



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 _____

Owner In Fee: _____

Tel. (____) _____ e-mail _____

Address _____ street _____ municipality _____ 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): _____ FAX: (____) _____

Federal Emp. ID No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
<input type="checkbox"/> No Plans Required			Type: Footing				
<input type="checkbox"/> All			Footing 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) \$ _____

U.C.C. F110 (rev. 12/07)

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.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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	

FEE (Office Use Only)

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

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Hard = Applicant Copy