



# 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 \_\_\_\_\_

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
[ ]	All	_____	_____	Footing	_____	_____	_____
[ ]	Footings/Foundations	_____	_____	Footing Bonding	_____	_____	_____
[ ]	Structural/Framework	_____	_____	Foundation	_____	_____	_____
[ ]	Exterior	_____	_____	Slab	_____	_____	_____
[ ]	Interior	_____	_____	Frame	_____	_____	_____
[ ]	Interior	_____	_____	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	_____	_____
[ ]	TCO	_____	_____	_____	_____	_____	_____
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. 2. Rehabilitation \$ \_\_\_\_\_

Max. Live Load \_\_\_\_\_ 3. Total (1+ 2) \$ \_\_\_\_\_ 0

Max. Occupancy Load \_\_\_\_\_

## 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)

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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





FIRE PROTECTION SUBCODE TECHNICAL SECTION



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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

Contractor: street municipality Tel. zip code

Address e-mail

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.

Applicant/Contractor sign here:

Print name here:

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: Water Supply Source Method of Alarm/Suppression System Supervision

Table with columns: NUMBER, FEE (Office Use Only) \$, and rows for various fire protection systems like Flammable/Combustible Tanks, Alarm Systems, Fire Pump, etc.

Fire Protection Equipment, NJ Div of Fire Safety Permit No. Fire Protection Equipment, NJ Div of Fire Safety Installer No. Fire Alarm Contractor No. Exp. Date Home Improvement Contractor Registration No. or Exemption Reason Federal Emp. ID No. FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fuel Storage Tank: Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement Fire Alarm System: [ ] New OR [ ] Existing Location of Panel:

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other Fire Suppression/Standpipe System: [ ] New OR [ ] Existing Location of Main Control Valve:

Location: Total Cost of Fire Protection Work \$

JOB SUMMARY (Office Use Only) table with columns: PLAN REVIEW, INSPECTIONS, Dates (Month/Day), and rows for various inspection types like Alarm System, Suppression Sys., Standpipe, etc.

U.C.C. F140 (rev. 02/11) Applicant. When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

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



# PLUMBING SUBCODE TECHNICAL SECTION



Date Received  
Control #

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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. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

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

**B. PLUMBING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_

Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well \_\_\_\_\_

Est. Cost of Plumbing Work \$ \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		
[ ] No Plans Required		Type:	Failure	Failure	Approval	Initial
[ ] Partial -Underslab Utilities Approved		Slab	_____	_____	_____	_____
Date: _____ Approved by: _____		Rough	_____	_____	_____	_____
[ ] Plumbing Plans Approved		Water	_____	_____	_____	_____
Date: _____ Approved by: _____		Sewer	_____	_____	_____	_____
Joint Plan Review Required:		Fixtures	_____	_____	_____	_____
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.		Gas Equipment	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Gas Piping	_____	_____	_____	_____
Date: _____		LPGas Tank	_____	_____	_____	_____
Approved by: _____		Fuel Oil Piping	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Solar _____	_____	_____	_____	_____
[ ] CO [ ] CCO [ ] CA		TCO _____	_____	_____	_____	_____
Date: _____		Final _____	_____	_____	_____	_____
Approved by: _____			_____	_____	_____	_____

**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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: \_\_\_\_\_

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

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

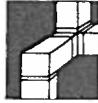
**DESCRIPTION OF WORK**

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	\$ _____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LPGas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks _____	_____
_____	Other _____	_____

Administrative Surcharge \$ \_\_\_\_\_  
 Minimum Fee \$ \_\_\_\_\_  
 State Permit Surcharge Fee \$ \_\_\_\_\_  
**TOTAL FEE \$ \_\_\_\_\_**



**MECHANICAL INSPECTOR  
TECHNICAL SECTION**



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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: \_\_\_\_\_

**B. MECHANICAL CHARACTERISTICS**

Use Group Present: \_\_\_\_\_ Proposed: \_\_\_\_\_

Heating System work:  New OR  Modification to Existing OR  Conversion OR  Replacement

Type:  Hydronic  Hot Air

Fuel Type:  Gas  Oil  Electric  Solar  Other \_\_\_\_\_

Estimated Cost of Mechanical Work \$ \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW		INSPECTIONS		DATES		
<input type="checkbox"/> No Plans Required		Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> Mechanical Plans Approved		Gas Piping	_____	_____	_____	_____
Date: _____ Approved by: _____		Appliance	_____	_____	_____	_____
Joint Plan Review Required:		Chimney/Vent	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire.		Oil Piping	_____	_____	_____	_____
<input type="checkbox"/> Elev.		Oil Tank	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		LPG Tank	_____	_____	_____	_____
Date: _____		Hydronic Piping	_____	_____	_____	_____
Approved by: _____		Fireplace	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Chimney Cert.	_____	_____	_____	_____
<input type="checkbox"/> CA <input type="checkbox"/> CCO		Other _____	_____	_____	_____	_____
Date: _____						
Approved by: _____						

**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

NO.	FIXTURE/EQUIPMENT
_____	Water Heater
_____	Fuel Oil Piping Connections
_____	Gas Piping Connections
_____	Steam Boiler
_____	Hot Water Boiler
_____	Hot Air Furnace
_____	Oil Tank
_____	LPG Tank
_____	Fireplace
_____	Other

**FEE (Office Use Only)**

\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
State Permit Surcharge Fee \$ \_\_\_\_\_  
**TOTAL FEE \$ \_\_\_\_\_**