CITY OF NEWARK
DIV. OF PERMITS & LICENSES
APPROVED
BUREAU OF BUILDINGS, CITY OF NEWARK, N.J.
BY _____
SUBCODE OFFICIAL

BUILDING SUBCODE TECHNICAL SECTION

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

49567

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

DATE _____
Block 2061 Lot 19.09
Work Site Location 34 MARROW ST
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.			Footing				
[ ] All			Foundation				
[ ] Footing			Slab				
[ ] Foundation			Frame				
[ ] Frame			Insulation				
[ ] Other			Finishes:				
Joint Plan Review Required:			Energy				
[ ] Elec. [ ] Plumb. [ ] Fire			Mechanical				
SUBCODE APPROVAL			TCO				
[ ] CO [ ] CCO [ ] CA			Other				
Date:			Final				
Approved By:							

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R3
Constr. Class Present _____ Proposed 5A
No. of Stories 3
Height of Structure 47 Ft.
Area—Largest Floor 1390 Sq. Ft.
Total Bldg. Area/All Floors _____ Sq. Ft.
Volume of Structure 14,560 Cu. Ft.
Total Land Area Disturbed 1390 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 58,240
2. Alteration $ _____
3. Total (1+2) $ _____

KHOV046260

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

1 Single family dwelling

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
$ 370.00

Administrative Surcharge $ 23.30
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ 393.30

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