



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 17 Vanreipen

Owner in Fee: 17 Vanreipen LLC

Tel. 7328959629 e-mail Charlesherring2012@gmail.com

Address 22 Forrest lane Monroe Nj

Contractor: Green Home Builders Tel. 7328959629

Address 22 Forrest lane e-mail _____

Contractor License No. or Builder Registration No. 13vh07772000 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. **Est. Cost of Bldg. Work:**

New Bldg. Area/All Floors _____ sq. ft. 1. New Bldg. \$ _____

Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ _____

Max. Live Load _____ 3. Total (1+ 2) \$ _____ 0

Max. Occupancy Load _____

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.

Sign here: _____

Print name here: Sunny Singh

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Demolish existing residential property

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 \$ _____
 State Permit Surcharge Fee \$ _____
 TOTAL FEE \$ _____