

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 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)			
[] No Plans Required	_____	_____	Type:	Failure	Failure	Approval	Initial
[] All	_____	_____	Footing	_____	_____	_____	_____
[] Footing	_____	_____	Foundation	_____	_____	_____	_____
[] Foundation	_____	_____	Slab	_____	_____	_____	_____
[] Frame	_____	_____	Frame	_____	_____	_____	_____
[] Other	_____	_____	Barrier-Free	_____	_____	_____	_____
Joint Plan Review Required:			Insulation	_____	_____	_____	_____
[] Elec.	[] Plumb.	[] Fire	[] Elevator	Finishes	_____	_____	_____
SUBCODE APPROVAL			Energy	_____	_____	_____	_____
[] CO	[] CCO	[] CA	Mechanical	_____	_____	_____	_____
Date: _____			TCO	_____	_____	_____	_____
Approved by: _____			Other	_____	_____	_____	_____
			Final	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____

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)

\$ _____

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

Administrative Surcharge \$ _____

Minimum Fee \$ _____

Fee \$ _____

TOTAL FEE \$ _____

- 1 White = Inspector Copy
- 2 Canary = Office Copy
- 3 Pink = Office Copy
- 4 Gold = Applicant Copy