

UNIFORM CONSTRUCTION CODE ANNUAL REPORT

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New Jersey Department of Community Affairs

Division of Codes and Standards

BUDGET YEAR TYPE * Fiscal (7/1 thru 6/30) Calendar (1/1 thru 12/31)

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MUNICIPALITY/COUNTY * ? Towns A -thru- Kn	BUDGET YEAR * ?
Towns La -thru- Sw	
Towns Ta -thru- Wy	

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Enter all UCC employees. Identify each employee by his/her last name, first name, UCC license # or Technical Assistant certification #. Leave license # blank for office/clerical. Enter only the UCC portion of the employee's salary. For example, if the Construction Official's total salary is \$100,000 per year but also serves as Zoning Officer and/or Property Maintenance Supervisor for 50% of the time, the amount entered would be 50% of \$ 100,000 or \$50,000. The same applies for a Sub-Code Official, Inspector, Technical Assistant or office/clerical employee dividing work time between UCC and non-UCC work. If an inspector or clerical employee earns \$50,000 per year, and works 80% of the time on UCC and 20% for another municipal office, the amount entered for that employee would be \$40,000. Do not enter an employee more than once and select all UCC positions, by resolution or appointment, for each employee.

Salaries Paid - UCC Positions Only

Last Name * **First Name *** **UCC License/Certification #** **Annual UCC Salary/Wages ***

Construction Official Asst Construction Official Clerical Technical Assistant

Subcode Official: (check all that apply) **Inspector: (check all that apply)**

Building Electrical Building Electrical
 Plumbing Fire Protection Plumbing Fire Protection
 Elevator Elevator Mechanical

Last Name **First Name** **UCC License/Certification #** **Annual UCC Salary/Wages**

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- | | | | |
|-----------------------------------|--|-----------------------------------|--|
| <input type="checkbox"/> Building | <input type="checkbox"/> Electrical | <input type="checkbox"/> Building | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Fire Protection | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Fire Protection |
| <input type="checkbox"/> Elevator | | <input type="checkbox"/> Elevator | <input type="checkbox"/> Mechanical |

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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*

Add More Personnel Finished Adding Personnel

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REVENUES

Uniform Construction Code Fees * ?

Penalties * ?

Income: UCC Interlocal * ?

TOTAL REVENUES * ?

EXPENDITURES

Salary & Wages * ?

Fringe Benefits * ?

Other Expenses * ?

Payments to Interlocal Agencies * ?

Payments to Private Onsite Agencies * ?

Select private onsite inspection agencies to which payments were made No Payments Made *

Indirect Costs * ?

TOTAL EXPENSES * ?

Does municipality use a Rider Dedication Trust Fund? * ?

YES NO

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PRIVATE ONSITE INSPECTION AGENCIES

Select all private onsite inspection agencies to which payments were made:

- Trinity Code Inspections, LLC (TCI)
- Lift Tech LTD. (LTLTD)
- NJ Elevator Inspection Agency (NJEIA)
- BUILDING INSPECTION UNDERWRITERS INC (BIU)
- EIC INSPECTION AGENCY CORP (EIC)
- MUNICIPAL INSPECTION CORP (MIC)
- MUNICIPAL CODE INSPECTION INC (MCI)
- NEW JERSEY TECHNICAL SERVICES (NJTS)

EXEMPT FEES

By State law (see N.J.S. 52:27D-126c) *

By Municipality (see N.J.S. 52:27D-126b) *

RIDER DEDICATION (N.J.S.A. 40A:4-39)

Does municipality use a Full or Partial Rider Dedication Trust Fund? *

- Full Partial

Opening Balance in Trust Fund

Revenues Received in Trust Fund

Expenses from Trust Fund

Closing Balance in Trust Fund

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CERTIFICATION

The undersigned municipal officials hereby certify that the financial information provided in this report fairly and accurately reflects Uniform Construction Code revenues and expenses for the year.

Chief Financial Officer

Construction Official

Name *

License No. *

Name *

UCC License # *

Title *

Title *

E-mail: *

E-mail: *

Please click the Submit button below and print the next page. The printed copy should be signed by both the Chief Financial Officer and the Construction Official. Please mail or fax the printed and signed copy to:

NJ Department of Community Affairs
Division of Codes and Standards
Office of Regulatory Affairs
Attention: UCC Annual Report
PO Box 818
Trenton, NJ 08625-0818

Fax: (609) 984-7718

Questions can be e-mailed to: ORA@dca.state.nj.us

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