



**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 \_\_\_\_\_

**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 | Initial |
| <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"/> Elcc.             | <input type="checkbox"/> Plumb. | <input type="checkbox"/> Fire | <input type="checkbox"/> Elevator | _____             | _____   | _____    | _____   |
|  |                                 |                               | Finishes -Base Layer              | _____             | _____   | _____    | _____   |
|  |                                 |                               | 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                      | _____             | _____   | _____    | _____   |

**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) \$ \_\_\_\_\_

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)**

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

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