



Borough of Maywood
15 Park Avenue
Maywood, N.J. 07607



**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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel. (_____) _____

Contractor _____

Address _____

Tel. (_____) _____ FAX (_____) _____

Contractor License No. or Builder Registration No. _____

Federal Emp. No. _____

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.

Signature _____ 3 copies needed for filing

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
 Constr. Class Present _____ Proposed _____
 No. of Stories _____
 Height of Structure _____ Ft.
 Area — Largest Floor _____ Sq. Ft.
 New Bldg. Area/All Floors _____ Sq. Ft.
 Volume of New Structure _____ Cu. Ft.
 Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
 2. Rehabilitation \$ _____
 3. Total (1+2) \$ _____

TYPE OF WORK:
 New Building
 Addition
 Rehabilitation
 Roofing
 Siding
 Fence _____ Height (exceeds 6')
 Sign _____ Sq. Ft.
 Pool
 Asbestos Abatement Subchapter 8
 Lead Haz. Abatement NJAC 5:17
 Other _____
 Demolition

Administrative Surcharge \$ _____	Fee (Office Use Only)
Minimum Fee \$ _____	\$ _____
State Permit Surcharge Fee \$ _____	_____
TOTAL FEE \$ _____	_____