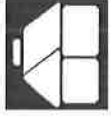




**BUILDING SUBCODE
TECHNICAL SECTION**



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 _____

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 _____

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)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
Type:	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		
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 _____
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.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building: _____
State Approved _____ HUD _____

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') _____ Sq. Ft.
 Sigr. _____ 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 \$ _____

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.