



Date Issued  
Permit #

Federal Emp. ID No. \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

### **JOB SUMMARY (Office Use Only)**

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

## B. BUILDING CHARACTERISTICS

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

3. Total (1+ 2)      \$ \_\_\_\_\_

## DESCRIPTION OF WORK

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence \_\_\_\_\_ Height (exceeds 6')
- [ ] Sign \_\_\_\_\_ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall \_\_\_\_\_ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other \_\_\_\_\_
- [ ] Demolition

## FEE (Office Use Only)

\$ \_\_\_\_\_

|                            |           |  |
|----------------------------|-----------|--|
| Administrative Surcharge   | \$        |  |
| Minimum Fee                | \$        |  |
| State Permit Surcharge Fee | \$        |  |
| <b>TOTAL FEE</b>           | <b>\$</b> |  |

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.