CITY OF NEWARK
DIV. OF PERMITS & LICENSES
RECEIVED
BUREAU OF BUILDINGS, CITY OF NEWARK, N.J.

BY _____ SUBCODE OFFICIAL

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10/13/92
Control #
Permit # 49570

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

DATE _____
Block 206 Lot A.06
Work Site Location 49 CORNERSTONE LANE

Owner in Fee _____
Address _____

Tele. (____) _____
Contractor _____
Address _____

Tele. (____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R3
Constr. Class Present _____ Proposed 5-A
No. of Stories 3
Height of Structure 47 Ft.
Area—Largest Floor 754 Sq. Ft.
Total Bldg. Area/All Floors _____ Sq. Ft.
Volume of Structure 17208 Cu. Ft.
Total Land Area Disturbed 800 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 48832
2. Alteration $ _____
3. Total (1+2) $ _____

KHOV046257

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

ONE SINGLE FAMILY DWELLING

A.A

TYPE OF WORK:
[X] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Other _____
[ ] Demolition
[ ] Miscellaneous
[ ] Fence _____ Height
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other _____

(Office Use Only)
FEE
$ 760.00

Administrative Surcharge $ 19.43
Minimum Fee $ _____
TOTAL FEE $ 779.43

Paid [ ] Check # _____
Collected by: _____

U.C.C. Form F-110A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy