



**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 _____ municipally _____ Tel. () _____ zip code _____
 Contractor: _____ e-mail _____
 Address _____ e-mail _____
 Contractor License No. or Builder Registration No. _____ Exp. Date _____
 Federal Emp. ID No. _____ FAX: () _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	Type:	Failure	Failure	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				
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 _____
 Height of Structure _____ Ft. State Approved _____ HUD _____
 Area — Largest Floor _____ Sq. Ft. **Est. Cost of Bldg. Work:** _____
 New Bldg. Area/All Floors _____ Sq. Ft. 1. New Bldg. \$ _____
 Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ _____
 Max. Live Load _____ 3. Total (1+2) \$ _____
 Max Occupancy Load _____

C. CERTIFICATION IN LIEU OF OATH
 I hereby certify that I am the (agent of) owner of record and I am authorized to make this application.

Sign here _____
 Print name here: _____

D. TECHNICAL SITE DATA

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

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 (856) 468-7933

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____