

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	Failure	Approval	Initial
			Type:				
<input type="checkbox"/> No Plans Required			Footings				
<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	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 _____ Height (exceeds 6') _____ Sq. Ft.
- Sign _____ Sq. Ft.
- Pool
- Asbestos Abatement
- Lead Haz. Abatement
- Other _____
- Demolition

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