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

BY _____
SUBCODE OFFICIAL 11/2/92

BUILDING SUBCODE TECHNICAL SECTION

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

49566

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

Block 206 Lot 19,10
Work Site Location 32 MARROW ST
Owner In Fee [illegible]
Address [illegible]
Tele. ([illegible]) [illegible]
Contractor [illegible]
Address [illegible]
Tele. ([illegible])
Lic. No. or Bldrs. Reg. No. [illegible]
Federal Emp. No. [illegible] or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[ ] 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 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) $ _____

KHOV046261

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

A-A
RB

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
$ 310.00

Administrative Surcharge $ 23.30
Paid [X] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ 333.30

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