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**TO BE COMPLETED BY YOUR DESIGN PROFESSIONAL**

Your application for a change use has been reviewed and based upon this application you are required to secure the services of a design professional for the preparations of drawings.

The drawings will coincide with the required information for the new use.

The document below is the sections of the New Jersey Rehabilitation Code Change of Use Section otherwise known as NJAC 5:23 – 6.31 is fully referenced.

CURRENT USE \_\_\_\_\_ PROPOSED USE \_\_\_\_\_

5. DOES THE CHANGE OF USE FALL INTO THE CATEGORY FOR SECTION (a) 5, sections i. thru xix.

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes show the requirements of (a) 6 if option is being applied.

7. Is this a group overnight stay Yes \_\_\_\_\_ No \_\_\_\_\_

8. Is this a change from a one family to a 2 family Yes \_\_\_\_\_ No \_\_\_\_\_

If yes show compliance with i. an ii.

**(b) Compliance with Basic Requirement**

Increase                  Decrease

Increase Show 1                  Decrease or Equal Show 2

**(c) Means of Egress**

Increase                  Decrease

Increase shows the requirements of (c) 1 and 2

Equal or Lesser Category

C 3, not required to comply with (c) 2 except when the reconstruction triggers the requirements of

4      5      6      7      8 If does provide details

(d) Enclosure of vertical openings

1      2      3 CHECK IF APPLICABLE AND SHOW

**(e) Height and Area Limitations**

Higher                  Equal or Lesser

1. Higher 1 provide details
2. Equal or Lesser
3. Is the change of use in a mixed-use building?  
Is it separated or non-separated

**(f) Exterior Wall Fire Resistance Ratings and Maximum Area of Exterior Wall Openings**

Note and show applicable requirements

**(g) Automatic Sprinkler Requirements**

Increase comply with 1 designed 3

Equal or lesser 2 apply

4. If dormitory comply

**h. Fire Alarm and Detection Systems refer to section for use group**

Use group \_\_\_\_\_

**i. Single and Multiple Station Alarms**

Applicable R-1, 2, 3, 4, 5, I-1

3. If applicable

**j. Carbon Monoxide Detection Equipment**                      Required                      Not Required

**k. Structural requirements**

1. If higher

2 If Equal or Lesser

3. Reclassified

Choose 1

**l. Plumbing Requirements**

l. Basic requirements for the use

2. If food handling

3 Grease or oil laden waste

4 Chemical Waste

5 Health care facility                      refer to applicable section for 1-5

**m. Electrical Requirements**

1. Special occupancies compliance of same for those listed.

2. R-2, 3, 4 or 5 Basic requirements and electrical service sized and rated accordance to the Electrical Sub code.

**n. Mechanical Requirements**

Show compliance with applicable sections per 1 and ii.

Show compliance with applicable 3 based upon occupancy and calculations.

**o. Accessibility requirements**

Does the work fall into the category listed in 1, I, ii 1 or 2, iii, iv, 2, 3 show compliance of same

**p. Change of use to a bed and breakfast**

Follow requirements of 1 for being converted and 2 for converted

**g. change of character to a cooperative sober living facility**

Follow and show requirements for same