



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received _____
Date Issued _____
Control # _____
Permit # _____

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____

Work Site Location _____

Owner in Fee _____

Address _____

Tele. (_____) _____

Contractor _____

Address _____

Tele. (_____) _____ Fax (_____) _____

Lic. No. or Bldrs. Reg. 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)			
[] No Plans Required	____	____	Type:	Failure	Failure	Approval	Initial
[] All	____	____	Footing	____	____	____	____
[] Footing	____	____	Foundation	____	____	____	____
[] Foundation	____	____	Slab	____	____	____	____
[] Frame	____	____	Frame	____	____	____	____
[] Other	____	____	Barrier-Free	____	____	____	____
Joint Plan Review Required:			Insulation	____	____	____	____
[] Elec. [] Plumb. [] Fire [] Elevator			Finishes	____	____	____	____
SUBCODE APPROVAL			Energy	____	____	____	____
[] CO [] CCO [] 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. Alteration \$ _____

3. Total (1+ 2) \$ _____

TYPE OF WORK:

[] New Building

[] Addition

[] Alteration

[] 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 \$ _____

DCA Training Fee \$ _____

TOTAL FEE \$ _____