



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 _____
 Address _____

Tel. (____) _____
 Contractor _____
 Address _____

Fax (____) _____ FAX (____) _____
 Contractor License No. or Builder Registration No. _____
 Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
			Type:		Failure	Approval
<input type="checkbox"/> No Plans Required			Footling			
<input type="checkbox"/> All			Footling Bonding			
<input type="checkbox"/> Footling			Foundation			
<input type="checkbox"/> Foundation			Slab			
<input type="checkbox"/> Frame			Frame			
<input type="checkbox"/> Other			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			Finishes -Base Layer			
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Finishes -Final			
Date:			Energy			
			Mechanical			
			TCO			
			Other			
			Final			
			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present _____	Proposed _____	1. New Bldg. \$ _____
No. of Stories	_____	_____	2. Rehabilitation \$ _____
Height of Structure	_____ Ft.	_____ Ft.	3. Total (1+2) \$ _____
Area — Largest Floor	_____ Sq. Ft.	_____ Sq. Ft.	
New Bldg. Area/All Floors	_____ Sq. Ft.	_____ Sq. Ft.	
Volume of New Structure	_____ Cu. Ft.	_____ Cu. Ft.	
Total Land Area Disturbed	_____ Sq. Ft.	_____ Sq. Ft.	

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.

Date Received _____
 Control # _____
 Date Issued _____
 Permit # _____

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:

- New Building
- Addition
- Rehabilitation
- Roofing
- Siding
- Fence _____ Height (exceeds 6') _____ Sq. Ft.
- Sign _____ Sq. Ft.
- Pool
- Asbestos Abatement Subchapter 8
- Lead Haz. Abatement NJAC 5:17
- Other _____
- Demolition

FEES (Office Use Only)

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

U.C.C. F110
 (rev. 07/03)

1 White = Inspector Copy
 3 Pink = Office Copy

2 Canary = Chain of Copy
 4 Gold = Applicant City