APPROVED

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

BY _____
SUBCODE OFFICIAL

DATE _____

BUILDING SUBCODE TECHNICAL SECTION

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

49595

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

Block 206 Lot 24.23
Work Site Location 71 CALLAHAN COURT
Owner in Fee K. 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. 22-3027956 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 746 Sq. Ft.
Total Bldg. Area/All Floors 1479 Sq. Ft.
Volume of Structure 11,368 Cu. Ft.
Total Land Area Disturbed 400 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 41,368
2. Alteration $
3. Total (1+2) $

KHOV046304

**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
$ 250.00

Administrative Surcharge $ 18.00
Paid [ ] Check # _____ Minimum Fee $
Collected by: _____ TOTAL FEE $ 268.00

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