



# 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	_____	_____	Footings	_____	_____	_____
<input type="checkbox"/>	Footings/Foundations	_____	_____	Footings Bonding	_____	_____	_____
<input type="checkbox"/>	Structural/Framework	_____	_____	Foundation	_____	_____	_____
<input type="checkbox"/>	Exterior	_____	_____	Slab	_____	_____	_____
<input type="checkbox"/>	Interior	_____	_____	Frame	_____	_____	_____
				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
	SUBCODE APPROVAL for PERMIT			Insulation	_____	_____	_____
	Date:	_____	_____	Finishes -Base Layer	_____	_____	_____
	Approved by:	_____	_____	Finishes -Final	_____	_____	_____
	SUBCODE APPROVAL for CERTIFICATE			Energy	_____	_____	_____
<input type="checkbox"/>	CO	<input type="checkbox"/>	CCO	<input type="checkbox"/>	CA	_____	_____
	Date:	_____	_____	Mechanical	_____	_____	_____
	Approved by:	_____	_____	TCO	_____	_____	_____
				Other	_____	_____	_____
				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 \_\_\_\_\_

### 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 \$ \_\_\_\_\_