

## 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 DESIGNATION.**

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_

Work Site Location \_\_\_\_\_

Owner's File # \_\_\_\_\_ Tel. # \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Registration No. \_\_\_\_\_ Expiration Reason (if applicable) \_\_\_\_\_  
 Home Improvement Contractor Registration No. \_\_\_\_\_ Expiration Reason (if applicable) \_\_\_\_\_  
 Federal Emp. ID No. \_\_\_\_\_ FAX # \_\_\_\_\_

**C. CERTIFICATION IN LIEU OF OATH**  
 I hereby certify that I am the signer of record and am authorized to make this application.

Print name here \_\_\_\_\_  
 Title \_\_\_\_\_

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK**

TYPE OF WORK:  
 New Building  
 Addition  
 Rehabilitation  
 Renovation  
 Sprung  
 Frame  
 Frame with Mechanical  
 Remodeling  
 Scaffolding  
 Sign  
 Other \_\_\_\_\_

SEE OFFICE USE ONLY:  
 \$ \_\_\_\_\_

**ADMINISTRATIVE SURCHARGE \$ \_\_\_\_\_**  
**MINIMUM FEE \$ \_\_\_\_\_**  
**STATE PERMIT SURCHARGE FEE \$ \_\_\_\_\_**  
**TOTAL FEE \$ \_\_\_\_\_**

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	No. Plans Required	Date	Inspected	Approved	Initial
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____
16	_____	_____	_____	_____	_____
17	_____	_____	_____	_____	_____
18	_____	_____	_____	_____	_____
19	_____	_____	_____	_____	_____
20	_____	_____	_____	_____	_____
21	_____	_____	_____	_____	_____
22	_____	_____	_____	_____	_____
23	_____	_____	_____	_____	_____
24	_____	_____	_____	_____	_____
25	_____	_____	_____	_____	_____
26	_____	_____	_____	_____	_____
27	_____	_____	_____	_____	_____
28	_____	_____	_____	_____	_____
29	_____	_____	_____	_____	_____
30	_____	_____	_____	_____	_____

**B. BUILDING CHARACTERISTICS**

Use Group: \_\_\_\_\_ Pressure: \_\_\_\_\_ Proposed: \_\_\_\_\_  
 No. of Stories: \_\_\_\_\_  
 Area of Structure: \_\_\_\_\_  
 Area of Lot: \_\_\_\_\_  
 Height of Structure: \_\_\_\_\_  
 Max. Occupant Load: \_\_\_\_\_

**ADMINISTRATIVE SURCHARGE \$ \_\_\_\_\_**  
**MINIMUM FEE \$ \_\_\_\_\_**  
**STATE PERMIT SURCHARGE FEE \$ \_\_\_\_\_**  
**TOTAL FEE \$ \_\_\_\_\_**

### 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 DESIGNATION.**

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_

Work Site Location \_\_\_\_\_

Owner's File # \_\_\_\_\_ Tel. # \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Registration No. \_\_\_\_\_ Expiration Reason (if applicable) \_\_\_\_\_  
 Home Improvement Contractor Registration No. \_\_\_\_\_ Expiration Reason (if applicable) \_\_\_\_\_  
 Federal Emp. ID No. \_\_\_\_\_ FAX # \_\_\_\_\_

**C. CERTIFICATION IN LIEU OF OATH**  
 I hereby certify that I am the signer of record and am authorized to make this application.

Print name here \_\_\_\_\_  
 Title \_\_\_\_\_

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK**

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

Fire Protection Equipment: \_\_\_\_\_

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group: \_\_\_\_\_ Pressure: \_\_\_\_\_ Proposed: \_\_\_\_\_  
 No. of Stories: \_\_\_\_\_  
 Area of Structure: \_\_\_\_\_  
 Area of Lot: \_\_\_\_\_  
 Height of Structure: \_\_\_\_\_  
 Max. Occupant Load: \_\_\_\_\_

**ADMINISTRATIVE SURCHARGE \$ \_\_\_\_\_**  
**MINIMUM FEE \$ \_\_\_\_\_**  
**STATE PERMIT SURCHARGE FEE \$ \_\_\_\_\_**  
**TOTAL FEE \$ \_\_\_\_\_**

