



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

**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.
- Abestos Abatement Subchapter 8
- Lead Haz. Abatement NJAC 5:17
- Radon Remediation
- Other \_\_\_\_\_
- Demolition

FEE (Office Use Only)

\$ \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

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