



**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: \_\_\_\_\_

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 (if applicable): \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

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

**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
- Radon Remediation
- Other \_\_\_\_\_
- Demolition

**FEE (Office Use Only)**

\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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. Rehabilitation \$ \_\_\_\_\_

3. Total (1+2) \$ \_\_\_\_\_

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