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

BY _____
SUBCODE OFFICIAL

DATE

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10/13/92
Control #
Permit #
49538

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

Block 206 Lot 24.16
Work Site Location 89 CALLAHAN COURT
Owner in Fee K. HOVNANIAN URBAN RENEWAL III
Address 10 HWY 35 PO BOX 500
Red BANK, NJ 07701
Tele. (908) 747-7800
Contractor
Address SAME
Tele. ( )
Lic. No. or Bldrs. Reg. No. 791
Federal Emp. No. 223027956 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 570 Sq. Ft.
Total Bldg. Area/All Floors 1171 Sq. Ft.
Volume of Structure [illegible] Cu. Ft.
Total Land Area Disturbed 300 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 36,256
2. Alteration $
3. Total (1+2) $

KHOV046297

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.

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
$ 200.00

Administrative Surcharge $ 18.18
Paid [ ] Check # _____ Minimum Fee $
Collected by: _____ TOTAL FEE $ 218.18

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