



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 _____

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	Type:	Failure	Dates (Month/Day)	Approval	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"/> CCO <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) \$ _____

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 \$	_____

Date Received _____
Control # _____
Date Issued _____
Permit # _____