



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

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

Max. Occupancy Load

3. Total (1 + 2)      \$ \_\_\_\_\_

U.C.C. F110  
(rev. 12/25)

Print name here:

## DESCRIPTION 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

[illegible]

Administrative Surcharge \$	
Minimum Fee \$	
State Permit Surcharge Fee \$	
TOTAL FEE \$	

1 White= Inspector Copy  
3 Pink = Office Copy

2 Canary = Office Copy  
4 Gold = Applicant Copy

Date Received

Control #

Date Issued

Permit #