NEIC NORTHEAST INSPECTION CONSULTANTS

We are local. We live local. We work local.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Permit #

R/N
R/O
C/N
C/O

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

Work Site Location _____

Owner _____
Address _____

Tele. (_____) _____
Contractor _____
Address _____

Tele. (_____) _____ Fax (_____) _____
Lic. No. or Bldrs. 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	___	___	___	___
Finishes	___	___	___	___
Energy	___	___	___	___
Mechanical	___	___	___	___
TCO	___	___	___	___
Other	___	___	___	___
Final	___	___	___	___
Barrier-Free	___	___	___	___

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Lead Haz. Abatement
- [ ] Other _____

[ ] Demolition

FEE (Office Use Only)
$ _____

Administrative Surcharge	$ _____
UCC Inspection	$ _____
PA L&I	$ _____
TOTAL	$ _____

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. Alteration $ _____
3. Total (1+ 2) $ _____

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

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy