

**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			INSPECTIONS		Dates (Month/Day)			
[]	No Plans Required	Date	Initial	Type:	Failure	Failure	Approval	Initial
[]	All			Footing				
[]	Footings/Foundations			Footing Bonding				
[]	Structural/Framework			Foundation				
[]	Exterior			Slab				
[]	Interior			Frame				
				Truss Sys./Bracing				
Joint Plan Review Required:				Barrier-Free				
[]	Elec.	[]	Plumb.	[]	Fire	[]	Elevator	Insulation
SUBCODE APPROVAL for PERMIT				Finishes -Base Layer				
Date:				Finishes -Final				
Approved by:				Energy				
SUBCODE APPROVAL for CERTIFICATE				Mechanical				
[]	CO	[]	CCO	[]	CA	TCO		
Date:				Other				
Approved by:				Final				
				Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ **Constr. Class** Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work: _____

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load		3. Total (1+ 2)	\$
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Max. Occupancy Load _____ U.C.C. F110

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

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)

[illegible]

Administrative Surcharge \$ _____

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$ _____

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



ELECTRICAL 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. (____) _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

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

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial Underslab Utilities Approved

Date: _____ Approved by: _____

[] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire [] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[] CO [] ECO [] CA

Date: _____

Approved by: _____

INSPECTIONS

Type:

Rough

Barrier-Free

Trench

Temp. Serv.

Constr. Serv.

TCO

Other

Service

Final

Barrier-Free

Temp. Cut-In-Card Date Issued

Final Cut-In-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding

Certification

Dates (Month/Day)

Failure

Failure

Approval

Initial

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

[] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Cont'r [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE: (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	TOTAL NUMBERS	\$ _____
_____	_____	Pool Permit/with UW Lights	_____
_____	_____	Storable Pool/Spa/Hot Tub	_____
_____	_____	KW Elec. Range/Receptacle	_____
_____	_____	KW Oven/Surface Unit	_____
_____	_____	KW Elec. Water Heater	_____
_____	_____	KW Elec. Dryer/Receptacle	_____
_____	_____	KW Dishwasher	_____
_____	_____	HP Garbage Disposal	_____
_____	_____	KW Central A/C Unit	_____
_____	_____	HP/KW Space Heater/Air Handler	_____
_____	_____	KW Baseboard Heat	_____
_____	_____	HP Motors 1/+ HP	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received
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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 _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: ☐ New OR ☐ Modification to Existing
OR ☐ Conversion OR ☐ Replacement

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Other _____

Location: _____

Fuel Storage Tank:

Fuel Type: ☐ Flammable OR ☐ Combustible
Capacity _____

Fire Alarm System: ☐ New OR ☐ Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

☐ New OR ☐ Existing

Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$ _____

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.

Applicant/Contractor
sign here: _____

Print name here: _____

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

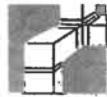
	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	\$ _____
Alarm Systems		
☐ System	_____	_____
☐ 110v Interconnected	_____	_____
☐ CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	_____	_____
Supervisory Devices (i.e., tampers, low/high air)	_____	_____
Signaling Devices (i.e., horn/strobes, bells)	_____	_____
Other Devices	_____	_____
TOTAL	_____	_____
Suppression Systems		
Fire Pump _____ GPM Type _____	_____	_____
Dry Pipe/Alarm Valves	_____	_____
Pre-action Valves	_____	_____
Sprinkler Heads (Dry and Wet)	_____	_____
Standpipes	_____	_____
Pre-engineered Systems		
Wet Chemical	_____	_____
Dry Chemical	_____	_____
CO ₂ Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other _____	_____	_____
Other Systems		
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fuel-Fired Appliances ☐ Gas ☐ Oil ☐ Solid	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other _____	_____	_____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
☐ No Plans Required		Alarm System	_____	_____	_____	_____
☐ Partial -Underslab Utilities Approved		Suppression Sys.	_____	_____	_____	_____
Date: _____ Approved by: _____		Standpipe	_____	_____	_____	_____
☐ Fire Protection Plans Approved		Fire Pump	_____	_____	_____	_____
Date: _____ Approved by: _____		Pre-Eng. System	_____	_____	_____	_____
Joint Plan Review Required:		Mechanical	_____	_____	_____	_____
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.		Smoke Control	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		TCO	_____	_____	_____	_____
Date: _____		Flam/Combust Tanks	_____	_____	_____	_____
Approved by: _____		Fireplace Venting	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Final	_____	_____	_____	_____
☐ CO ☐ CCO ☐ CA		Other _____	_____	_____	_____	_____
Date: _____						
Approved by: _____						

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



MECHANICAL INSPECTION 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. _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-or R-5

Heating System work: ☐ New OR ☐ Modification to Existing OR ☐ Conversion OR ☐ Replacement

Type: ☐ Hydronic ☐ Hot Air

Fuel Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other _____

Estimated Cost of Mechanical Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Mechanical Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire.

☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CA ☐ CCO

Date: _____

Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Water Heater				
Appliance				
Chimney/Vent				
Piping				
Tank				
Cooling/AC				
Generator				
Fireplace				
Chimney Cert.				
Other				
Other				
Final				

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.

Applicant sign/Contractor
sign and seal here: _____

Print name here: _____

☐ Licensed Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NO.	FIXTURE/EQUIPMENT
_____	Water Heater
_____	Fuel Oil Piping Connections
_____	Gas Piping Connections
_____	Steam Boiler
_____	Hot Water Boiler
_____	Hot Air Furnace
_____	Oil Tank
_____	LPG Tank
_____	Fireplace
_____	Generator
_____	Other

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____