



# HOW TO COMPLETE A BUILDING SUBCODE APPLICATION



**BUILDING SUBCODE  
TECHNICAL SECTION**



Date Received  
Control #

Date Issued  
Permit #

**A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.**

1 Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_

2 Work Site Location \_\_\_\_\_

3 Owner in Fee: \_\_\_\_\_

3 Tel. (\_\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

4 Address \_\_\_\_\_

4 Contractor: \_\_\_\_\_ Tel. (\_\_\_\_\_) \_\_\_\_\_

4 Address \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. or Builder Registration No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

**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.

7 Signature \_\_\_\_\_

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

8

JOB SUMMARY (Office Use Only)		PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Date	Initial	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	_____	_____	Footing	_____	_____	_____	_____
<input type="checkbox"/> All	_____	_____	Footing Bonding	_____	_____	_____	_____
<input type="checkbox"/> Footings/Foundations	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/> Structural/Framework	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/> Exterior	_____	_____	Frame	_____	_____	_____	_____
<input type="checkbox"/> Interior	_____	_____	Truss Sys./Bracing	_____	_____	_____	_____
Joint Plan Review Required:		_____	Barrier-Free	_____	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator	_____	_____	Insulation	_____	_____	_____	_____
SUBCODE APPROVAL FOR PERMIT		_____	Finishes -Base Layer	_____	_____	_____	_____
Date: _____	_____	_____	Finishes -Final	_____	_____	_____	_____
Approved by: _____		_____	Energy	_____	_____	_____	_____
SUBCODE APPROVAL FOR CERTIFICATE		_____	Mechanical	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	_____	_____	TCO	_____	_____	_____	_____
Date: _____	_____	_____	Other	_____	_____	_____	_____
Approved by: _____		_____	Final	_____	_____	_____	_____
_____		_____	Barrier-Free	_____	_____	_____	_____

**B. BUILDING CHARACTERISTICS**

5 Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_ Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_

No. of Stories \_\_\_\_\_ If Industrialized Building: \_\_\_\_\_

Height of Structure \_\_\_\_\_ ft. State Approved \_\_\_\_\_ HUD \_\_\_\_\_

Area — Largest Floor \_\_\_\_\_ sq. ft. Est. Cost of Bldg. Work:

New Bldg. Area/All Floors \_\_\_\_\_ sq. ft. 1. New Bldg. \$ \_\_\_\_\_

Volume of New Structure \_\_\_\_\_ cu. ft. 2. Rehabilitation \$ \_\_\_\_\_

Max. Live Load \_\_\_\_\_ 3. Total (1+ 2) \$ \_\_\_\_\_

Max. Occupancy Load \_\_\_\_\_

U.C.C. F110 (rev. 12/07)

1 White = Inspector Copy      2 Canary = Office Copy

3 Pink = Office Copy          4 Gold = Applicant Copy

**FEE (Office Use Only)**

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

**TOTAL FEE \$ \_\_\_\_\_**

9

## Building (F110)

- Block and Lot of the property goes here. (This is the same information from the Construction Permit Application F100 at the top of this document)
- The street address of the property being worked on goes here.
- The property owner's name (Owner in Fee), mailing address (if different than the work site address), telephone number and email address go here.
- The Contractor's business name, address, telephone number, email address, Home Improvement Contractor's registration number/expiration date, and Federal Employer ID Number go here. For new homes, fill in the Builder's Registration Number.
  - \* If you are doing the work yourself and you are the owner AND the property is owner occupied, write "Owner."
- Building Characteristics: Use Group is "R-5" for single family residential dwellings. Construction Classification is VB for wood frame structures. Use groups and construction classifications other than single family residential should be listed on your plans. Fill in the other information asked for in this section only for additions and new construction.
- Estimated cost of Work: This amount should be the cost of materials plus the amount a contractor would charge for labor, even if you're doing the work yourself. You may exclude from this amount items not covered by the building code such as painting, trimwork, kitchen cabinetry. The State of New Jersey requires this amount to be as accurate as possible; if these

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numbers are not realistic your permit application will be denied.

Line 1 – for additions and new construction. Line 2 – for everything else. Line 3 – total the two figures.

7. The signature of the owner or contractor goes here.
8. A brief but complete description of the work goes here. Example: 12' x 22' rear deck; Kitchen renovation and remove wall; Renovate 3-fixture bath; Add 2-fixture bath to basement; etc.
9. Type of work gets checked off here. **TIP:** Renovations are considered "Rehabilitation."