

BUILDING SUBCODE TECHNICAL SECTION



Date Received _____
Control # _____
Date Issued _____
Permit # _____

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block _____ Lot _____
Work Site Location _____

Owner in Fee: _____
Address _____

Tel. (_____) _____
Contractor: _____
Address _____

Tel. (_____) _____ FAX: _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. ID No. _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
[] No Plans Required	_____	_____	Type:	_____	Failure	Approval
[] All	_____	_____	Footing	_____	_____	_____
[] Footings	_____	_____	Foundation	_____	_____	_____
[] Foundation	_____	_____	Slab	_____	_____	_____
[] Frame	_____	_____	Frame	_____	_____	_____
[] Other	_____	_____	Barrier-Free	_____	_____	_____
Joint Plan Review Required:			Insulation	_____	_____	_____
[] Elec. [] Plumb. [] Fire [] Elevator			Finishes	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE			Energy	_____	_____	_____
[] CO [] CCO [] 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. Rehabilitation \$ _____
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 \$ _____