

BUILDING SUBCODE TECHNICAL SECTION



Date Received _____
Date Issued _____
Control # _____
Permit # _____

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block _____ Lot _____
Work Site Location _____
Owner in Fee _____
Address _____
Tel. (_____) _____
Contractor _____
Address _____
Tel. (_____) _____ Fax (_____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	_____	_____	Type: Footing	_____	_____	_____	_____
<input type="checkbox"/> All	_____	_____	Footing	_____	_____	_____	_____
<input type="checkbox"/> Footing	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/> Foundation	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/> Frame	_____	_____	Frame	_____	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	Barrier-Free	_____	_____	_____	_____
Joint Plan Review Required:	_____	_____	Insulation	_____	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator	_____	_____	Finishes	_____	_____	_____	_____
SUBCODE APPROVAL	_____	_____	Energy	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	_____	_____	Mechanical	_____	_____	_____	_____
Date: _____	_____	_____	TCO	_____	_____	_____	_____
Approved by: _____	_____	_____	Other	_____	_____	_____	_____
_____	_____	_____	Final	_____	_____	_____	_____
_____	_____	_____	Barrier-Free	_____	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____ Ft.
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1+2) \$ _____

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.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

FEE (Office Use Only)

Administrative Surcharge \$ _____
Minimum Fee \$ _____
Fee \$ _____
TOTAL FEE \$ _____

TYPE OF WORK:

New Building

Addition

Alteration

Roofing

Siding

Fence _____ Height (exceeds 6')

Sign _____ Sq. Ft.

Pool

Asbestos Abatement

Lead Haz. Abatement

Other _____

Demolition

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy