



**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)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Type:	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	_____	Footing	_____	_____	_____
<input type="checkbox"/> All	_____	Footing 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	_____	TCO	_____	_____	_____
Date: _____	_____	Other	_____	_____	_____
Approved by: _____	_____	Final	_____	_____	_____
	_____	Barrier-Free	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____
 No. of Stories _____ If Industrialized Building: State Approved _____ HUD _____
 Height of Structure _____ ft.
 Area — Largest Floor _____ sq. ft.
 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) \$ _____
 U.C.C. F:10 (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