# 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 municipality zip code
Contractor: _____ Tel. ( _____)_____
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 |
|---|---|---|
| [ ] No Plans Required | _____ | _____ |
| [ ] All | _____ | _____ |
| [ ] Footings/Foundations | _____ | _____ |
| [ ] Structural/Framework | _____ | _____ |
| [ ] Exterior | _____ | _____ |
| [ ] Interior | _____ | _____ |

Date: _____Reviewed by: _____
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elev.
Date: _____Reviewed by: _____
SUBCODE APPROVAL for PERMIT
Date:_____
Released by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Released by: _____

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | _____ | _____ | _____ | _____ |
| Footing Bonding | _____ | _____ | _____ | _____ |
| Foundation | _____ | _____ | _____ | _____ |
| Slab | _____ | _____ | _____ | _____ |
| Frame | _____ | _____ | _____ | _____ |
| Truss Sys./Bracing | _____ | _____ | _____ | _____ |
| Barrier-Free | _____ | _____ | _____ | _____ |
| Insulation | _____ | _____ | _____ | _____ |
| Finishes -Base Layer | _____ | _____ | _____ | _____ |
| Finishes -Final | _____ | _____ | _____ | _____ |
| Energy | _____ | _____ | _____ | _____ |
| Mechanical | _____ | _____ | _____ | _____ |
| TCO | _____ | _____ | _____ | _____ |
| Other | _____ | _____ | _____ | _____ |
| Final | _____ | _____ | _____ | _____ |
| Barrier-Free | _____ | _____ | _____ | _____ |

**B.BUILDING CHARACTERISTICS**

**Use Group** 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.
Max. Live Load _____
Max. Occupancy Load _____

**Constr. Class** Present _____Proposed _____
If industrialized Building:
State Approved _____ HUD _____
**Est Cost of Bldg. Work:**
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1 + 2) $ _____

**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.
Applicant/Contractor
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 $ _____

U.C.C. F110
(rev. 12/25)

1 White= Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy