

# 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      2 Canary = Office Copy  
3 Pink = Office Copy          4 Gold = Applicant Copy