



# BUILDING SUBCODE TECHNICAL SECTION



Date Received 11/28/2005  
Control # \_\_\_\_\_  
Date Issued 11/28/2005  
Permit # 05-1043

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

Block 212 Lot 20.01 Qualification Code \_\_\_\_\_

Work Site Location: 50 STIRLING RD. , NJ

Owner in Fee: WARREN CATERING LLC

Address 675 GARFIELD AVE JERSEY CITY NJ -

Tel. 201/7610025 Email \_\_\_\_\_

Contractor: BLACK DOG CONSTRUCTION

Address 46 ARLINGTON AVE JERSEY CITY NJ -

Email \_\_\_\_\_

Tel. / - 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. 76-0772762

## 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

RENOVATION

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)

\_\_\_\_\_ \$200

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

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

State Permit Surcharge Fee \$14

TOTAL FEE \$214

## 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 \_\_\_\_\_ 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 \$10,000

Volume of New Structure \_\_\_\_\_ Cu. Ft. 3. Total (1+2) \$10,000

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.