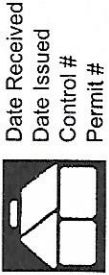




**BUILDING
SUBCODE
TECHNICAL SECTION**



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. _____

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

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 _____	Est. Cost of Bldg. Work:	
Constr. Class Present _____	Proposed _____		1. New Bldg. \$ _____
No. of Stories _____	_____		2. Alteration \$ _____
Height of Structure _____ Ft.	_____	3. Total (1+2) \$ _____	
Area — Largest Floor _____ Sq. Ft.	_____		
New Bldg. Area/All Floors _____ Sq. Ft.	_____		
Volume of New Structure _____ Cu. Ft.	_____		
Total Land Area Disturbed _____ Sq. Ft.	_____		

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 \$ _____