



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

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

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) \$ _____

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

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TYPE OF WORK:

- New Building
- Addition
- Rehabilitation
- Roofing
- Siding
- Fence _____ Sq. Ft. 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)

Large empty box for fee information.

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