

# 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

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.	Finishes	_____	_____	_____
<input type="checkbox"/>	Fire	<input type="checkbox"/>	Elevator	Energy	_____	_____	_____
SUBCODE APPROVAL				Mechanical	_____	_____	_____
<input type="checkbox"/>	CO	<input type="checkbox"/>	CCO	TCO	_____	_____	_____
<input type="checkbox"/>	CA			Other	_____	_____	_____
Date: _____				Final	_____	_____	_____
Approved by: _____				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