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	No. Plans Required	Date	Inspected	Approved	Initial
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____
16	_____	_____	_____	_____	_____
17	_____	_____	_____	_____	_____
18	_____	_____	_____	_____	_____
19	_____	_____	_____	_____	_____
20	_____	_____	_____	_____	_____
21	_____	_____	_____	_____	_____
22	_____	_____	_____	_____	_____
23	_____	_____	_____	_____	_____
24	_____	_____	_____	_____	_____
25	_____	_____	_____	_____	_____
26	_____	_____	_____	_____	_____
27	_____	_____	_____	_____	_____
28	_____	_____	_____	_____	_____
29	_____	_____	_____	_____	_____
30	_____	_____	_____	_____	_____

**ADMINISTRATIVE SURCHARGE \$ \_\_\_\_\_**  
**MINIMUM FEE \$ \_\_\_\_\_**  
**STATE PERMIT SURCHARGE FEE \$ \_\_\_\_\_**  
**TOTAL FEE \$ \_\_\_\_\_**

### 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 DESIGNATION.**

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_

Work Site Location \_\_\_\_\_

Owner's File # \_\_\_\_\_ Tel. # \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Registration No. \_\_\_\_\_ Expiration Reason (if applicable) \_\_\_\_\_  
 Home Improvement Contractor Registration No. \_\_\_\_\_ Expiration Reason (if applicable) \_\_\_\_\_  
 Federal Emp. ID No. \_\_\_\_\_ FAX # \_\_\_\_\_

**C. CERTIFICATION IN LIEU OF OATH**  
 I hereby certify that I am the signer of record and am authorized to make this application.

Print name here \_\_\_\_\_  
 Title \_\_\_\_\_

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK**

ITEMS:  
 Lighting Fixtures  
 Receptacles  
 Switches  
 Disconnects  
 Light Poles  
 Motors - Fixed HP  
 Emergency & Exit Lights  
 Communications Panels  
 Alarm Devices/A.C. Panel

**B. ELECTRICAL CHARACTERISTICS**

Use Group: \_\_\_\_\_ Pressure: \_\_\_\_\_ Proposed: \_\_\_\_\_  
 No. of Stories: \_\_\_\_\_  
 Area of Structure: \_\_\_\_\_  
 Area of Lot: \_\_\_\_\_  
 Height of Structure: \_\_\_\_\_  
 Max. Occupant Load: \_\_\_\_\_

**ADMINISTRATIVE SURCHARGE \$ \_\_\_\_\_**  
**MINIMUM FEE \$ \_\_\_\_\_**  
**STATE PERMIT SURCHARGE FEE \$ \_\_\_\_\_**  
**TOTAL FEE \$ \_\_\_\_\_**

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	No. Plans Required	Date	Inspected	Approved	Initial
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____
16	_____	_____	_____	_____	_____
17	_____	_____	_____	_____	_____
18	_____	_____	_____	_____	_____
19	_____	_____	_____	_____	_____
20	_____	_____	_____	_____	_____
21	_____	_____	_____	_____	_____
22	_____	_____	_____	_____	_____
23	_____	_____	_____	_____	_____
24	_____	_____	_____	_____	_____
25	_____	_____	_____	_____	_____
26	_____	_____	_____	_____	_____
27	_____	_____	_____	_____	_____
28	_____	_____	_____	_____	_____
29	_____	_____	_____	_____	_____
30	_____	_____	_____	_____	_____

**ADMINISTRATIVE SURCHARGE \$ \_\_\_\_\_**  
**MINIMUM FEE \$ \_\_\_\_\_**  
**STATE PERMIT SURCHARGE FEE \$ \_\_\_\_\_**  
**TOTAL FEE \$ \_\_\_\_\_**


### 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.



**PLUMBING SUBCODE TECHNICAL SECTION**

**A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-272-1332.**

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
 Work Site Location \_\_\_\_\_

