



# 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. (\_\_\_\_\_) \_\_\_\_\_ 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	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
			Type:		Failure	Approval
<input type="checkbox"/> No Plans Required			Footing			
<input type="checkbox"/> All			Footing Bonding			
<input type="checkbox"/> Footings/Foundations			Foundation			
<input type="checkbox"/> Structural/Framework			Slab			
<input type="checkbox"/> Exterior			Frame			
<input type="checkbox"/> Interior			Truss Sys./Bracing			
Joint Plan Review Required:			Barrier-Free			
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Insulation			
SUBCODE APPROVAL for PERMIT			Finishes -Base Layer			
Date:			Finishes -Final			
Approved by:			Energy			
SUBCODE APPROVAL for CERTIFICATE			Mechanical			
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			TCO			
Date:			Other			
Approved by:			Final			
			Barrier-Free			

### B. BUILDING CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
No. of Stories \_\_\_\_\_ If Industrialized Building: \_\_\_\_\_ Proposed \_\_\_\_\_

Height of Structure \_\_\_\_\_ ft. \_\_\_\_\_ HUD \_\_\_\_\_

Area — Largest Floor \_\_\_\_\_ sq. ft. \_\_\_\_\_

New Bldg. Area/All Floors \_\_\_\_\_ sq. ft. \_\_\_\_\_

Volume of New Structure \_\_\_\_\_ cu. ft. \_\_\_\_\_

Max. Live Load \_\_\_\_\_

Max. Occupancy Load \_\_\_\_\_

### Est. Cost of Bldg. Work:

1. New Bldg. \$ \_\_\_\_\_

2. Rehabilitation \$ \_\_\_\_\_

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

U.C.C. F110 (rev. 11/09)

### 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

TYPE OF WORK:	Sq. Ft.	Height (exceeds 6')	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			
<input type="checkbox"/> Sign			
<input type="checkbox"/> Pool			
<input type="checkbox"/> Retaining Wall			
<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 \$ _____	
<b>TOTAL FEE \$ _____</b>	

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