



BUILDING SUBCODE TECHNICAL SECTION



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: _____

Tel. (_____) _____ e-mail _____

Address _____ street _____ municipally _____ 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 _____

No Plans Required _____ Type: _____ Failure _____ Dates (Month/Day) _____ Approval _____ Initial _____

All _____ Footing _____ Failure _____ Approval _____ Initial _____

Footings/Foundations _____ Footing Bonding _____ Failure _____ Approval _____ Initial _____

Structural/Framework _____ Foundation _____ Failure _____ Approval _____ Initial _____

Exterior _____ Slab _____ Failure _____ Approval _____ Initial _____

Interior _____ Frame _____ Failure _____ Approval _____ Initial _____

Interior _____ Truss Sys./Bracing _____ Failure _____ Approval _____ Initial _____

Interior _____ Barrier-Free _____ Failure _____ Approval _____ Initial _____

Joint Plan Review Required: _____

Elec. Plumb. Fire Elevator _____ Insulation _____ Failure _____ Approval _____ Initial _____

SUBCODE APPROVAL for PERMIT _____ Finishes -Base Layer _____ Failure _____ Approval _____ Initial _____

Date: _____ Finishes -Final _____ Failure _____ Approval _____ Initial _____

Approved by: _____ Energy _____ Failure _____ Approval _____ Initial _____

SUBCODE APPROVAL for CERTIFICATE _____ Mechanical _____ Failure _____ Approval _____ Initial _____

CO CCO CA _____ TCO _____ Failure _____ Approval _____ Initial _____

Date: _____ Other _____ Failure _____ Approval _____ Initial _____

Approved by: _____ Final _____ Failure _____ Approval _____ Initial _____

Barrier-Free _____ Failure _____ Approval _____ Initial _____

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) \$ _____

U.C.C. F110 (rev. 11/09)
Internal version

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:

New Building

Addition

Rehabilitation

Roofing

Siding

Fence _____ Height (exceeds 6') _____

Sign _____ 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.