



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 _____ e-mail _____ 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		INSPECTIONS		DATES (Month/Day)	
Date	Initial	Type	Failure	Failure	Approval	Initial	
<input type="checkbox"/>	<input type="checkbox"/>	No Plans Required					
<input type="checkbox"/>	<input type="checkbox"/>	All					
<input type="checkbox"/>	<input type="checkbox"/>	Footings/Foundations					
<input type="checkbox"/>	<input type="checkbox"/>	Structural/Framework					
<input type="checkbox"/>	<input type="checkbox"/>	Exterior					
<input type="checkbox"/>	<input type="checkbox"/>	Interior					
<input type="checkbox"/>	<input type="checkbox"/>	Joint Plan Review Required					
<input type="checkbox"/>	<input type="checkbox"/>	Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator					
SUBCODE APPROVAL FOR PERMIT		Insulation					
Date:		Finishes -Base Layer					
Approved by:		Finishes -Final					
SUBCODE APPROVAL FOR CERTIFICATE		Energy					
Date:		Mechanical					
<input type="checkbox"/>	<input type="checkbox"/>	CO					
<input type="checkbox"/>	<input type="checkbox"/>	CCO					
<input type="checkbox"/>	<input type="checkbox"/>	CA					
Approved by:		TOO					
		Mechanical					
		Other					
		Final					
		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:

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1+2) \$ _____

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	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 \$ _____

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.