



**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 _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel. (_____) _____

Contractor _____

Address _____

Tel. (_____) _____ FAX (_____) _____

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No _____



Date Received _____
Date Issued _____
Control # _____
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

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"/> Footing	____	____	Foundation	_____	_____	_____	_____
<input type="checkbox"/> Foundation	____	____	Slab	_____	_____	_____	_____
<input type="checkbox"/> Frame	____	____	Frame	_____	_____	_____	_____
<input type="checkbox"/> Other	____	____	Barrier-Free	_____	_____	_____	_____
Joint Plan Review Required:			Insulation	_____	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Finishes	_____	_____	_____	_____
SUBCODE APPROVAL			Energy	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Mechanical	_____	_____	_____	_____
Date:			TCO	_____	_____	_____	_____
Approved by:			Other	_____	_____	_____	_____
			Final	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class 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.

Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____

2. Alteration \$ _____

3. Total (1+ 2) \$ _____

TYPE OF WORK:

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

FEE (Office Use Only)

\$ _____

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
DCA Training Fee	\$ _____
TOTAL FEE	\$ _____