



# 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 \_\_\_\_\_  
Address \_\_\_\_\_  
Tel. (\_\_\_\_\_) \_\_\_\_\_  
Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
Tel. (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_  
Contractor License No. or Builder Registration 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:

- TYPE OF WORK:**
- New Building
  - Addition
  - Rehabilitation
  - Roofing
  - Siding
  - Fence \_\_\_\_\_ Height (exceeds 6')
  - Sign \_\_\_\_\_ Sq. Ft.
  - Pool
  - Asbestos Abatement Subchapter 8
  - Lead Haz. Abatement NJAC 5:17
  - Other \_\_\_\_\_
  - Demolition

JOB SUMMARY (Office Use Only)		PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)				
						Type:	Failure	Failure	Approval	Initial		
<input type="checkbox"/>	No Plans Required	_____	_____			Footing	_____	_____	_____	_____		
<input type="checkbox"/>	All	_____	_____			Footing Bonding	_____	_____	_____	_____		
<input type="checkbox"/>	Footing	_____	_____			Foundation	_____	_____	_____	_____		
<input type="checkbox"/>	Foundation	_____	_____			Slab	_____	_____	_____	_____		
<input type="checkbox"/>	Frame	_____	_____			Frame	_____	_____	_____	_____		
<input type="checkbox"/>	Other	_____	_____			Truss Sys./Bracing	_____	_____	_____	_____		
						Barrier-Free	_____	_____	_____	_____		
	Joint Plan Review Required:					Insulation	_____	_____	_____	_____		
<input type="checkbox"/>	Elec.	<input type="checkbox"/>	Plumb.	<input type="checkbox"/>	Fire	<input type="checkbox"/>	Elevator					
						Finishes-Base Layer	_____	_____	_____	_____		
						Finishes-Final	_____	_____	_____	_____		
						Energy	_____	_____	_____	_____		
						Mechanical	_____	_____	_____	_____		
						TCO	_____	_____	_____	_____		
						Other	_____	_____	_____	_____		
						Final	_____	_____	_____	_____		
						Barrier-Free	_____	_____	_____	_____		

SUBCODE APPROVAL  
 CO  CCO  CA  
 Date: \_\_\_\_\_  
 Approved by: \_\_\_\_\_

**Fee (Office Use Only)**

\$ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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