

# How Many Subcode Technical Sections do I need to Submit?

**BUILDING SUBCODE TECHNICAL SECTION**

**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 \_\_\_\_\_ 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: (\_\_\_\_) \_\_\_\_\_

**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  
 Renovation  
 Roofing  
 Siding  
 Fence  
 Sign  
 Retaining Wall  
 Asbestos Abatement Subchapter 8  
 Lead Based Abatement N/A/C 6-17  
 Radon Remediation  
 Other \_\_\_\_\_  
 Demolition

**FEE (Office Use Only)**

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

U.C.C. F-110 (Rev. 11/09) 1 White + Inspector Copy 2 Copy + Office Copy 3 Pink + Office Copy 4 Gold + Applicant Copy

## Building Subcode Technical Section F-110

1 (one) original + 2 (two) copies  
  
(Total 3 sheets)

**FIRE PROTECTION SUBCODE TECHNICAL SECTION**

**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 \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ e-mail \_\_\_\_\_

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 (if applicable) \_\_\_\_\_  
Federal Emp. ID No. \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group: Present \_\_\_\_\_ Proposed \_\_\_\_\_ Fuel Storage Tank: \_\_\_\_\_  
Constr. Class: Present \_\_\_\_\_ Proposed \_\_\_\_\_ Fuel Type: \_\_\_\_\_  
Heating System: \_\_\_\_\_  
Fire Alarm System: \_\_\_\_\_  
Fire Suppression/Standpipe System: \_\_\_\_\_

**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: \_\_\_\_\_  
 Certified Contractor  
 Exempt Applicant

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK:**

Water Supply Source \_\_\_\_\_  
Method of Alarm/Suppression System Supervision \_\_\_\_\_

Flammable/Combustible Tanks \_\_\_\_\_  
Alarm Systems \_\_\_\_\_  
 System  
 110v Interconnection  
 CO Detector/110v  
 Alarm Devices (i.e., smoke, heat, pull, water/low)  
 Signaling Devices (i.e., tamper, knock, and)  
 Other Devices \_\_\_\_\_

**FEE (Office Use Only)**

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

U.C.C. F-140 (Rev. 03/11) 1 White + Inspector Copy 2 Copy + Office Copy 3 Pink + Office Copy 4 Gold + Applicant Copy

## Fire Subcode Technical Section F-140

1 (one) original + 2 (two) copies  
  
(Total 3 Sheets)

**ELECTRICAL SUBCODE TECHNICAL SECTION**

**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 \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Home Improvement Contractor Registration No. or Exemption Reason (if applicable) \_\_\_\_\_  
Federal Emp. ID No. \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

**B. ELECTRICAL CHARACTERISTICS**

Use Group: Present \_\_\_\_\_ Proposed \_\_\_\_\_  
 Pole/Pad # \_\_\_\_\_  
 Temporary  
 Other  
 Building Occupied by: \_\_\_\_\_ Utility Co. \_\_\_\_\_  
 Est. Cost of Elec. Work \$ \_\_\_\_\_

**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.  
Sign and seal here: \_\_\_\_\_  
Print name here: \_\_\_\_\_  
 Licensed Elec. Contractor  
 Certifd Landscape Irrigation Contr'y  
 Exempt Applicant

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK:**

QTY: \_\_\_\_\_ SIZE: \_\_\_\_\_ ITEMS: \_\_\_\_\_

Lighting Fixtures \_\_\_\_\_  
 Receptacles \_\_\_\_\_  
 Switches \_\_\_\_\_  
 Detectors \_\_\_\_\_  
 Light Poles \_\_\_\_\_  
 Motors—Fract. HP \_\_\_\_\_  
 Emergency & Exit Lights \_\_\_\_\_  
 Communications Points \_\_\_\_\_  
 Alarm Devices/F.A.C. Panel \_\_\_\_\_

**FEE (Office Use Only)**

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

U.C.C. F-120 (Rev. 11/09) 1 White + Inspector Copy 2 Copy + Office Copy 3 Pink + Office Copy 4 Gold + Applicant Copy

## Electrical Subcode Technical Section F-120

1 (one) original + 2 (two) copies  
  
(Total 3 Sheets)  
  
Each Sheet needs an original  
Signature and Raised Seal

Sign and Seal the Electrical Subcode Technical Section if you are a licensed Elec. Contractor and check the Licensed Elec. Cont. box. If you are a Certified Landscape Irrigation Cont. sign and check off the appropriate box. Homeowners must sign the Electrical Subcode and check off exempt Applicant.



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 \_\_\_\_\_  
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)	
	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	Slab				
<input type="checkbox"/> Partial Under-slab Utilities Approved	Rough				
Date: _____ Approved by: _____	Water				
<input type="checkbox"/> Plumbing Plans Approved	Sewer				
Date: _____ Approved by: _____	Fixtures				
Joint Plan Review Required:	Gas Equipment				
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.	Gas Piping				
<input type="checkbox"/> Subcode Approval for PERMIT	LPG Gas Tank				
Date: _____ Approved by: _____	Fuel Oil Piping				
<input type="checkbox"/> Subcode Approval for CERTIFICATE	Solar				
Date: _____ Approved by: _____	TCC				
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Final				
Date: _____ Approved by: _____					

U.C.C. F-130 (rev. 10/17)

**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: \_\_\_\_\_

**D. TECHNICAL SITE DATA**

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	\$ _____
_____	LPG Gas 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 \$ \_\_\_\_\_**

### Plumbing Subcode Technical Section F-130

**1 (one) original + 2 (two) copies**

**(Total 3 Sheets)**

**Each Sheet needs an original Signature and Raised Seal**

Sign & Seal the Plumbing Subcode Technical Section if you are a licensed master Plumber and check the Licensed Plumbing contractor box. If you are an exempt applicant, you must sign the Plumbing Subcode Technical Section and check the exempt applicant box. Homeowners must sign the Plumbing Subcode Technical Section and check the exempt box.



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 \_\_\_\_\_  
Contractor \_\_\_\_\_ Tel. \_\_\_\_\_  
Address \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_  
Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

**B. MECHANICAL CHARACTERISTICS**  
Use Group Present \_\_\_\_\_ R-3 or R-5 \_\_\_\_\_  
Heating System work:  New or  Modification to Existing or  Conversion or  Replacement  
Type:  Hydronic  Hot Air  
Fuel Type:  Gas  Oil  Electric  Solar  Other \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW		INSPECTIONS		DATES	
	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	Water Heater				
<input type="checkbox"/> Mechanical Plans Approved	Appliance				
Date: _____ Approved by: _____	Chimney/Vent				
Joint Plan Review Required:	Piping				
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.	Tank				
<input type="checkbox"/> Subcode Approval for PERMIT	Cooling/AC				
Date: _____ Approved by: _____	Generator				
<input type="checkbox"/> Subcode Approval for CERTIFICATE	Fireplace				
Date: _____ Approved by: _____	Chimney Cert.				
<input type="checkbox"/> CA <input type="checkbox"/> CCO	Other				
Date: _____ Approved by: _____	Final				

U.C.C. F-145 (rev. 12/16)

**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 sign/Contractor sign and seal here: \_\_\_\_\_  
Print name here: \_\_\_\_\_

**D. TECHNICAL SITE DATA**

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Heater	\$ _____
_____	Fuel Oil Piping Connections	\$ _____
_____	Gas Piping Connections	\$ _____
_____	Steam Boiler	\$ _____
_____	Hot Water Boiler	\$ _____
_____	Hot Air Furnace	\$ _____
_____	Oil Tank	\$ _____
_____	LPG Tank	\$ _____
_____	Fireplace	\$ _____
_____	Generator	\$ _____
_____	Other	\$ _____

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

### Mechanical Subcode Technical Section F-145 (used for residential projects only)

**1 (one) original + 2 (two) copies**

**(Total 3 Sheets)**

**Each Sheet needs an original Signature and Raised Seal**

Sign and Seal the Mechanical Subcode Technical Section if you are a Master HVACR Contractor or Master Plumber. Sign the Mechanical Technical Card if you hold a NJ Home Improvement Registration or if you are the homeowner residing at the residence. Homeowners **cannot** sign the Mechanical Technical Card for the installation of or replacement of Air Conditioning equipment unless they hold a valid freon installer's certification.

