



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			INSPECTIONS		Dates (Month/Day)			
	Date	Initial						
☐ 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.

Volume of New Structure _____ cu. ft.

Max. Live Load	3. Total (1+ 2)	\$
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Max. Occupancy Load U.S.G. 5110 (rev. 11/00)

U.S.C. Title 11 (rev. 11/09)
Internet version

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.