



# 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)			
[ ] No Plans Required	____	____	Type:	Failure	Failure	Approval	Initial
[ ] All	____	____	Footing	_____	_____	_____	_____
[ ] Footing	____	____	Footing Bonding	_____	_____	_____	_____
[ ] Foundation	____	____	Foundation	_____	_____	_____	_____
[ ] Frame	____	____	Slab	_____	_____	_____	_____
[ ] Other	____	____	Frame	_____	_____	_____	_____
			Truss Sys./Bracing	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____
Joint Plan Review Required:			Insulation	_____	_____	_____	_____
[ ] Elec.	[ ] Plumb.	[ ] Fire	Finishes -Base Layer	_____	_____	_____	_____
		[ ] Elevator	Finishes -Final	_____	_____	_____	_____
SUBCODE APPROVAL			Energy	_____	_____	_____	_____
[ ] CO	[ ] CCO	[ ] CA	Mechanical	_____	_____	_____	_____
Date: _____			TCO	_____	_____	_____	_____
Approved by: _____			Other	_____	_____	_____	_____
			Final	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____

### B. BUILDING CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_

No. of Stories \_\_\_\_\_

Height of Structure \_\_\_\_\_ Ft.

Area — Largest Floor \_\_\_\_\_ Sq. Ft.

New Bldg. Area/All Floors \_\_\_\_\_ Sq. Ft.

Volume of New Structure \_\_\_\_\_ Cu. Ft.

Total Land Area Disturbed \_\_\_\_\_ Sq. Ft.

### Est. Cost of Bldg. Work:

1. New Bldg. \$ \_\_\_\_\_

2. Rehabilitation \$ \_\_\_\_\_

3. Total (1+ 2) \$ \_\_\_\_\_

### 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)

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_