



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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____
 No. of Stories _____ ft. If Industrialized Building: State Approved _____ HUD _____
 Height of Structure _____ ft.
 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
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy