



Date Received
Date Issued
Control #
Permit #

BUILDING SUBCODE TECHNICAL SECTION

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)	Approval	Initial
<input type="checkbox"/> No Plans Required	_____	_____	Type: Footing	Failure	_____	_____
<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 <input type="checkbox"/> Elevator	_____	_____	Energy	_____	_____	_____
SUBCODE APPROVAL	_____	_____	Mechanical	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	_____	_____	TCO	_____	_____	_____
Date: _____	_____	_____	Other	_____	_____	_____
Approved by: _____	_____	_____	Final	_____	_____	_____
	_____	_____	Barrier-Free	_____	_____	_____

TYPE OF WORK:

- New Building
 - Addition
 - Alteration
 - Roofing
 - Siding
 - Fence
 - Sign
 - Pool
 - Asbestos Abatement
 - Lead Haz Abatement
 - Other
 - Demolition
- Height (exceeds 6') _____ Sq Ft _____

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

Fee \$ _____

TOTAL FEE \$ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

Const. Class Present _____ Proposed _____

No. of Stories _____ Ft _____

Height of Structure _____ Sq Ft _____

Area — Largest Floor _____ Sq Ft _____

New Bldg Area/All Floors _____ Cu. Ft _____

Volume of New Structure _____ Sq. Ft _____

Total Land Area Disturbed _____

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 _____

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