



# 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 \_\_\_\_\_ municipally \_\_\_\_\_ zip code \_\_\_\_\_

Contractor: \_\_\_\_\_ Tel. (\_\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ 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) PLAN/REVIEW

PLAN/REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	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				
<input type="checkbox"/> Barrier-Free			Barrier-Free				
<input type="checkbox"/> Joint Plan Review Required:			Insulation				
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Finishes -Base Layer				
<input type="checkbox"/> SUBCODE APPROVAL for PERMIT			Finishes -Final				
Date: _____			Energy				
Approved by: _____			Mechanical				
<input type="checkbox"/> SUBCODE APPROVAL for CERTIFICATE			TCO				
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			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 \_\_\_\_\_

Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_  
If Industrialized Building: \_\_\_\_\_  
State Approved \_\_\_\_\_ HUD \_\_\_\_\_

#### Est. Cost of Bldg. Work:

- New Bldg. \$ \_\_\_\_\_
- Rehabilitation \$ \_\_\_\_\_
- 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	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 \$	FEE (Office Use Only)
Minimum Fee \$	\$ _____
State Permit Surcharge Fee \$	\$ _____
<b>TOTAL FEE \$</b>	\$ _____

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