

Applicant Cell #: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

# 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)			
<input type="checkbox"/> No Plans Required	_____	_____	Type:	Failure	Failure	Approval	Initial
<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 <input type="checkbox"/> Elevator			Finishes	_____	_____	_____	_____
SUBCODE APPROVAL			Energy	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> 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

3 Pink = Office Copy

2 Canary = Office Copy

4 Gold = Applicant Copy