



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 _____
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 (if applicable): _____

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

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	Finishes -Base Layer	____	____	____	____
<input type="checkbox"/> Elevator			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	____	____	____	____

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:

- 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 \$ _____