

BLOCK 112 LOT 12 QUALIF/CODE Closed ADDRESS (SITE) 20 So. 17th St PERMIT NO. 21000188

TOWNSHIP OF CLARK
430 WESTFIELD AVENUE
CLARK, NJ 07066-1704
(732) 428-8401



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 20 S. 17th St

2. Name of Owner in Fee: S. Wilcox e-mail: _____

Tel.: _____

Address: _____

3. Ownership in Fee: Public _____ Private ☒ Municipality _____ Zip code: _____

4. Principal Contractor: C. Cueto Tel.: (732) 720 5909 e-mail: (2-CUETO)

Address: Clark NJ 07066 Exp. Date: 7/30/12

License No. OR, if new home, Builder Reg. No. DA0520086

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: () _____

5. Architect or Engineer: C. Cueto Contact: _____ e-mail: _____

Address: _____ FAX: () _____

Tel.: () _____

6. Responsible Person in Charge once Work has Begun: C. Cueto / S. Baracorda

Tel.: (732) 720 5909 FAX: () _____

IIa. PROPOSED WORK

- ☐ Minor Work
☐ Repair
☐ Asbestos Abat. - Subch. 8

IIb. SUBCODES

(Check all that apply)

- ☐ Building
☐ Electrical
☐ Plumbing
☒ Fire Protection
☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Re-submission Dates Approval	Re-viewer
1700	EJ	7/16/12					

TOTAL COST 1700

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Cross-Connections/Backflow Preventers
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Swimming Pools, Spas and Hot Tubs
7. ☐ Fire Alarm
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ Fire Alarm

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal			
9. State Permit Surcharge Fee	\$		
10. Subtotal			
11. Cert of Occupancy			
12. Other			
13. TOTAL	\$	65.00	

VI. BUILDINGS/SITE CHARACTERISTICS

1. Number of Stories _____

2. Height of Structure _____ ft.

3. Area - Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____ HUD _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no _____

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale _____

Gained, Rental _____

Lost, Sale _____

Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

C. MIXED USE - List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

Uniform Construction Code
New Jersey

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 246. North 20th St

2. Name of Owner in Charge: Michael Wright

Tel. 202-231-1111 e-mail _____

Address _____

3. Ownership in Fee: Public Private _____

4. Principal Contractor: Christian Cuento Tel. (732) 770-5909

Address 809 Featherbed LA e-mail _____

Clark NJ 07066

License No. OR, if new home, Builder Reg. No. Dep# 520086 Exp. Date 4/30/25

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (____) _____

5. Architect or Engineer C. Cuento Contact _____

Address _____ e-mail _____

Tel. (____) _____ FAX: (____) _____

6. Responsible Person in Charge once Work has Begun C. Cuento SB08090030

Tel. (____) 770-5909 FAX: (____) _____

IIa. PROPOSED WORK

- ☐ Minor Work
☐ Repair
☐ Asbestos Abat. -Subch. 8

11b. SUBCODES

(Check all that apply)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
						Approval	Rejection
19.00	✓	2/15/22		2/16/22	CM		

TOTAL COST

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes

VII. DESCRIPTION OF BUILDING USE

- A. RESIDENTIAL (primary use)**

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale	_____
Gained, Rental	_____
Lost, Sale	_____
Lost, Rental	_____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

