



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. _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group	Present _____	Proposed _____	Est. Cost of Bldg. Work:
Constr. Class	Present _____	Proposed _____	1. New Bldg. \$ _____
No. of Stories	_____	_____	2. Alteration \$ _____
Height of Structure	_____ Ft.	_____	3. Total (1+2) \$ _____
Area — Largest Floor	_____ Sq. Ft.	_____	
New Bldg. Area/All Floors	_____ Sq. Ft.	_____	
Volume of New Structure	_____ Cu. Ft.	_____	
Total Land Area Disturbed	_____ Sq. Ft.	_____	

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 _____

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