



Date Issued

Permit #

## Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_

Work Site Location \_\_\_\_\_

Owner in Fee: \_\_\_\_\_

Tel. ( ) e-mail

Address \_\_\_\_\_

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)**

| PLAN REVIEW                      |                      | Date  | Initial | INSPECTIONS          | Dates (Month/Day) |         |          |            |
|----------------------------------|----------------------|-------|---------|----------------------|-------------------|---------|----------|------------|
| [ ]                              | No Plans Required    | _____ | _____   | Type:                | Failure           | Failure | Approval | Initial    |
| [ ]                              | All                  | _____ | _____   | Footing              | _____             | _____   | _____    | _____      |
| [ ]                              | Footings/Foundations | _____ | _____   | Footing Bonding      | _____             | _____   | _____    | _____      |
| [ ]                              | Structural/Framework | _____ | _____   | Foundation           | _____             | _____   | _____    | _____      |
| [ ]                              | Exterior             | _____ | _____   | Slab                 | _____             | _____   | _____    | _____      |
| [ ]                              | Interior             | _____ | _____   | Frame                | _____             | _____   | _____    | _____      |
|                                  |                      |       |         | Truss Sys./Bracing   | _____             | _____   | _____    | _____      |
| Joint Plan Review Required:      |                      |       |         | Barrier-Free         | _____             | _____   | _____    | _____      |
| [ ]                              | Elec.                | [ ]   | Plumb.  | [ ]                  | Fire              | [ ]     | Elevator | Insulation |
| SUBCODE APPROVAL for PERMIT      |                      |       |         | Finishes -Base Layer | _____             | _____   | _____    | _____      |
| Date: _____                      |                      |       |         | Finishes -Final      | _____             | _____   | _____    | _____      |
| Approved by: _____               |                      |       |         | Energy               | _____             | _____   | _____    | _____      |
| SUBCODE APPROVAL for CERTIFICATE |                      |       |         | Mechanical           | _____             | _____   | _____    | _____      |
| [ ]                              | CO                   | [ ]   | CCO     | [ ]                  | CA                | _____   | _____    | _____      |
| Date: _____                      |                      |       |         | Other                | _____             | _____   | _____    | _____      |
| Approved by: _____               |                      |       |         | Final                | _____             | _____   | _____    | _____      |
|                                  |                      |       |         | Barrier-Free         | _____             | _____   | _____    | _____      |

## B. BUILDING CHARACTERISTICS

**Use Group** Present \_\_\_\_\_ Proposed \_\_\_\_\_      **Constr. Class** Present \_\_\_\_\_ Proposed \_\_\_\_\_

No. of Stories \_\_\_\_\_ If Industrialized Building: \_\_\_\_\_

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.

|                      |    |                       |
|----------------------|----|-----------------------|
| Max. Live Load _____ | 3. | Total (1+ 2) \$ _____ |
|----------------------|----|-----------------------|

Max. Occupancy Load U.C.C. F110

U.C.C. F110  
(rev. 11/09)

### 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:

- [ ] 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)

[illegible]

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_

1 White = Inspector Copy  
3 Pink = Office Copy

2 Canary = Office Copy  
4 Gold = Applicant Copy