



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: (____) _____ e-mail _____
Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Erip. ID No. _____ FAX: (____) _____

JOB SUMMARY (Office Use Only)

| PLAN REVIEW | Date | Initial | INSPECTIONS | Type: | Failure | Dates (Month/Day) | Initial |
|--|------|---------|----------------------|-------|---------|-------------------|---------|
| <input type="checkbox"/> No Plans Required | | | Footings | | | | |
| <input type="checkbox"/> All | | | Footings/Bonding | | | | |
| <input type="checkbox"/> Footings/Foundations | | | Foundation | | | | |
| <input type="checkbox"/> Structural/Framework | | | Slab | | | | |
| <input type="checkbox"/> Exterior | | | Frame | | | | |
| <input type="checkbox"/> Interior | | | 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 | | | | |
| SUBCODE APPROVAL for PERMIT | | | Finishes -Base Layer | | | | |
| Date: _____ | | | Finishes -Final | | | | |
| Approved by: _____ | | | Energy | | | | |
| SUBCODE APPROVAL for CERTIFICATE | | | Mechanical | | | | |
| <input type="checkbox"/> CO <input type="checkbox"/> COO <input type="checkbox"/> CA | | | TCO | | | | |
| Date: _____ | | | Other | | | | |
| Approved by: _____ | | | Final | | | | |
| | | | Barrier-Free | | | | |

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

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)

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.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

| TYPE OF WORK: | HEIGHT (exceeds 6') | Sq. Ft. | FEE (Office Use Only) |
|--|---------------------|---------|-----------------------|
| <input type="checkbox"/> New Building | | | |
| <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Rehabilitation | | | |
| <input type="checkbox"/> Roofing | | | |
| <input type="checkbox"/> Sliding | | | |
| <input type="checkbox"/> Fence | | | |
| <input type="checkbox"/> Sign | | | |
| <input type="checkbox"/> Pool | | | |
| <input type="checkbox"/> Retaining Wall | | | |
| <input type="checkbox"/> Asbestos Abatement Subchapter 8 | | | |
| <input type="checkbox"/> Lead Haz. Abatement NJAC 5:17 | | | |
| <input type="checkbox"/> Radon Remediation | | | |
| <input type="checkbox"/> Other | | | |
| <input type="checkbox"/> Demolition | | | |

Date Received
Control #

Date Issued
Permit #

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