



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: _____
Tel. (____) _____ e-mail _____

Address _____ sheet _____ municipality _____ zip code _____
Tel. (____) _____

Contractor: _____ e-mail _____
Address _____ e-mail _____ Exp. Date _____

Contractor License No. or Builder Registration No. _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (____) _____

JOBS SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Est. Cost of Bldg. Work:
 1. New Bldg. \$ _____
 2. Rehabilitation \$ _____
 3. Total (1+2) \$ _____

Constr. Class Present _____ Proposed _____

No. of Stories _____ Ft.
 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.

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	FEE (Office Use Only)
TYPE OF WORK:	
<input type="checkbox"/> New Building	
<input type="checkbox"/> Addition	
<input type="checkbox"/> Rehabilitation	
<input type="checkbox"/> Roofing	
<input type="checkbox"/> Siding	
<input type="checkbox"/> Fence _____ Height (exceeds 6')	
<input type="checkbox"/> Sign _____ Sq. Ft.	
<input type="checkbox"/> Pool	
<input type="checkbox"/> Retaining Wall _____ Sq. Ft.	
<input type="checkbox"/> Asbestos Abatement Subchapter 8	
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17	
<input type="checkbox"/> Radon Remediation	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Demolition	

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