



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: ()

Table with columns: PLAN REVIEW, Date, Initial, INSPECTIONS, Failure, Dates (Month/Day), Approval, Initial. Rows include No Plans Required, All, Footings/Foundations, Structural/Framework, Exterior, Interior, Joint Plan Review Required, Elec., Plumb., Fire, Elevator, SUBCODE APPROVAL for PERMIT, SUBCODE APPROVAL for CERTIFICATE, CO, CCO, CA.

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. 12/07)

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 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