

BUILDING SUBCODE TECHNICAL SECTION



Date Received
 Date Issued
 Control #
 Permit #

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 Bids. Reg. No. _____
 Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
 2. Alteration \$ _____
 3. 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 _____
- Sign _____
- Pool _____
- Asbestos Abatement
- Lead Haz. Abatement
- Other _____
- Demolition

Height (exceeds 6')
 Sq. Ft.

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