



**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 \$ _____