



# BUILDING SUBCODE TECHNICAL SECTION



Date Received: 10/17/2008  
 Application No.: 00018-07  
 Date Issued: N/A  
 Version: Base

**A. IDENTIFICATION-APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 3 Lot 1 Qualification Code \_\_\_\_\_

**Work Site Location** 140 WILLOW AVE

**Owner in Fee** HART, WILLIAM J & EVE

Address P O BOX 7, BLOOMSBURY, NJ 08804

Owner Telephone (908) 479-1344 E-mail \_\_\_\_\_

**Contractor** HOMEOWNER

Address \_\_\_\_\_

Contractor Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Imprv. Reg No. Homeowner

Exempt Reason: \_\_\_\_\_

Federal Emp ID No. \_\_\_\_\_ FAX \_\_\_\_\_

**Responsible Person** \_\_\_\_\_

Telephone \_\_\_\_\_

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW	Date	Initial	Type:	Failure	Approval	Initial
<input checked="" type="checkbox"/> No Plans Required	_____	_____	Footing	_____	_____	_____
<input type="checkbox"/> Footing/Foundations	_____	_____	Footing Bonding	_____	_____	_____
<input type="checkbox"/> Structural/Framework	_____	_____	Foundation	_____	_____	_____
<input type="checkbox"/> Exterior	_____	_____	Slab	_____	_____	_____
<input type="checkbox"/> Interior	_____	_____	Frame	_____	_____	_____
<input type="checkbox"/> Building Plans	_____	_____	Frame, Truss System/	_____	_____	_____
Joint Plan Review Required: <input type="checkbox"/> Electrical	_____	_____	Frame, Barrier-Free	_____	_____	_____
<input type="checkbox"/> Plum. <input type="checkbox"/> Fire <input type="checkbox"/> Mech. <input type="checkbox"/> Elevator	_____	_____	Insulation	_____	_____	_____
SUBCODE APPROVAL for PERMIT	_____	_____	Finishes, Base Layer	_____	_____	_____
Date: <u>October 17, 2008</u>	_____	_____	Finishes, Final	_____	_____	_____
Approved by: <u>PAUL</u>	_____	_____	Energy	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	_____	_____	Mechanical	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCL <input type="checkbox"/> CA	_____	_____	TCO	_____	_____	_____
Date: _____	_____	_____	Other	_____	_____	_____
Approved by: _____	_____	_____	Final	_____	_____	_____
	_____	_____	Final, Barrier-Free	_____	_____	_____

**B. BUILDING CHARACTERISTICS**

Code/Use Group: Present ICC R-5

Proposed ICC R-5

Construction Class: Present VB

Proposed VB

Number of Stories \_\_\_\_\_

If Industrialized Building:

Height of Structure \_\_\_\_\_

State Approved \_\_\_\_\_ HUD \_\_\_\_\_

Area - Largest Floor \_\_\_\_\_

**Estimated Cost of Building Work:**

New Building Area \_\_\_\_\_

1. New Bldg. \_\_\_\_\_ \$9,000

Volume of New Structure \_\_\_\_\_

2. Rehabilitation \_\_\_\_\_ \$0

Max. Live Load \_\_\_\_\_

3. Total (1 + 2) \_\_\_\_\_ \$9,000

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

**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's Signature/Contractor's Signature

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**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
ADD OPEN PORCH, FINISH ENCLOSED PORCH/SUNPORCH ROOFING AND SIDING

Qty/Size and/or Cost	Type of Work	Fee Amount
\$1,000.00	Roofing	\$46.00
\$1,000.00	Siding	\$46.00
\$7,000.00	Deck or Balcony	\$168.00
	Administrative Fee	\$0.00
	Total Subcode Fee	\$260.00
		\$260.00

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