

BOROUGH OF HELMETTA
CONSTRUCTION DEPARTMENT
 60 MAIN STREET - PO BOX 378
 HELMETTA, NJ 08828
 732-521-0386 - FAX: 732-521-1263.



BUILDING
SUBCODE
TECHNICAL SECTION

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

Block _____ Lot _____
 Work Site Location _____

Owner In Fee _____
 Address _____

Tele. (____) _____
 Contractor _____
 Address _____

Fax (____) _____
 Lic. No. or Bldrs. Reg. No. _____
 Federal Emp. No. _____

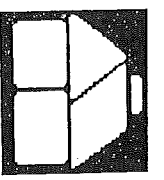
JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW	Date	Initial	Type:	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required			Footing			
<input type="checkbox"/> All			Foundation			
<input type="checkbox"/> Footing			Slab			
<input type="checkbox"/> Foundation	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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
 Constr. Class Present _____ Proposed _____
 No. of Stories _____ Ft. _____
 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. Alteration \$ _____
 3. Total (1+ 2) \$ _____



Date Received _____
 Date Issued _____
 Control # _____
 Permit # _____

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 _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:	Height (exceeds 6')	Sq. Ft.	FEE (Office Use Only)
<input type="checkbox"/> New Building			\$ _____
<input type="checkbox"/> Addition			\$ _____
<input type="checkbox"/> Alteration			\$ _____
<input type="checkbox"/> Roofing			\$ _____
<input type="checkbox"/> Siding			\$ _____
<input type="checkbox"/> Fence			\$ _____
<input type="checkbox"/> Sign			\$ _____
<input type="checkbox"/> Pool			\$ _____
<input type="checkbox"/> Asbestos Abatement Subchapter 8			\$ _____
<input type="checkbox"/> Lead Haz. Abatement NJAC 5:17			\$ _____
<input type="checkbox"/> Other			\$ _____
<input type="checkbox"/> Demolition			\$ _____

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
DCA Training Fee	\$ _____
TOTAL FEE	\$ _____

UCC/PRO F-110 (REV 3/96)
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1 White = Inspector Copy
 2 Canary = Office Copy
 3 Pink = Office Copy
 4 Gold = Applicant Copy