



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 _____

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 | _____ | _____ | _____ | _____ |
| | | | 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. F110 (rev. 11/09)
Internet version

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 \$ _____

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.