



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: _____ e-mail _____
Tel. (_____) _____

Address _____ street _____ municipal _____ 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	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
<input type="checkbox"/> No Plans Required			Footling	Failure	Approval
<input type="checkbox"/> All			Footling 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"/> CD <input type="checkbox"/> CCO <input type="checkbox"/> 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. 1. New Bldg. \$ _____
 Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ _____
 Max. Live Load _____ 3. Total (1+ 2) \$ _____
 Max. Occupancy Load _____

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

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.
Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:		FEE (Office Use Only)
<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		\$ _____

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

1 White = Inspector Copy
2 Green = Office Copy
3 Pink = Official Copy
4 Gold = Applicant Copy