



# 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 \_\_\_\_\_

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)                 |                                   | INSPECTIONS          |         | Dates (Month/Day) |          |         |
|---|-----------------------------------|----------------------|---------|-------------------|----------|---------|
| PLAN REVIEW                                   | Date                              | Type:                | Failure | Failure           | Approval | Initial |
| <input type="checkbox"/> No Plans Required    |                                   | Footing              |         |                   |          |         |
| <input type="checkbox"/> All                  |                                   | Footing 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.   | Insulation           |         |                   |          |         |
| <input type="checkbox"/> Fire                 | <input type="checkbox"/> Elevator | Finishes -Base Layer |         |                   |          |         |
| SUBCODE APPROVAL for PERMIT                   |                                   | Finishes -Final      |         |                   |          |         |
| Date:   |                                   | Energy               |         |                   |          |         |
| Approved by:                                  |                                   | Mechanical           |         |                   |          |         |
| SUBCODE APPROVAL for CERTIFICATE              |                                   | TOO                  |         |                   |          |         |
| <input type="checkbox"/> CO                   | <input type="checkbox"/> CCO      | Other                |         |                   |          |         |
| Date:   |                                   | Final                |         |                   |          |         |
| Approved by:                                  |                                   | Barrier-Free         |         |                   |          |         |

### B. BUILDING CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

No. of Stories \_\_\_\_\_

Height of Structure \_\_\_\_\_ ft.

Area — Largest Floor \_\_\_\_\_ sq. ft.

New Bldg. Area/All Floors \_\_\_\_\_ sq. ft.

Volume of New Structure \_\_\_\_\_ cu. ft.

Max. Live Load \_\_\_\_\_

Max. Occupancy Load \_\_\_\_\_

Const. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_

If Industrialized Building: \_\_\_\_\_

State Approved \_\_\_\_\_ HUD \_\_\_\_\_

Est. Cost of Bldg. Work:

1. New Bldg. \$ \_\_\_\_\_

2. Rehabilitation \$ \_\_\_\_\_

3. Total (1+2) \$ \_\_\_\_\_

U.C.C. F110 (rev. 12/07)

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.

Signature \_\_\_\_\_

### D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

| DESCRIPTION OF WORK                                      | FEE (Office Use Only) |
|--|-----------------------|
| <input type="checkbox"/> New Building                    |                       |
| <input type="checkbox"/> Addition                        |                       |
| <input type="checkbox"/> Rehabilitation                  |                       |
| <input type="checkbox"/> Roofing                         |                       |
| <input type="checkbox"/> Siding                          |                       |
| <input type="checkbox"/> Fence _____                     | Height (exceeds 6')   |
| <input type="checkbox"/> Sign _____                      | Sq. Ft.               |
| <input type="checkbox"/> Pool                            |                       |
| <input type="checkbox"/> Retaining Wall _____            | Sq. Ft.               |
| <input type="checkbox"/> Asbestos Abatement Subchapter 8 |                       |
| <input type="checkbox"/> Lead Haz. Abatement NJAC 5:17   |                       |
| <input type="checkbox"/> Radon Remediation               |                       |
| <input type="checkbox"/> Other _____                     |                       |
| <input type="checkbox"/> Demolition                      |                       |

| TYPE OF WORK:  | FEE (Office Use Only) |
|--|-----------------------|
| <input type="checkbox"/> New Building                    |                       |
| <input type="checkbox"/> Addition                        |                       |
| <input type="checkbox"/> Rehabilitation                  |                       |
| <input type="checkbox"/> Roofing                         |                       |
| <input type="checkbox"/> Siding                          |                       |
| <input type="checkbox"/> Fence _____                     | Height (exceeds 6')   |
| <input type="checkbox"/> Sign _____                      | Sq. Ft.               |
| <input type="checkbox"/> Pool                            |                       |
| <input type="checkbox"/> Retaining Wall _____            | Sq. Ft.               |
| <input type="checkbox"/> Asbestos Abatement Subchapter 8 |                       |
| <input type="checkbox"/> Lead Haz. Abatement NJAC 5:17   |                       |
| <input type="checkbox"/> Radon Remediation               |                       |
| <input type="checkbox"/> Other _____                     |                       |
| <input type="checkbox"/> Demolition                      |                       |

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

1 White = Inspector Copy  
2 Canary = Office Copy  
3 Pink = Office Copy  
4 Gold = Applicant Copy