



**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 _____

Tel. (_____) _____

Contractor _____

Address _____

Tel. (_____) _____ 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

[Empty box for description of work]

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)		
[] No Plans Required	[] All			Type:	Failure	Failure	Approval	Initial
				Footing				
				Foundation				
				Slab				
				Frame				
				Barrier-Free				
				Insulation				
				Finishes				
				Energy				
				Mechanical				
				TCO				
				Other				
				Final				
				Barrier-Free				

Joint Plan Review Required:
 [] Elec. [] Plumb. [] Fire [] Elevator
 SUBCODE APPROVAL
 [] CO [] CCO [] CA
 Date: _____
 Approved by: _____

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 \$ _____