



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)

Table with columns: PLAN REVIEW, Date, Initial, INSPECTIONS, Type, Failure, Approval, Initial. Rows include No Plans Required, All, Footings/Foundations, Structural/Framework, Exterior, Interior, Joint Plan Review Required, SUBCODE APPROVAL for PERMIT, SUBCODE APPROVAL for CERTIFICATE.

TYPE OF WORK:

- [] New Building
[] Addition
[] Rehabilitation
[] Roofing
[] Siding
[] Fence Height (exceeds 6')
[] Sign Sq. Ft.
[] Pool
[] Retaining Wall Sq. Ft.
[] 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 If Industrialized Building:

Height of Structure ft. State Approved HUD

Area — Largest Floor sq. ft. Est. Cost of Bldg. Work:

New Bldg. Area/All Floors sq. ft. 1. New Bldg. \$

Volume of New Structure cu. ft. 2. Rehabilitation \$

Max. Live Load 3. Total (1+ 2) \$

Max. Occupancy Load

U.C.C. F110(State) (rev. 12/07)

1 White = Applicant Copy 3 Pink = Office Copy

2 Canary = Office Copy 4 Manila = Inspector Copy

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