

BOROUGH OF LAWNSIDE  
CONSTRUCTION CODE DEPT.  
4 DOUGLAS AVENUE  
LAWNSIDE, NJ 08045  
(856) 573-6200



**BUILDING  
SUBCODE  
TECHNICAL SECTION**



Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Control # \_\_\_\_\_  
Permit # \_\_\_\_\_

**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 \_\_\_\_\_  
Tele. (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
Lic. No. or Bldrs. Reg. 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 \_\_\_\_\_

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	_____	_____	Type: _____	_____	_____	_____
<input type="checkbox"/> All	_____	_____	Footing	_____	_____	_____
<input type="checkbox"/> Footing	_____	_____	Foundation	_____	_____	_____
<input type="checkbox"/> Foundation	_____	_____	Slab	_____	_____	_____
<input type="checkbox"/> Frame	_____	_____	Frame	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	Barrier-Free	_____	_____	_____
Joint Plan Review Required:	_____	_____	Insulation	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator	_____	_____	Finishes	_____	_____	_____
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 _____	Est. Cost of Bldg. Work:
Constr. Class	Present _____	Proposed _____	1. New Bldg. \$ _____
No. of Stories	_____	_____	2. Alteration \$ _____
Height of Structure	_____ Ft.	_____	3. Total (1+2) \$ _____
Area — Largest Floor	_____ Sq. Ft.	_____	
New Bldg. Area/All Floors	_____ Sq. Ft.	_____	
Volume of New Structure	_____ Cu. Ft.	_____	
Total Land Area Disturbed	_____ Sq. Ft.	_____	

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

**FEE (Office Use Only)**

\$ \_\_\_\_\_

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

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

DCA Training Fee \$ \_\_\_\_\_

**TOTAL FEE \$ \_\_\_\_\_**