



# 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	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	_____	_____	Footings	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> All	_____	_____	Footings 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"/> CO <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.C. F-110 (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:

- ☐ 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)

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