



BUILDING SUBCODE TECHNICAL SECTION



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. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (_____) _____

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

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. _____
New Bldg. Area/All Floors _____ sq. ft. _____
Volume of New Structure _____ cu. ft. _____
Max. Live Load _____
Max. Occupancy Load _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Rehabilitation \$ _____
3. Total (1+ 2) \$ _____

U.C.C. F110
(rev. 12/07)

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.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE 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

FEE (Office Use Only)

\$ _____

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

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Date Received
Control #

Date Issued
Permit #