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

BY _____ DATE 10/13/92
SUBCODE OFFICIAL

BUILDING SUBCODE TECHNICAL SECTION

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

49531

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

Block 206 Lot 24.06
Work Site Location 54 NANCY DRIVE

Owner in Fee B. HOVNANIAN URBAN RENEWAL III
Address 10 HWY 35 P.O. BOX 500
RED BANK NJ 07701
Tele. (908) 747-7800
Contractor
Address SAME
Tele. ( )
Lic. No. or Bldrs. Reg. No. 791
Federal Emp. No: 22-3021450 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 500 Sq. Ft.
Total Bldg. Area/All Floors 1048 Sq. Ft.
Volume of Structure [illegible] Cu. Ft.
Land Area Disturbed [illegible] Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 32,352
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

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
$ 180.00

Administrative Surcharge $ 12.00
Paid [ ] Check # _____ Minimum Fee $
Collected by: _____ TOTAL FEE $ 192.00

KHOV046287

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