



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): _____

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Date _____ Initial _____

Dates (Month/Day)

Initial

☐ No Plans Required _____ Type: _____ Failure: _____ Approval: _____

☐ All _____ Footing _____ Foundation _____

☐ Footings/Foundations _____ Foundation _____

☐ Structural/Framework _____ Slab _____

☐ Exterior _____ Frame _____

☐ Interior _____ Truss, Sys./Bracing _____

☐ Joint Plan Review Required _____ Barrier-Free _____

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator _____

☐ Insulation _____

☐ Finishes -Base Layer _____

☐ Finishes -Final _____

☐ Energy _____

☐ Mechanical _____

☐ SUBCODE APPROVAL for CERTIFICATE _____

☐ CO ☐ CCO ☐ CA _____

☐ Date: _____

☐ Approved by: _____

☐ Barrier-Free _____

☐ Approved by: _____

☐ Approved by: _____

☐ Approved by: _____

☐ Approved by: _____

☐ Approved by: _____

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 (+ + 2) \$ _____

U.C.C. F110 (rev. 11/09)
Internet 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: _____

Date Received
Control #
Date Issued
Permit #

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)

\$ _____

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Applicant When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.