



Property Information		Request Information		Update Information	
File#:	BS-X01567-7631682146	Requested Date:	02/15/2024	Update Requested:	
Owner:	RENETTE LAGUERRE	Branch:		Requested By:	
Address 1:	2026 LENTZ AVE	Date Completed:		Update Completed:	
Address 2:		# of Jurisdiction(s):			
City, State Zip:	UNION, NJ	# of Parcel(s):	1		

Notes

CODE VIOLATIONS	Per Union Township Department of Zoning there are no Open Code Violation case on this property. Collector: Union Township Payable Address: 1976 Morris Ave, Union, NJ 07083 Business# (908) 688-2800
PERMITS	Per Union Township Department of Building there is an Open permit on this property. 1. Permit #: 10-01088 Permit Type : Building Permit Collector: Union Township Payable Address: 1976 Morris Ave, Union, NJ 07083 Business# (908) 688-2800
SPECIAL ASSESSMENTS	Per Union Township Department of Finance there are no Special Assessments/liens on the property. Collector: Union Township Payable Address: 1976 Morris Ave, Union, NJ 07083 Business# (908) 688-2800
DEMOLITION	NO



UTILITIES

Water

Account #: NA

Payment Status: NA

Status: Pvt & Non Lienable

Amount: NA

Good Thru: NA

Account Active: NA

Collector: New Jersey American Water Company

Payable Address: 1709 Union Ave, Hazlet, NJ 07730

Business # 1 800-272-1325

NOTE: UNABLE TO PROVIDE INFORMATION TO THIRD PARTIES. HOMEOWNERS
AUTHORISATION NEEDED

SEWER

Account#: Block: 5212 Lot: 11

Status: Lienable

Amount: \$0.00

Due Date: 03/04/2024

Payment Status: Paid

Account Active: Active

Collector: Township of Union

Payable Address: 1976 Morris Ave. Union, NJ 07083

Business#: 908-688-2800

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED.

Garbage:

Garbage bills are included in the real estate property taxes.



BUILDING SUBCODE TECHNICAL SECTION



Open

Date Received 7/8/2010 Control # 126218

Date Issued 7/16/2010 Permit # 10-01088

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

Block 5212 Lot 11 Qualification Code
Work Site Location 2026 LENTZ AVE UNION, NJ 07083
Owner in Fee: GONCALVES, J AND HENRIQUES, M
Tel. e-mail
Address 790 COLONIAL ARMS RD, UNION, NJ 07083
Contractor: J.P. GENERAL CONSTRUCTION Tel. (973) 280-3407
Address 57 LLEWELLYN AVE WEST ORANGE, NJ 07052
Contractor License No. or Builder Registration No. 13VH02110000 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason
Federal Emp. ID No. FAX:

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.

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
DECK

JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day)
[] No Plans Required Type: Failure Failure Approval Initial
[] All Footing
[] Footings/Foundations Footing Bonding
[] Structural/Framework Foundation
[] Exterior Slab
[] Interior Frame
[] Interior Truss Sys./Bracing
Joint Plan Review Required: Barrier-Free
[] Elec. [] Plumb. [] Fire [] Elevator Insulation
SUBCODE APPROVAL for PERMIT Finishes -Base Layer
Date: Finishes -Final
Approved by: Energy
SUBCODE APPROVAL for CERTIFICATE Mechanical
[] CO [] CCO [] CA TCO
Date: Other
Approved by: Final
Barrier-Free

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
No. of Stories 0
Height of Structure 0 ft.
Area — Largest Floor 0 sq. ft.
New Bldg. Area/All Floors 0 sq. ft.
Volume of New Structure 0 cu. ft.
Max. Live Load 0
Max. Occupancy Load 0
Constr. Class Present Proposed
If Industrialized Building: State Approved HUD
Est. Cost of Bldg. Work:
1. New Bldg. \$ 0.00
2. Rehabilitation \$ 4,000.00
3. Total (1+ 2) \$ 4,000.00

TYPE OF WORK:

- [] New Building
[] Addition
[] Rehabilitation
[] Roofing
[] Sliding
[] Fence Height (exceeds 6')
[] Sign 0 Sq. Ft.
[] Pool
[] Retaining Wall 0 Sq. Ft.
[] Asbestos Abatement Subchapter 8
[] Lead Haz. Abatement NJAC 5:17
[] Radon Remediation
[] Other
[] Demolition

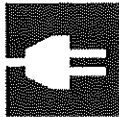
FEE (Office Use Only)

Table with 2 columns: Fee Description, Amount. Includes New Building, Addition, Rehabilitation, Roofing, Sliding, Fence, Sign, Pool, Retaining Wall, Asbestos Abatement, Lead Haz. Abatement, Radon Remediation, Other, Demolition.

