



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 (if applicable): _____

Federal Emp. ID No. _____ FAX: (____) _____

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	TCO	_____	_____	
Date: _____				Other	_____	_____	_____	_____	
Approved by: _____				Final	_____	_____	_____	_____	
				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.

Max. Live Load _____

3. Total (1+ 2) \$ _____

Max. Occupancy Load	U.C.C. F110
---------------------	-------------

(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)

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	\$	

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy