

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

**USE** **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. \_\_\_\_\_ 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  
[ ] Rehabilitation  
[ ] Roofing  
[ ] Siding  
[ ] Fence  
[ ] Sign \_\_\_\_\_ Sq. Ft.  
[ ] Pool  
[ ] Retaining Wall \_\_\_\_\_ Sq. Ft.  
[ ] Asbestos Abatement Subchapter 8  
[ ] Lead-Based Abatement NMAC 5-17  
[ ] Radon Remediation  
[ ] Other \_\_\_\_\_  
[ ] Demolition

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
[ ] No Plans Required		Type				
[ ] All		Footings				
[ ] Foundations		Foundation				
[ ] Structural/Framework		Slab				
[ ] Exterior		Frame				
[ ] Interior		Truss Sys./Bracing				
Joint Plan Review Required:		Barrier-Free				
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		Insulation				
SUBCODE APPROVAL for PERMIT		Finishes—Base Layer				
Approved by: _____		Finishes—Final				
SUBCODE APPROVAL for CERTIFICATE		Energy				
[ ] CO [ ] CDD [ ] CA		Mechanical				
Date: _____		TCO				
Approved by: _____		Other				
SUBCODE APPROVAL for CERTIFICATE		Barrier-Free				
[ ] CO [ ] CDD [ ] CA						
Date: _____						
Approved by: _____						

**B. BUILDING CHARACTERISTICS**

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

Const. Class: Present \_\_\_\_\_ Proposed \_\_\_\_\_

No. of Stories \_\_\_\_\_

Height of Structure \_\_\_\_\_ ft.

Area — Largest Floor \_\_\_\_\_ sq. ft.

New Bldg./Renov. Floors \_\_\_\_\_ sq. ft.

Volume of New Structure \_\_\_\_\_ cu. ft.

Max. Use Load \_\_\_\_\_

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

U.S.G. F110 (rev. 11/09)

1 White + Inspector Copy 2 Canopy + 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)

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

**C. CERTIFICATION IN LIEU OF OATH**  
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Sign here: \_\_\_\_\_  
Print name here: \_\_\_\_\_

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK:

Water Supply Source \_\_\_\_\_

Method of Alarm/Suppression System Supervision \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
[ ] No Plans Required		Type				
[ ] Partial—Understand Utilities Approved		Alarm System				
Date: _____ Approved by: _____		Suppression Sys.				
[ ] Fire Protection Plans Approved		Standpipe				
Date: _____ Approved by: _____		Fire Pump				
Joint Plan Review Required:		Pre-Eng. System				
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.		Mechanical				
SUBCODE APPROVAL for PERMIT		Smoke Control				
Approved by: _____		TCO				
SUBCODE APPROVAL for CERTIFICATE		Flam/Combust. Tanks				
[ ] CO [ ] CDD [ ] CA		Fireplace Venting				
Date: _____		Final				
Approved by: _____		Other				

**B. FIRE PROTECTION CHARACTERISTICS**

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

Const. Class: Present \_\_\_\_\_ Proposed \_\_\_\_\_

Heating System: [ ] New or [ ] Modification to Existing \_\_\_\_\_

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar \_\_\_\_\_

Location: \_\_\_\_\_

Total Cost of Fire Protection Work: \$ \_\_\_\_\_

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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK:

Flammable/Combustible Tanks \_\_\_\_\_

Alarm Systems \_\_\_\_\_

[ ] System \_\_\_\_\_

[ ] 110V interconnect \_\_\_\_\_

[ ] CO Detectors/100 \_\_\_\_\_

Alarm Devices (i.e., smoke, heat, pull, water/flow) \_\_\_\_\_

Supervisory Devices (i.e., tamper, low/high air) \_\_\_\_\_

Signaling Devices (i.e., horns/strobes, bells) \_\_\_\_\_

Other Devices \_\_\_\_\_

TOTAL \_\_\_\_\_

Suppression Systems \_\_\_\_\_

Fire Pump \_\_\_\_\_ GPM Type \_\_\_\_\_

Dry Pipe/Alarm Valves \_\_\_\_\_

Pre-action Valves \_\_\_\_\_

Sprinkler Heads (Dry and Wet) \_\_\_\_\_

Standpipes \_\_\_\_\_

Pre-engineered Systems \_\_\_\_\_

Wet Chemical \_\_\_\_\_

Dry Chemical \_\_\_\_\_

CO Suppression \_\_\_\_\_

Foam Suppression \_\_\_\_\_

FM200 Suppression \_\_\_\_\_

Other \_\_\_\_\_

Other Systems \_\_\_\_\_

Kitchen Hood Exhaust System \_\_\_\_\_

Smoke Control System \_\_\_\_\_

Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid \_\_\_\_\_

Fireplace Venting/Metal Chimney \_\_\_\_\_

Other \_\_\_\_\_

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

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

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

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

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## Fire Subcode Technical Section F-140

1 (one) original + 2 (two) copies

(Total 3 Sheets)

**USE** **ELECTRICAL SUBCODE** **TECHNICAL SECTION**

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

**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**

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 \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
[ ] No Plans Required		Type				
[ ] Partial—Understand Utilities Approved		Recept.				
Date: _____ Approved by: _____		Barrier-Free				
[ ] Electric Plans Approved		Temp. Serv.				
Date: _____ Approved by: _____		Const. Serv.				
Joint Plan Review Required:		TCO				
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.		Other				
SUBCODE APPROVAL for PERMIT		Service				
Approved by: _____		Final				
SUBCODE APPROVAL for CERTIFICATE		Barrier-Free				
[ ] CO [ ] CDD [ ] CA		Temp. Cut-In-Card Date Issued				
Date: _____		Final Cut-In-Card Date Issued				
Approved by: _____		Annual Pool Inspection				
SUBCODE APPROVAL for CERTIFICATE		Date of Grounding and Bonding				
[ ] CO [ ] CDD [ ] CA		Certification				
Date: _____						
Approved by: _____						

**B. ELECTRICAL CHARACTERISTICS**

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

Bldg. Occupied by: \_\_\_\_\_

Est. Cost of Elec. Work: \$ \_\_\_\_\_

**C. CERTIFICATION IN LIEU OF OATH**  
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Applicant sign/Contractor sign and seal here: \_\_\_\_\_  
Print name here: \_\_\_\_\_

**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 \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

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Approved by: _____						

**B. ELECTRICAL CHARACTERISTICS**

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

Bldg. Occupied by: \_\_\_\_\_

Est. Cost of Elec. Work: \$ \_\_\_\_\_

**C. CERTIFICATION IN LIEU OF OATH**  
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Applicant sign/Contractor sign and seal here: \_\_\_\_\_  
Print name here: \_\_\_\_\_

**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 \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

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Date: _____ Approved by: _____		Const. Serv.				
Joint Plan Review Required:		TCO				
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.		Other				
SUBCODE APPROVAL for PERMIT		Service				
Approved by: _____		Final				
SUBCODE APPROVAL for CERTIFICATE		Barrier-Free				
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SUBCODE APPROVAL for CERTIFICATE		Date of Grounding and Bonding				
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Date: _____						
Approved by: _____						

**B. ELECTRICAL CHARACTERISTICS**

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

Bldg. Occupied by: \_\_\_\_\_

Est. Cost of Elec. Work: \$ \_\_\_\_\_

**C. CERTIFICATION IN LIEU OF OATH**  
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**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 \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

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[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.		Other				
SUBCODE APPROVAL for PERMIT		Service				
Approved by: _____		Final				
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[ ] CO [ ] CDD [ ] CA		Temp. Cut-In-Card Date Issued				
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SUBCODE APPROVAL for CERTIFICATE		Date of Grounding and Bonding				
[ ] CO [ ] CDD [ ] CA		Certification				
Date: _____						
Approved by: _____						

**B. ELECTRICAL CHARACTERISTICS**

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

Bldg. Occupied by: \_\_\_\_\_

Est. Cost of Elec. Work: \$ \_\_\_\_\_

**C. CERTIFICATION IN LIEU OF OATH**  
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Applicant sign/Contractor sign and seal here: \_\_\_\_\_  
Print name here: \_\_\_\_\_

**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 \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

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Joint Plan Review Required:		TCO				
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SUBCODE APPROVAL for PERMIT		Service				
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Approved by: _____		Annual Pool Inspection				
SUBCODE APPROVAL for CERTIFICATE		Date of Grounding and Bonding				
[ ] CO [ ] CDD [ ] CA		Certification				
Date: _____						
Approved by: _____						

**B. ELECTRICAL CHARACTERISTICS**

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

Bldg. Occupied by: \_\_\_\_\_

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.  
Applicant sign/Contractor sign and seal here: \_\_\_\_\_  
Print name here: \_\_\_\_\_

**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 \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

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[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.		Other				
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SUBCODE APPROVAL for CERTIFICATE		Date of Grounding and Bonding				
[ ] CO [ ] CDD [ ] CA		Certification				
Date: _____						
Approved by: _____						

**B. ELECTRICAL CHARACTERISTICS**

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

Bldg. Occupied by: \_\_\_\_\_

Est. Cost of Elec. Work: \$ \_\_\_\_\_

**C. CERTIFICATION IN LIEU OF OATH**  
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Applicant sign/Contractor sign and seal here: \_\_\_\_\_  
Print name here: \_\_\_\_\_

**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 \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

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Approved by: _____						

**B. ELECTRICAL CHARACTERISTICS**

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

Bldg. Occupied by: \_\_\_\_\_

Est. Cost of Elec. Work: \$ \_\_\_\_\_

**C. CERTIFICATION IN LIEU OF OATH**  
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**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 \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
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[ ] Partial—Understand Utilities Approved		Recept.				
Date: _____ Approved by: _____		Barrier-Free				
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Date: _____ Approved by: _____		Const. Serv.				
Joint Plan Review Required:		TCO				
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.		Other				
SUBCODE APPROVAL for PERMIT		Service				
Approved by: _____		Final				
SUBCODE APPROVAL for CERTIFICATE		Barrier-Free				
[ ] CO [ ] CDD [ ] CA		Temp. Cut-In-Card Date Issued				
Date: _____		Final Cut-In-Card Date Issued				
Approved by: _____		Annual Pool Inspection				
SUBCODE APPROVAL for CERTIFICATE		Date of Grounding and Bonding				
[ ] CO [ ] CDD [ ] CA		Certification				
Date: _____						
Approved by: _____						

**B. ELECTRICAL CHARACTERISTICS**

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

Bldg. Occupied by: \_\_\_\_\_

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

**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 \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
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[ ] Partial—Understand Utilities Approved		Recept.				
Date: _____ Approved by: _____		Barrier-Free				



#### 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 \_\_\_\_\_  
City \_\_\_\_\_ 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: \_\_\_\_\_

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  
[ ] No Plans Required  
[ ] Partial/Understand Utilities Approved  
Date: \_\_\_\_\_ Approved by: \_\_\_\_\_  
[ ] Plumbing Plans Approved  
Date: \_\_\_\_\_ Approved by: \_\_\_\_\_  
Joint Plan Review Required  
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.  
SUBCODE APPROVAL FOR PERMIT  
Date: \_\_\_\_\_ Approved by: \_\_\_\_\_  
SUBCODE APPROVAL FOR CERTIFICATE  
[ ] CO [ ] CCO [ ] CA  
Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

INSPECTIONS  
Type: \_\_\_\_\_ Failure \_\_\_\_\_ Approval \_\_\_\_\_ Initial \_\_\_\_\_  
Rough \_\_\_\_\_  
Water \_\_\_\_\_  
Sewer \_\_\_\_\_  
Fixtures \_\_\_\_\_  
Gas Equipment \_\_\_\_\_  
Gas Piping \_\_\_\_\_  
LP Gas Tank \_\_\_\_\_  
Fuel Oil Piping \_\_\_\_\_  
Solar \_\_\_\_\_  
TCD \_\_\_\_\_  
Final \_\_\_\_\_

DATES (Month/Day)  
Failure \_\_\_\_\_ Approval \_\_\_\_\_  
Initial \_\_\_\_\_

DATE RECEIVED  
Control # \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Permit # \_\_\_\_\_

**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 Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**  
DESCRIPTION OF WORK

QTY: FIXTURE/EQUIPMENT  
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 \_\_\_\_\_  
LP Gas Tank \_\_\_\_\_  
Steam Boiler \_\_\_\_\_  
Hot Water Boiler \_\_\_\_\_  
Sewer Pump \_\_\_\_\_  
Interceptor/Separator \_\_\_\_\_  
Backflow Preventer \_\_\_\_\_  
Greasetrap \_\_\_\_\_  
Sewer Connection \_\_\_\_\_  
Water Service Connection \_\_\_\_\_  
Stacks \_\_\_\_\_  
Other \_\_\_\_\_

FEE (Office Use Only)  
\$ \_\_\_\_\_  
Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
State Permit Surcharge Fee \$ \_\_\_\_\_  
TOTAL FEE \$ \_\_\_\_\_

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

## 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.



#### 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 \_\_\_\_\_  
City \_\_\_\_\_ 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: \_\_\_\_\_

Use Group \_\_\_\_\_ Present \_\_\_\_\_ R-3 or R-S \_\_\_\_\_  
Heating System work: [ ] New on [ ] Modification to Existing on [ ] Conversion on [ ] Replacement

Type: [ ] Hydronic [ ] Hot Air  
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other \_\_\_\_\_

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

**JOB SUMMARY (Office Use Only)**  
PLAN REVIEW  
[ ] No Plans Required  
[ ] Mechanical Plans Approved  
Date: \_\_\_\_\_ Approved by: \_\_\_\_\_  
Joint Plan Review Required  
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire [ ] Elev.  
SUBCODE APPROVAL FOR PERMIT  
Date: \_\_\_\_\_ Approved by: \_\_\_\_\_  
SUBCODE APPROVAL FOR CERTIFICATE  
[ ] CA [ ] CCO [ ] CC  
Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

INSPECTIONS  
Type: \_\_\_\_\_ Failure \_\_\_\_\_ Approval \_\_\_\_\_ Initial \_\_\_\_\_  
Water Heater \_\_\_\_\_  
Appliance \_\_\_\_\_  
Chimney/Vest \_\_\_\_\_  
Piping \_\_\_\_\_  
Tank \_\_\_\_\_  
Cooling/AC \_\_\_\_\_  
Generator \_\_\_\_\_  
Fireplace \_\_\_\_\_  
Chimney Cert \_\_\_\_\_  
Other \_\_\_\_\_  
Final \_\_\_\_\_

DATES (Month/Day)  
Failure \_\_\_\_\_ Approval \_\_\_\_\_  
Initial \_\_\_\_\_

DATE RECEIVED  
Control # \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Permit # \_\_\_\_\_

**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: \_\_\_\_\_ [ ] Licensed Contractor [ ] Exempt Applicant

**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 \_\_\_\_\_  
LP Gas Tank \_\_\_\_\_  
Fireplace \_\_\_\_\_  
Generator \_\_\_\_\_  
Other \_\_\_\_\_

FEE (Office Use Only)  
\$ \_\_\_\_\_  
Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
State Permit Surcharge Fee \$ \_\_\_\_\_  
TOTAL FEE \$ \_\_\_\_\_

U.C.C. F-140 (rev. 10/17)

## 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.

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_ Address (Site) \_\_\_\_\_ Permit No. \_\_\_\_\_

**CONSTRUCTION PERMIT APPLICATION**

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

**I. IDENTIFICATION**

1. Proposed Work Site at: \_\_\_\_\_

2. Name of Owner in Fee: \_\_\_\_\_  
Tel. \_\_\_\_\_ e-mail \_\_\_\_\_  
Address \_\_\_\_\_

3. Ownership in Fee: Public \_\_\_\_\_ Private \_\_\_\_\_  
Address \_\_\_\_\_ Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

4. Principal Contractor: \_\_\_\_\_  
Address \_\_\_\_\_ Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_  
Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_  
5. Architect or Engineer \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_ Tel. \_\_\_\_\_ e-mail \_\_\_\_\_  
6. Responsible Person in Charge once Work has Begun \_\_\_\_\_  
Tel. \_\_\_\_\_ FAX: \_\_\_\_\_

**II. PROPOSED WORK**

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition  
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction  
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

**III. SUBCODES**  
(Check all that apply)

	Est. Cost	Plan Rec'd by	Date Rec'd	Reaction Date	Approval Date	Re-viewer	Re-submission Date	Re-approval	Re-inspection	Re-viewer
<input type="checkbox"/> Building										
<input type="checkbox"/> Electrical										
<input type="checkbox"/> Plumbing										
<input type="checkbox"/> Fire Protection										
<input type="checkbox"/> Elevator										

**IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?**

DO YOU WANT:  
1. ☐ Partial Releases  
2. ☐ Prototype Processing

1. ☐ Elevators/Escalators/Lifts  
2. ☐ High Pressure Boilers  
3. ☐ Pressure Vessels  
4. ☐ Refrigeration Systems  
5. ☐ Cross-Connections/Backflow Preventers  
6. ☐ Hazardous Uses/Places of Assembly  
7. ☐ Sprinklers/Standpipes  
8. ☐ Smoke Control Systems in Open Wells  
9. ☐ Underground Storage Tanks  
10. ☐ Swimming Pools, Spas and Hot Tubs  
11. ☐ LPG Gas Tanks  
12. ☐ Fire Alarm

**V. FEE SUMMARY** (for office use only)

	Update	Update
1. Building		
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review		
8. Subtotal		
9. State Permit Surcharge Fee		
10. Subtotal		
11. Cost of Occupancy		
12. Other		
13. TOTAL		

**VI. BUILDING/SITE CHARACTERISTICS** (office use only)

1. Number of Stories	
2. Height of Structure	ft.
3. Area -- Largest Floor	sq. ft.
4. New Building Area	sq. ft.
5. Volume of New Structure	cu. ft.
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved	HUD
9. Total Land Area Disturbed	sq. ft.
10. Flood Hazard Zone	
11. Base Flood Elevation	ft.
12. Wetlands	yes _____ no _____

**VII. DESCRIPTION OF BUILDING USE**

**A. RESIDENTIAL (primary use)**

1. State Specific Use: \_\_\_\_\_  
2. Use Group, Proposed: \_\_\_\_\_  
3. Change in Use Group, Indicate Present: \_\_\_\_\_  
4. No. of dwelling units: Total Units (include multi-family)  
Gained, Sale \_\_\_\_\_  
Gained, Rental \_\_\_\_\_  
Lost, Sale \_\_\_\_\_  
Lost, Rental \_\_\_\_\_

**B. NON-RESIDENTIAL (primary use)**

1. State Specific Use: \_\_\_\_\_  
2. Use Group, Proposed: \_\_\_\_\_  
3. Change in Use Group, Indicate Present: \_\_\_\_\_

**C. MIXED USE** - (List secondary use(s): \_\_\_\_\_  
Proposed \_\_\_\_\_

**D. Construct. Classification:** Present \_\_\_\_\_ Proposed \_\_\_\_\_

# Construction Permit Application F-100

This folder holds the Subcode Technical Sections and all the paperwork

Print all 3 sheets to this folder and submit 1 (one) Original of each sheet.

## How many sets of Paperwork do I need?--2 SETS

Plans, Architect/Engineer letters, riser diagrams, as-builts, shop drawings, specifications and anything else you may be submitting above and beyond the Technical Subcode Sections need to be submitted in **duplicate**.

Here's a Tip-----think of----**Builders Copy /Township Copy**

<b>BUILDERS COPY</b> <b>1 SET</b>	<b>TOWNSHIP COPY</b> <b>1 SET</b>
--------------------------------------	--------------------------------------

When your permit is issued, you will receive the Builder's Copy and we will keep the Township Copy--they are identical sets. The Builder's Copy is required to be at the worksite so inspections can be performed. If the permit is not at the site, then the inspection **cannot** be done.

### Important

The permit should always stay with the property. If the owner sells, the permit should be given to the next property owner for their records.