



BUILDING SUBCODE TECHNICAL SECTION



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 _____
Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type	Failure	Approval
<input type="checkbox"/> No Plans Required	____/____/____	____	Footling	____	____
<input type="checkbox"/> All	____/____/____	____	Footling/Bonding	____	____
<input type="checkbox"/> Footings/Foundations	____/____/____	____	Foundation	____	____
<input type="checkbox"/> Structural Framework	____/____/____	____	Slab	____	____
<input type="checkbox"/> Exterior	____/____/____	____	Frame	____	____
<input type="checkbox"/> Interior	____/____/____	____	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	____/____/____	____	Insulation	____	____
SUBCODE APPROVAL FOR PERMIT	____/____/____	____	Finishes - Base Layer	____	____
Date: _____	____/____/____	____	Finishes - Final	____	____
Approved by: _____	____/____/____	____	Energy	____	____
SUBCODE APPROVAL FOR CERTIFICATE	____/____/____	____	Mechanical	____	____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	____/____/____	____	TGO	____	____
Date: _____	____/____/____	____	Other	____	____
Approved by: _____	____/____/____	____	Final	____	____
	____/____/____	____	Barrier-Free	____	____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
 No. of Stories _____
 Height of Structure _____ ft.
 Area — Largest Floor _____ sq. ft. State Approved _____ HUD _____
 New Bldg. Area/All Floors _____ sq. ft. Est. Cost of Bldg. Work: _____
 Volume of New Structure _____ cu. ft. 1. New Bldg. \$ _____
 Max. Live Load _____ 2. Rehabilitation \$ _____
 Max. Occupancy Load _____ 3. Total (1+2) \$ _____ 0

Date Received _____
Control # _____
Date Issued _____
Permit # _____

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') _____ Sq. Ft.
 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 \$	_____