



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: (____) _____

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

Empty box for 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)

\$ _____

JOB SUMMARY (Office Use Only)				INSPECTIONS				Dates (Month/Day)			
PLAN REVIEW	Date	Initial	Type:	Failure	Failure	Approval	Initial				
<input type="checkbox"/> No Plans Required	_____	_____	Footing	_____	_____	_____	_____				
<input type="checkbox"/> All	_____	_____	Footing 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"/> CCO <input type="checkbox"/> CA			TGO	_____	_____	_____	_____				
Date: _____			Other	_____	_____	_____	_____				
Approved by: _____			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. Est. Cost of Bldg. Work:

New Bldg. Area/All Floors _____ sq. ft. 1. New Bldg. \$ _____

Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ _____

Max. Live Load _____ 3. Total (1+ 2) \$ _____

Max. Occupancy Load _____

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

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Hard = Applicant Copy

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____