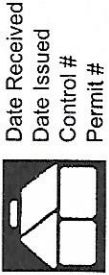




BUILDING SUBCODE TECHNICAL SECTION



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 _____

Tele. (____) _____
Contractor _____
Address _____

Tele. (____) _____ Fax. (____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
[] No Plans Required	_____	_____	Type:	Failure	Approval
[] All	_____	_____	Footing	_____	_____
[] Footing	_____	_____	Foundation	_____	_____
[] Foundation	_____	_____	Slab	_____	_____
[] Frame	_____	_____	Frame	_____	_____
[] Other	_____	_____	Barrier-Free	_____	_____
Joint Plan Review Required:			Insulation	_____	_____
[] Elec.	[] Plumb.	[] Fire	Finishes	_____	_____
SUBCODE APPROVAL			Energy	_____	_____
[] CO	[] CCO	[] CA	Mechanical	_____	_____
Date:	_____	_____	TCO	_____	_____
Approved by:	_____	_____	Other	_____	_____
	_____	_____	Final	_____	_____
			Barrier-Free	_____	_____

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) \$ _____

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
- 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 \$ _____