



BUILDING SUBCODE TECHNICAL SECTION



Date Received 6/21/2007
Control # _____
Date Issued 6/21/2007
Permit # 06-0437+R

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 46 ARLINGTON AVE. JERSEY CITY NJ 07305-

Email _____

Tel. 201/7610025 Fax. / -

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

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

Federal Emp. ID No. -

C. CERTIFICATION IN LIEU OF OATH

I hereby certify 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)

_____ \$44

Administrative Surcharge _____
Minimum Fee _____ \$50
State Permit Surcharge Fee _____ \$3
TOTAL FEE _____ \$53

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

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 _____ If Industrial Building: _____

Constr. Class Present _____ Proposed _____ State Approved _____

Number of Stories _____ HUD _____

Height of Structure _____ Ft. **Est. Cost of Bldg. Work:**

Area - Largest Floor _____ Sq. Ft. 1. New Bldg. _____

New Bldg. Area / All Floors _____ Sq. Ft. 2. Rehabilitation \$2,000

Volume of New Structure _____ Cu. Ft. 3. Total (1+2) \$2,000

Total Land Area Disturbed _____ Sq. Ft.

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.