

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. _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)						
PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
<input type="checkbox"/> No Plans Required	___/___/___	___	Type:	Failure	Failure	Approval
<input type="checkbox"/> All	___/___/___	___	Footing	___	___	___
<input type="checkbox"/> Footing	___/___/___	___	Foundation	___	___	___
<input type="checkbox"/> Foundation	___/___/___	___	Slab	___	___	___
<input type="checkbox"/> Frame	___/___/___	___	Frame	___	___	___
<input type="checkbox"/> Other	___/___/___	___	Barrier-Free	___	___	___
Joint Plan Review Required:			Insulation	___	___	___
<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire	Finishes	___	___	___
<input type="checkbox"/> Elevator			Energy	___	___	___
SUBCODE APPROVAL			Mechanical	___	___	___
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	FCO	___	___	___
Date: _____			Other	___	___	___
Approved by: _____			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