Owner: First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Tel \_\_\_\_\_ e-mail \_\_\_\_\_  
 Address \_\_\_\_\_  
 Contractor: Name \_\_\_\_\_ 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 \_\_\_\_\_  
 Heating System: Hot Water \_\_\_\_\_ Cold Water \_\_\_\_\_ Pressure \_\_\_\_\_  
 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	Shut					
<input type="checkbox"/> Partial Undermined Utilities Approved	Shut					
Date _____ Approved by _____	Water					
<input type="checkbox"/> Plumbing Plans Approved	Sewer					
Date _____ Approved by _____	Fixtures					
Joint Plan Review Required	Gas Equipment					
<input type="checkbox"/> [Shut] <input type="checkbox"/> [Elec.] <input type="checkbox"/> [Fire] <input type="checkbox"/> [Elev.]	LPG Gas					
<b>SUBCODE APPROVAL FOR PERMIT</b>	Gas Piping					
Date _____ Approved by _____	LPG Tank					
<b>SUBCODE APPROVAL BY CERTIFICATE</b>	Fuel Oil Piping					
<input type="checkbox"/> [GD] <input type="checkbox"/> [CCD] <input type="checkbox"/> [CA]	Solar					
Date _____ Approved by _____	Water Service Connection					
	Stacks					
	Other					

**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 the application.  
 Applicant sign/Contractor sign and seal here \_\_\_\_\_  
 Print name here \_\_\_\_\_  
 Licensed Contractor  Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK \_\_\_\_\_

QTY	FEATURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	\$ _____
_____	Water/Bidet	\$ _____
_____	Bath Tub	\$ _____
_____	Lavatory	\$ _____
_____	Shower	\$ _____
_____	Floor Drain	\$ _____
_____	Sink	\$ _____
_____	Dishwasher	\$ _____
_____	Drinking Fountain	\$ _____
_____	Washing Machine	\$ _____
_____	Hot Water	\$ _____
_____	Fuel Oil Piping	\$ _____
_____	Gas Piping	\$ _____
_____	LPG Tank	\$ _____
_____	Steam Boiler	\$ _____
_____	Hot Water Boiler	\$ _____
_____	Sewer Pump	\$ _____
_____	Intercom/Separator	\$ _____
_____	Backflow Preventer	\$ _____
_____	Generator	\$ _____
_____	Sewer Connection	\$ _____
_____	Water Service Connection	\$ _____
_____	Stacks	\$ _____
_____	Other	\$ _____

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

UCC Form 1001 (01/15)

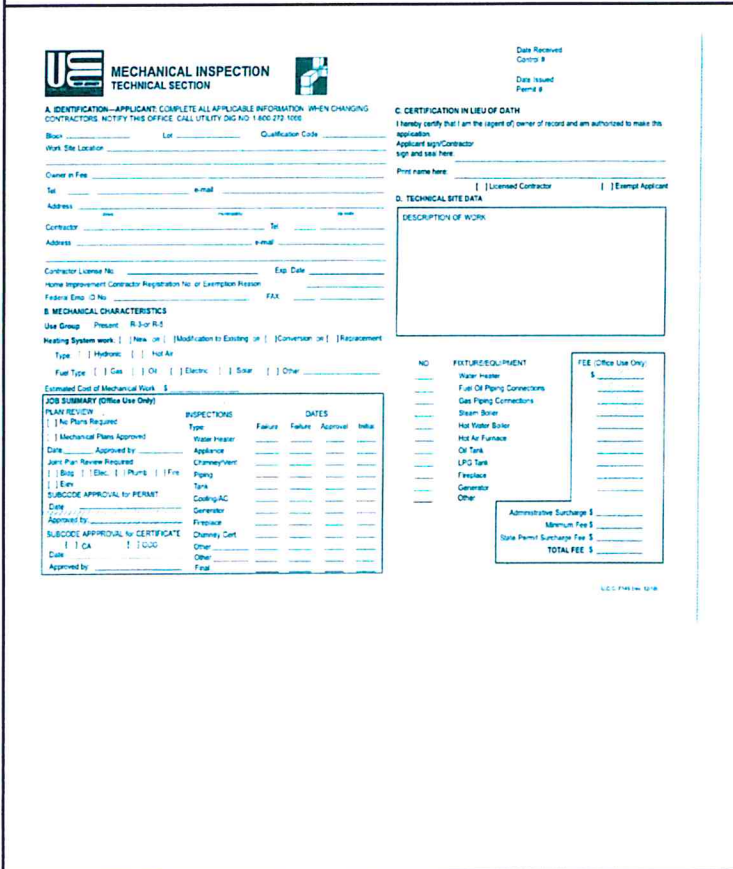
**Plumbing Subcode Technical Section F-130**

