



**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 _____
 Address _____

 Tel. (____) _____
 Contractor _____
 Address _____

 Tel. (____) _____ FAX (____) _____
 Contractor License No. or Builder Registration No. _____
 Federal Emp. No _____

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

JOB SUMMARY (Office Use Only)							
PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
<input type="checkbox"/> No Plans Required	___	___	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> All	___	___	Footing	___	___	___	___
<input type="checkbox"/> Footing	___	___	Footing Bonding	___	___	___	___
<input type="checkbox"/> Foundation	___	___	Foundation	___	___	___	___
<input type="checkbox"/> Frame	___	___	Slab	___	___	___	___
<input type="checkbox"/> Other	___	___	Frame	___	___	___	___
			Truss Sys./Bracing	___	___	___	___
			Barrier-Free	___	___	___	___
Joint Plan Review Required:			Insulation	___	___	___	___
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Finishes -Base Layer	___	___	___	___
			Finishes -Final	___	___	___	___
SUBCODE APPROVAL			Energy	___	___	___	___
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Mechanical	___	___	___	___
Date: _____			TCO	___	___	___	___
Approved by: _____			Other	___	___	___	___
			Final	___	___	___	___
			Barrier-Free	___	___	___	___

TYPE OF WORK:

- New Building
- Addition
- Rehabilitation
- Roofing
- Siding
- Fence _____ Height (exceeds 6')
- Sign _____ Sq. Ft.
- Pool
- Asbestos Abatement Subchapter 8
- Lead Haz. Abatement NJAC 5:17
- Other _____
- Demolition

FEE (Office Use Only)

\$ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____	Est. Cost of Bldg. Work:
Constr. Class Present _____ Proposed _____	
No. of Stories _____	
Height of Structure _____ Ft.	1. New Bldg. \$ _____
Area — Largest Floor _____ Sq. Ft.	2. Rehabilitation \$ _____
New Bldg. Area/All Floors _____ Sq. Ft.	3. Total (1+ 2) \$ _____
Volume of New Structure _____ Cu. Ft.	
Total Land Area Disturbed _____ Sq. Ft.	

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____