



Date Issued  
Permit #

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 \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)		
<input type="checkbox"/>	No Plans Required	_____	_____	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/>	All	_____	_____	Footing	_____	_____	_____	_____
<input type="checkbox"/>	Footings/Foundations	_____	_____	Footing Bonding	_____	_____	_____	_____
<input type="checkbox"/>	Structural/Framework	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/>	Exterior	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/>	Interior	_____	_____	Frame	_____	_____	_____	_____
				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
				Finishes -Base Layer	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT				Finishes -Final	_____	_____	_____	_____
Date: _____				Energy	_____	_____	_____	_____
Approved by: _____				Mechanical	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE				TCO	_____	_____	_____	_____
<input type="checkbox"/>	CO	<input type="checkbox"/>	CCO	<input type="checkbox"/>	CA	Other	_____	_____
Date: _____				Final	_____	_____	_____	_____
Approved by: _____				Barrier-Free	_____	_____	_____	_____

**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.      2. Rehabilitation \$ \_\_\_\_\_

Max. Live Load \_\_\_\_\_ 3. Total (1+ 2) \$ \_\_\_\_\_

Max. Occupancy Load I.C.C. E110 (rev. 11/09)

If Industrialized Building:

State Approved \_\_\_\_\_ HUD \_\_\_\_\_

**Est. Cost of Bldg. Work:**

1. New Bldg. \$ \_\_\_\_\_

2. Rehabilitation \$\_\_\_\_\_

3. Total (1+ 2)      \$ \_\_\_\_\_

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

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: \_\_\_\_\_

Print name here: \_\_\_\_\_

## DESCRIPTION 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

[illegible]

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.