



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received _____
Date Issued _____
Control # _____
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 _____

Federal Emp. ID No. _____ FAX: (_____) _____

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
- Radon Remediation
- Other _____
- Demolition

FEE (Office Use Only)

\$ _____

B. BUILDING CHARACTERISTICS

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

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