

RETURN ORIGINAL AND
THREE (3) COPIES

**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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date Initial	INSPECTIONS	Dates (Month/Day)
<input type="checkbox"/> No Plans Required <input type="checkbox"/>		Type:	Failure Failure Approval Initial
All		Footing	
<input type="checkbox"/> Footing		Footing Bonding	
<input type="checkbox"/> Foundation <input type="checkbox"/>		Foundation	
Frame		Slab	
<input type="checkbox"/> Other		Frame	
		Truss SysJBracing _____	
		Barrier-Free	
Joint Plan Review Required:	<input type="checkbox"/> Elevator Insulation		---
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/>		Finishes -Base Layer _____	
		Finishes -Final	
SUBCODE APPROVAL			
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Energy	
Date: _____		Mechanical	
Approved by: _____		TCO	
		Other	
		Final	
		Barrier-Free	

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.

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

TYPE OF WORK: FEE (Office Use Only)
 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

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