# 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 |
|---|---|---|
| [ ] No Plans Required | ____ | ____ |
| [ ] All | ____ | ____ |
| [ ] Footings/Foundations | ____ | ____ |
| [ ] Structural/Framework | ____ | ____ |
| [ ] Exterior | ____ | ____ |
| [ ] Interior | ____ | ____ |

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | ____ | ____ | ____ | ____ |
| Footing Bonding | ____ | ____ | ____ | ____ |
| Foundation | ____ | ____ | ____ | ____ |
| Slab | ____ | ____ | ____ | ____ |
| Frame | ____ | ____ | ____ | ____ |
| Truss Sys./Bracing | ____ | ____ | ____ | ____ |
| Barrier-Free | ____ | ____ | ____ | ____ |
| Insulation | ____ | ____ | ____ | ____ |
| Finishes -Base Layer | ____ | ____ | ____ | ____ |
| Finishes -Final | ____ | ____ | ____ | ____ |
| Energy | ____ | ____ | ____ | ____ |
| Mechanical | ____ | ____ | ____ | ____ |
| TCO | ____ | ____ | ____ | ____ |
| Other | ____ | ____ | ____ | ____ |
| 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.

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 $ _____

U.C.C. F110 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.