



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)	
<input type="checkbox"/>	No Plans Required	_____	_____	Type:	Failure	Failure	Approval
<input type="checkbox"/>	All	_____	_____	Footing	_____	_____	_____
<input type="checkbox"/>	Footings/Foundations	_____	_____	Footing 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.			Barrier-Free	_____	_____	_____
<input type="checkbox"/>	Plumb.			Insulation	_____	_____	_____
<input type="checkbox"/>	Fire			Finishes -Base Layer	_____	_____	_____
<input type="checkbox"/>	Elevator			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	Final	_____	_____	_____
<input type="checkbox"/>	CA			Barrier-Free	_____	_____	_____
Date:	_____						
Approved by: _____							

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. 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:

- 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
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy