



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) Table with columns for PLAN REVIEW, Date, Initial, INSPECTIONS, Failure, Approval, Initial. Includes rows for Footing, Foundation, Slab, Frame, Truss Sys./Bracing, Barrier-Free, Insulation, Finishes, Energy, Mechanical, TCO, Other, Final, Barrier-Free.

B. BUILDING CHARACTERISTICS

Use Group Present Proposed, Constr. Class Present Proposed, No. of Stories, Height of Structure, Area — Largest Floor, New Bldg. Area/All Floors, Volume of New Structure, Total Land Area Disturbed

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.

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
[] Retaining Wall Sq. Ft.
[] Asbestos Abatement Subchapter 8
[] Lead Haz. Abatement NJAC 5:17
[] Radon Remediation
[] Other
[] Demolition

FEE (Office Use Only)

\$ Fee table with rows for Administrative Surcharge, Minimum Fee, State Permit Surcharge Fee, TOTAL FEE