



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 _____

INSPECTIONS

Dates (Month/Day)

Initial

☐ No Plans Required

Type:

Failure

Failure

Approval

☐ All

Footings

Footings

Bonding

Foundation

☐ Footings/Foundations

Foundation

Slab

Frame

☐ Structural/Framework

Truss Sys./Bracing

Barrier-Free

Insulation

Finishes -Base Layer

☐ Exterior

Barrier-Free

Insulation

Finishes -Base Layer

☐ Interior

Barrier-Free

Insulation

Finishes -Base Layer

☐ Joint Plan Review Required:

Barrier-Free

Insulation

Finishes -Base Layer

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

Barrier-Free

Insulation

Finishes -Base Layer

☐ SUBCODE APPROVAL for PERMIT

Barrier-Free

Insulation

Finishes -Base Layer

☐ Date:

Barrier-Free

Insulation

Finishes -Base Layer

☐ Approved by:

Barrier-Free

Insulation

Finishes -Base Layer

☐ SUBCODE APPROVAL for CERTIFICATE

Barrier-Free

Insulation

Finishes -Base Layer

☐ CO ☐ CCO ☐ CA

Barrier-Free

Insulation

Finishes -Base Layer

☐ Date:

Barrier-Free

Insulation

Finishes -Base Layer

☐ Approved by:

Barrier-Free

Insulation

Finishes -Base Layer

☐ SUBCODE APPROVAL for PERMIT

Barrier-Free

Insulation

Finishes -Base Layer

☐ SUBCODE APPROVAL for CERTIFICATE

Barrier-Free

Insulation

Finishes -Base Layer

☐ Date:

Barrier-Free

Insulation

Finishes -Base Layer

☐ Approved by:

Barrier-Free

Insulation

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Barrier-Free

Insulation

Finishes -Base Layer

☐ SUBCODE APPROVAL for CERTIFICATE

Barrier-Free

Insulation

Finishes -Base Layer

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 _____

☐ Sign _____

☐ Pool _____

☐ Retaining Wall _____

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☐ Other _____

☐ Demolition

FEE (Office Use Only)

\$ _____

\$ _____

\$ _____

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\$ _____

\$ _____

Date Received
Control #

Date Issued
Permit #

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Hard = Applicant Copy

U.C.C. F110
(rev. 1207)