NEIC NORTHEAST INSPECTION CONSULTANT
WE ARE LOCAL. WE LIVE LOCAL. WE WORK LOCAL.

MUNICIPALITY _____

BUILDING SUBCODE

FILL OUT ALL DASHED LINED SECTIONS

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 (____) _____

Email _____

Contractor _____

Address _____

Telephone (_____) _____ Fax(_____) _____

Email _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

JOB SUMMARY (OFFICE USE ONLY)

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

JOINT PLAN REVIEW REQUIRED:
☐ELEC ☐PLUMB. ☐FIRE

SUBCODE APPROVAL
☐CO ☐CCO ☐CA

DATE: _____

APPROVED BY:

_____

TYPE OF WORK:
- ☐ NEW BUILDING
- ☐ ADDITION
- ☐ ALTERATION
  - ☐ ROOFING
  - ☐ FENCE
  - ☐ SIGN _____ HEIGHT (EXCEEDS 6 FEET)
  - ☐ POOL _____ SQ.FT.
  - ☐ ASBESTOS/LEAD ABATEMENT
  - ☐ OTHER
- ☐ DEMOLITION

FEE (OFFICE USE ONLY)
$ _____

B. BUILDING CHARACTERISTICS

PRESENT USE _____

PROPOSED USE _____

NUMBER OF STORIES _____

HEIGHT OF STRUCTURE _____FT

BUILDING AREA/ ALL FLOORS _____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

PLAN REVIEW	$ _____
ADMINISTRATIVE CHARGE	$ _____
UCC INSPECTION	$ _____
PA L&I	$ _____
TOTAL	$ _____