



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. (____) _____ e-mail _____

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	Type:	Failure	Dates (Month/Day)	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required				Footings					
<input type="checkbox"/> All				Footings 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					
				Finishes -Final					
Date:				Energy					
Approved by:				Mechanical					
SUBCODE APPROVAL for CERTIFICATE				TCO					
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA				Other					
Date:				Final					
Approved by:				Barrier-Free					

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Constr. Class	Present	Proposed
No. of Stories			If Industrialized Building:		
Height of Structure			State Approved		HUD
Area — Largest Floor					
New Bldg. Area/All Floors					
Volume of New Structure					
Max. Live Load					
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:	FEE (Office Use Only)
<input type="checkbox"/> New Building	
<input type="checkbox"/> Addition	
<input type="checkbox"/> Rehabilitation	
<input type="checkbox"/> Roofing	
<input type="checkbox"/> Siding	
<input type="checkbox"/> Fence _____ Height (exceeds 6')	
<input type="checkbox"/> Sign _____ Sq. Ft.	
<input type="checkbox"/> Pool	
<input type="checkbox"/> Retaining Wall _____ Sq. Ft.	
<input type="checkbox"/> Asbestos Abatement Subchapter 8	
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17	
<input type="checkbox"/> Radon Remediation	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Demolition	

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

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