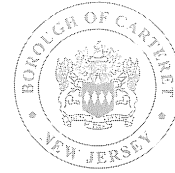


BUILDING SUBCODE TECHNICAL SECTION



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: ( )

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)

Table with columns: PLAN REVIEW, Date, Initial, INSPECTIONS, Dates (Month/Day), Failure, Approval, Initial. Rows include No Plans Required, All, Footing, Foundation, Frame, Other, Barrier-Free, Insulation, Finishes, Energy, Mechanical, TCO, Other, Final, Barrier-Free.

B. BUILDING CHARACTERISTICS

Use Group Present Proposed Est. Cost of Bldg. Work: 1. New Bldg. \$ 2. Rehabilitation \$ 3. Total (1+ 2) \$

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 \$