**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.



**MECHANICAL INSPECTION TECHNICAL SECTION**

**A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-272-1332.**

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
 Work Site Location \_\_\_\_\_

Owner: First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Tel \_\_\_\_\_ e-mail \_\_\_\_\_  
 Address \_\_\_\_\_  
 Contractor: Name \_\_\_\_\_ 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-2 \_\_\_\_\_  
 Heating System work: New on \_\_\_\_\_ Modification to Existing on \_\_\_\_\_ Conversion on \_\_\_\_\_ Replacement on \_\_\_\_\_  
 Type:  Hydronic  Hot Air  
 Fuel Type:  Gas  Oil  Electric  Solar  Other \_\_\_\_\_

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

**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"/> [Shut] <input type="checkbox"/> [Elec.] <input type="checkbox"/> [Fire] <input type="checkbox"/> [Elev.]	Tank					
<b>SUBCODE APPROVAL FOR PERMIT</b>	Cooling/AC					
Date _____ Approved by _____	Generator					
<b>SUBCODE APPROVAL BY CERTIFICATE</b>	Fireplace					
<input type="checkbox"/> [CA] <input type="checkbox"/> [CCD]	Chimney Cert					
Date _____ Approved by _____	Other					
	Final					

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

QTY	FEATURE/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 \$ \_\_\_\_\_**

UCC Form 1002 (01/15)

**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 (S, T, E) \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

**CONSTRUCTION PERMIT APPLICATION**

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

**I. IDENTIFICATION**

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

2. Name of Owner in Fee \_\_\_\_\_  
 Tel. \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Ownership in Fee: Public \_\_\_\_\_ Private \_\_\_\_\_  
 4. Principal Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

License No. OR, if new home, Subdiv. Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_  
 Federal Emp. ID No. \_\_\_\_\_ FAX \_\_\_\_\_

5. Architect or Engineer: \_\_\_\_\_ Contact \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Tel. \_\_\_\_\_ FAX \_\_\_\_\_ e-mail \_\_\_\_\_

6. Responsible Person in Charge (work must have begun): \_\_\_\_\_  
 Tel. \_\_\_\_\_ FAX \_\_\_\_\_

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

	Update	Update
1. Building		
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Erosion Control		
6. Subcode		
7. Late 20th. Century State Fee - Review		
8. Annual		
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. Total Floor Area	_____ sq. ft.
5. Volume of New Structure	_____ cu. ft.
6. Max. Live Load	_____ psf.
7. Max. Occupancy Load	_____ persons
8. # of Impoundment Buildings	_____ (State Approved) _____ H.C.D.
9. Total Land Area Disturbed	_____ sq. ft.
10. Flood Hazard Zone	_____
11. Base Flood Elevation	_____ ft.
12. Wetlands	_____ ac.

**III. PROPOSED WORK**

Minor Alter.	New Building	Addition	Demolition
Repair	Alteration	Removal	Reconstruction
Alteration Add'l. N. 207.8	Learn Hazard Statement	Radon Remediation	Annual Permit

**FOR OFFICE USE ONLY**

Subcode	Est. Cost	Plan. Fee	Permit Fee	Review Fee	Approval Fee	Inspection Fee	Final Fee
Building							
Electrical							
Plumbing							
Fire Protection							
Erosion							
TOTAL COST							

**IV. DESCRIPTION OF BUILDING USE**

A. RESIDENTIAL (generally used)

- State Specific Use
- Use Group Proposed
- Change in Use Group (Indicate Present)
- No. of dwelling units (Equal Units Allowed) (Indicate Present)
- Garage, Rental, Lot, Lease, Lot, Rental

B. NONRESIDENTIAL (generally used)

- State Specific Use
- Use Group Proposed
- Change in Use Group (Indicate Present)
- Special Use (List secondary uses)
- Commutal Classification (Present/Proposed)

**III. PLAN REVIEW (optional)**

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

1. Asbestos	2. Lead-based Paint	3. Radon	4. Refrigeration Systems	5. Smoke Control Systems in Open Wells	6. Fire Alarm
7. High Pressure Boilers	8. Hazardous Use/Storage of Asbestos	9. Scaffolding/Scaffolding	10. Underground Storage Tanks	11. Swimming Pools, Spas and Hot Tubs	12. LPS in Tanks

**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.