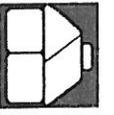


BUILDING SUBCODE TECHNICAL SECTION



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. (____) _____ FAX (____) _____
Contractor _____
Address _____

Contractor License No. or Builder Registration No. _____
Federal Emp. No. _____

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

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.	

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"/> Asbestos Abatement Subchapter 8	_____
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17	_____
<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Demolition	_____

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