



Date Received
Date Issued
Control #
Permit #

BUILDING SUBCODE TECHNICAL SECTION

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

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

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

- New Bldg. \$ _____
- Alteration \$ _____
- 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

TYPE OF WORK:

New Building
 Addition
 Alteration
 Roofing
 Siding
 Fence _____ Height (exceeds 6')
 Sign _____ Sq. Ft.
 Pool
 Asbestos Abatement
 Lead Haz. Abatement
 Other _____
 Demolition

FEE (Office Use Only)
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

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

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