHONE NUMBER: _____

PROPERTY OWNER NAME: _____

PROPERTY OWNER ADDRESS: _____

ADDRESS OF PROPOSED WORKSITE: _____

DESCRIPTION OF PROPOSED WORK: _____

BLOCK AND LOT: _____

EXISTING AND PROPOSED USE GROUP: _____

EXISTING AND PROPOSED CONSTRUCTION TYPE: _____

RS-CHECK ENERGY LIST, RESIDENTIAL AND COMMERCIAL: _____

UL LISTING ON ALL ASSEMBLIES WHERE APPLICABLE: _____

ALL DESIGN LOADS: _____

SHOW FOUNDATIONS, FLOORS, WALLS, ROOF
AND STRUCTURAL COMPONENTS WHERE APPLICABLE: _____

DOORS, WINDOWS AND FINISH SCHEDULE: _____

SITE PLAN SHOWING EXISTING AND NEW STRUCTURES: _____

COMPLETE BUILDING CODE ANALYSIS
INCLUDE ALL FIRE SEPARATIONS, EXITS, ETC.: _____

SHOW PERCENTAGE OF LOT COVERAGE: _____

INCLUDE OCCUPANCY LOAD: _____