# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received 1/5/2007
Control #
Date Issued 1/5/2007
Permit # 06-0437+I

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

Block 212 Lot 25.01 Qualification Code

Work Site Location: 50 STIRLING ROAD WARREN , NJ

Owner in Fee: WARREN CATERING

Address 50 STIRLING ROAD JERSEY CITY NJ 07305-

Tel. 201/7610025 Email

Contractor: BLACK DOG CONSTRUCTION

Address 675 GARFIELD AVENUE JERSEY CITY NJ 07305-

Email

Tel. 908/4771993 Fax. / -

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. -

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| ☐ No Plan Required | | |
| ☐ All | | |
| ☐ Footing/Foundation | | |
| ☐ Struct/Framework | | |
| ☐ Exterior | | |
| ☐ Interior | | |

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

| INSPECTIONS | | Dates (Month/Day) | | |
|---|---|---|---|---|
| Type: | Failure | Failure | Approval | Initial |
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes-Base Layer | | | | |
| Finishes-Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| Barrier-Free | | | | |

**B. BUILDING CHARACTERISTICS**

Use Group Present Proposed

Constr. Class Present Proposed

Number of Stories

Height of Structure Ft.

Area - Largest Floor Sq. Ft.

New Blbg. Area / All Floors Sq. Ft.

Volume of New Structure Cu. Ft.

Total Land Area Disturbed Sq. Ft.

If Industrial Building:
State Approved
HUD

**Est. Cost of Bldg. Work:**
1. New Bldg.
2. Rehabilitation $1
3. Total (1+2) $1

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application.

Signature

Print Name Here:

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

PLAN REVISION

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☑ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence Height (exceeds 6')
- ☐ Sign Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

| | |
|---|---|
| Administrative Surcharge | |
| Minimum Fee | $50 |
| State Permit Surcharge Fee | |
| TOTAL FEE | $50 |

U.C.C F110 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.