



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 _____ Tel. _____ zip code _____

Contractor: _____ e-mail _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
			Type:		Failure	Approval
☐ No Plans Required			Footings			
☐ All			Footings/Bonding			
☐ Footings/Foundations			Foundation			
☐ Structural/Framework			Slab			
☐ Exterior			Frame			
☐ Interior			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 _____

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) \$ _____

0

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:	Height (exceeds 6') Sq. Ft.	FEE (Office Use Only)
☐ New Building		
☐ Addition		
☐ Rehabilitation		
☐ Roofing		
☐ Siding		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Retaining Wall		
☐ Asbestos Abatement Subchapter 8		
☐ Lead Haz. Abatement NJAC 5:17		
☐ Radon Remediation		
☐ Other		
☐ Demolition		

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Date Received
Control #
Date Issued
Permit #