NORTHEAST INSPECTION CONSULTANT

WE ARE LOCAL. WE LIVE LOCAL. WE WORK LOCAL.

BUILDING SUBCODE
TECHNICAL SECTION

DATE RECEIVED R/N

DATE ISSUED R/O

PERMIT # C/N

C/O

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Work Site Location

Owner

Address

Telephone ( )

Contractor

Address

Telephone ( )

License Number or Builders Reg. No

Federal Emp. No.

PA. HIC #

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

JOB SUMMARY (OFFICE USE ONLY)

PLAN REVIEW	Date	Initial
☐ No Plans Required	____	____
☐ All	____	____
☐ Footing	____	____
☐ Foundation	____	____
☐ Frame	____	____
☐ Other	____	____

JOINT PLAN REVIEW REQUIRED:

☐ELEC ☐PLUMB. ☐FIRE ☐ELEVATOR

SUBCODE APPROVAL

☐CO ☐CCO ☐CA

DATE: _____

APPROVED BY:

_____

INSPECTIONS TYPE:	DATES (MONTH/DAY) FAILURE	FAILURE	APPROVAL	INITIAL
FOOTING	____	____	____	____
FOUNDATION	____	____	____	____
SLAB	____	____	____	____
FRAME	____	____	____	____
BARRIER-FREE	____	____	____	____
INSULATION	____	____	____	____
FINISHED	____	____	____	____
ENERGY	____	____	____	____
MECHANICAL	____	____	____	____
TCO	____	____	____	____
OTHER	____	____	____	____
FINALL	____	____	____	____
BARRIER-FREE	____	____	____	____

TYPE OF WORK:

- ☐ NEW BUILDING
- ☐ ADDITION
- ☐ ALTERATION
  - ☐ ROOFING
  - ☐ SIDING
  - ☐ FENCE _____ HEIGHT (EXCEEDS 6 FEET)
  - ☐ SIGN _____ SQ.FT.
  - ☐ POOL
  - ☐ ASBESTOS ABATEMENT
  - ☐ LEAD HAZ. ABATEMENT
  - ☐ OTHER
- ☐ DEMOLITION

FEE (OFFICE USE ONLY)

$ _____

B. BUILDING CHARACTERISTICS

USE GROUP PRESENT _____ PROPOSED_____

CONSTR. CLASS PRESENT _____ PROPOSED_____

NUMBER OF STORIES _____

HEIGHT OF STRUCTURE _____ FT

AREA - LARGEST FLOOR _____ SQ.FT.

NEW BUILDING. AREA/ ALL FLOORS _____ SQ.FT.

VOLUME OF NEW STRUCTURE _____ CU.FT.

TOTAL LAND AREA DISTRIBUTED _____ SQ.FT.

EST. COST OF BUILDING WORK:

1. NEW BUILDING $
2. ALTERATION $
3. TOTAL (1 + 2) $

C. CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION

_____

SIGNATURE

ADMINISTRATIVE CHARGE $ _____

UCC INSPECTION $ _____

PA L&I $ _____

TOTAL $ _____