



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. _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)			
[] No Plans Required		_____	_____	Type:	Failure	Failure	Approval	Initial	
[] All	_____	_____	_____	Footing	_____	_____	_____	_____	
[] Footings/Foundations	_____	_____	_____	Footing Bonding	_____	_____	_____	_____	
[] Structural/Framework	_____	_____	_____	Foundation	_____	_____	_____	_____	
[] Exterior	_____	_____	_____	Slab	_____	_____	_____	_____	
[] Interior	_____	_____	_____	Frame	_____	_____	_____	_____	
Joint Plan Review Required:				Truss Sys./Bracing	_____	_____	_____	_____	
[] Elec. [] Plumb. [] Fire [] Elevator				Barrier-Free	_____	_____	_____	_____	
Insulation				Insulation	_____	_____	_____	_____	
SUBCODE APPROVAL for PERMIT				Finishes -Base Layer	_____	_____	_____	_____	
Date: _____				Finishes -Final	_____	_____	_____	_____	
Approved by: _____				Energy	_____	_____	_____	_____	
SUBCODE APPROVAL for CERTIFICATE				Mechanical	_____	_____	_____	_____	
[] CO [] CCO [] CA				TCO	_____	_____	_____	_____	
Date: _____				Other	_____	_____	_____	_____	
Approved by: _____				Final	_____	_____	_____	_____	
				Barrier-Free	_____	_____	_____	_____	

B. BUILDING CHARACTERISTICS

Use Group	Present _____	Proposed _____	Constr. Class	Present _____	Proposed _____	
No. of Stories	_____	_____	If Industrialized Building:	_____	_____	
Height of Structure	_____	ft.	State Approved	_____	HUD	_____
Area — Largest Floor	_____	sq. ft.	Est. Cost of Bldg. Work:	_____	_____	_____
New Bldg. Area/All Floors	_____	sq. ft.	1. New Bldg.	\$ _____	_____	_____
Volume of New Structure	_____	cu. ft.	2. Rehabilitation	\$ _____	_____	_____
Max. Live Load	_____	_____	3. Total (1+ 2)	\$ _____	_____	_____
Max. Occupancy Load	_____	_____				

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

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.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:

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

FEE (Office Use Only)

\$ _____

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.