



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: _____ e-mail _____
Tel. (____) _____

Address _____ street _____ municipality _____ zip code _____
Tel. (____) _____

Contractor: _____ e-mail _____
Address _____

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	Initial	Type:	Failure	Approval
<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		
<input type="checkbox"/> Barrier-Free			Insulation		
<input type="checkbox"/> Joint Plan Review Required:			Finishes -Base Layer		
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Finishes -Final		
<input type="checkbox"/> SUBCODE APPROVAL for PERMIT			Energy		
Date: _____			Mechanical		
<input type="checkbox"/> SUBCODE APPROVAL for CERTIFICATE			TOO		
Date: _____			Other		
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			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 _____

U.C.C. F110 (rev. 11/09)

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: _____

D. TECHNICAL SITE DATA
Print name here: _____

DESCRIPTION OF WORK	FEE (Office Use Only)
<input type="checkbox"/> TYPE OF WORK:	
<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 \$ _____

For reorder call: (609) 390-1400
Allegra - Marketing - Print - Mail

Date Received
Control #
Date Issued
Permit #