



BUILDING SUBCODE TECHNICAL SECTION



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. _____ e-mail _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	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				
SUBCODE APPROVAL for CERTIFICATE			Energy				
Date: _____			Mechanical				
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			TCO				
Approved by: _____			Other				
			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: _____ Proposed _____

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 _____

U.C.C. F140 (rev 11/09)
Internet version

Date Received _____
Control # _____
Date Issued _____
Permit # _____

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.
Sign here: _____

Print name here: _____
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.