



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 _____ 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)	Approval	Initial
<input type="checkbox"/> No Plans Required			Footings				
<input type="checkbox"/> All			Footings/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				
<input type="checkbox"/> Joint Plan Review Required:			Barrier-Free				
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Insulation				
<input type="checkbox"/> SUBCODE APPROVAL for PERMIT			Finishes -Base Layer				
<input type="checkbox"/> SUBCODE APPROVAL for CERTIFICATE			Finishes -Final				
Date: _____			Energy				
Approved by: _____			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 _____

Height of Structure _____ ft. If Industrialized Building: _____ HUD _____

Area — Largest Floor _____ sq. ft. State Approved _____

New Bldg. Area/All Floors _____ sq. ft. **Est. Cost of Bldg. Work:** _____

Volume of New Structure _____ cu. ft. 1. New Bldg. \$ _____

Max. Live Load _____ 2. Rehabilitation \$ _____

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

U.C.C. FT110 (rev. 11/09) Internal 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

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)
\$ _____

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.