NORTHEAST INSPECTION CONSULTANT
WE ARE LOCAL. WE LIVE LOCAL. WE WORK LOCAL.

MUNICIPALITY _____

BUILDING SUBCODE

FILL OUT ALL DASHED LINED SECTIONS

DATE RECEIVED
DATE ISSUED
PERMIT #

R/N
R/O
C/N
C/O

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Work Site Location _____

Owner _____

Address _____

Telephone (____) _____

Email _____

Contractor _____

Address _____

Telephone (_____) _____ Fax(_____) _____

Email _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

JOB SUMMARY (OFFICE USE ONLY)

PLAN REVIEW	Date	Initial	
☐ No Plans Required	____	____	TYPE:
☐ All	____	____	
☐ Footing	____	____	
☐ Foundation	____	____	
☐ Frame	____	____	
☐ Other	____	____	

JOINT PLAN REVIEW REQUIRED:
☐ELEC ☐PLUMB. ☐FIRE

SUBCODE APPROVAL
☐CO ☐CCO ☐CA

DATE: _____

APPROVED BY:

_____

TYPE OF WORK:

- ☐ NEW BUILDING
- ☐ ADDITION
- ☐ ALTERATION
  - ☐ ROOFING
  - ☐ FENCE HEIGHT (EXCEEDS 6 FEET)
  - ☐ SIGN SQ.FT.
  - ☐ POOL _____
  - ☐ ASBESTOS/LEAD ABATEMENT
  - ☐ OTHER
- ☐ DEMOLITION

FEE (OFFICE USE ONLY)

$ _____

PLAN REVIEW $ _____
ADMINISTRATIVE CHARGE $ _____
UCC INSPECTION $ _____
PA L&I $ _____
TOTAL $ _____

B. BUILDING CHARACTERISTICS

PRESENT USE _____

PROPOSED USE _____

NUMBER OF STORIES _____

HEIGHT OF STRUCTURE _____FT

BUILDING AREA/ ALL FLOORS _____SQ FT

EST. COST OF BUILDING WORK:

1. NEW BUILDING $
2. ALTERATION $
3. TOTAL (1 + 2) $

C. CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION

_____
SIGNATURE DATE