



# 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 \_\_\_\_\_

Address \_\_\_\_\_

Tel. ( \_\_\_\_\_ ) \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ FAX ( \_\_\_\_\_ ) \_\_\_\_\_

Contractor License No. or Builder Registration No. \_\_\_\_\_

Federal Emp. No. \_\_\_\_\_

### JOB SUMMARY (Office Use Only)

| PLAN REVIEW  | Date  | Initial | INSPECTIONS          | Dates (Month/Day) | Approval | Initial |
|--|-------|---------|----------------------|-------------------|----------|---------|
| <input type="checkbox"/> No Plans Required   | _____ | _____   | Type: _____          | Failure           | _____    | _____   |
| <input type="checkbox"/> All   | _____ | _____   | Footing              | _____             | _____    | _____   |
| <input type="checkbox"/> Footing   | _____ | _____   | Footing Bonding      | _____             | _____    | _____   |
| <input type="checkbox"/> Foundation  | _____ | _____   | Foundation           | _____             | _____    | _____   |
| <input type="checkbox"/> Frame   | _____ | _____   | Slab                 | _____             | _____    | _____   |
| <input type="checkbox"/> Other   | _____ | _____   | Frame                | _____             | _____    | _____   |
|  | _____ | _____   | Truss Sys./Bracing   | _____             | _____    | _____   |
|  | _____ | _____   | Barrier-Free         | _____             | _____    | _____   |
|  | _____ | _____   | Insulation           | _____             | _____    | _____   |
|  | _____ | _____   | Finishes -Base Layer | _____             | _____    | _____   |
|  | _____ | _____   | Finishes -Final      | _____             | _____    | _____   |
|  | _____ | _____   | Energy               | _____             | _____    | _____   |
|  | _____ | _____   | Mechanical           | _____             | _____    | _____   |
|  | _____ | _____   | TCO                  | _____             | _____    | _____   |
|  | _____ | _____   | Other                | _____             | _____    | _____   |
|  | _____ | _____   | Final                | _____             | _____    | _____   |
|  | _____ | _____   | Barrier-Free         | _____             | _____    | _____   |
| Joint Plan Review Required:  |       |         |                      |                   |          |         |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator <input type="checkbox"/> CA |       |         |                      |                   |          |         |
| SUBCODE APPROVAL   |       |         |                      |                   |          |         |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA   |       |         |                      |                   |          |         |
| Date: _____  |       |         |                      |                   |          |         |
| Approved by: _____   |       |         |                      |                   |          |         |

### 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. |                            |

### D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Large empty box for description of work.

Signature \_\_\_\_\_

### 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.

### TYPE OF WORK:

- New Building
- Addition
- Rehabilitation
- 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)

Vertical lines for fee entry.

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