Administrative Surcharge \$ 0.00
Minimum Fee \$ 96.00
State Permit Surcharge Fee \$ 7.00
TOTAL FEE \$ 103.00



**ELECTRICAL SUBCODE
TECHNICAL SECTION**



Closed

Date Received 6/19/2020
Control # 00003472
Date Issued 7/2/2020
Permit # 20-876

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

Block 5212 Lot 11 Qualification Code _____

Work Site Location 2026 LENTZ AVE
UNION, NJ 07083

Owner in Fee: LAGUERRE, RENETTE

Tel. _____ e-mail _____

Address 2026 LENTZ AVE, UNION, NJ 07083

Contractor: CHARLES K SPARKS EL CONTR INC Tel. (973) 266-1155

Address 41 SANFORD STREET e-mail ckselectric@aol.com
EAST ORANGE, NJ 07017

Contractor License No. 34EB00836500 Exp. Date 3/31/2021

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 222232786 FAX: 9732661188

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed R-5

Pole/Pad # _____ Temporary Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 2,600.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required		Rough	_____	_____	_____	_____
<input type="checkbox"/> Partial -Underslab Utilities Approved		Barrier-Free	_____	_____	_____	_____
Date: _____ Approved by: _____		Trench	_____	_____	_____	_____
<input type="checkbox"/> Electric Plans Approved		Temp. Serv.	_____	_____	_____	_____
Date: _____ Approved by: _____		Constr. Serv.	_____	_____	_____	_____
Joint Plan Review Required:		TCO	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.		Other	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Service	_____	_____	<u>07/16</u>	<u>DG</u>
Date: <u>06/24/2020</u>		Final	_____	_____	_____	_____
Approved by: _____ DG		Barrier-Free	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Final Cut-in-Card Date Issued	_____	_____	_____	_____
Date: _____		Annual Pool Inspection	_____	_____	_____	_____
Approved by: _____		Date of Grounding and Bonding Certification	_____	_____	_____	_____

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

Licensed Elec. Contractor Certif'd Landscape Irrigation Contr'r Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: INSTALL 200 AMP SERVICE

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	TOTAL NUMBERS	\$ _____ 0.00
_____	_____	Pool Permit/with UW Lights	_____ 0.00
_____	_____	Storable Pool/Spa/Hot Tub	_____ 0.00
_____	<u>0</u>	KW Elec. Range/Receptacle	_____ 0.00
_____	<u>0</u>	KW Oven/Surface Unit	_____ 0.00
_____	<u>0</u>	KW Elec. Water Heater	_____ 0.00
_____	<u>0</u>	KW Elec. Dryer/Receptacle	_____ 0.00
_____	<u>0</u>	KW Dishwasher	_____ 0.00
_____	<u>0</u>	HP Garbage Disposal	_____ 0.00
_____	<u>0</u>	KW Central A/C Unit	_____ 0.00
_____	<u>0</u>	HP/KW Space Heater/Air Handler	_____ 0.00
_____	<u>0</u>	KW Baseboard Heat	_____ 0.00
_____	<u>0</u>	HP Motors 1/+ HP	_____ 0.00
_____	<u>0</u>	KW Transformer/Generator	_____ 0.00
_____	<u>1</u>	<u>200</u> AMP Service	_____ 65.00
_____	<u>0</u>	AMP Subpanels	_____ 0.00
_____	<u>0</u>	AMP Motor Control Center	_____ 0.00
_____	<u>0</u>	KW Elec. Sign/Outline Light	_____ 0.00
_____	<u>0</u>	_____	_____ 0.00

Administrative Surcharge \$	_____ 0.00
Minimum Fee \$	_____ 65.00
State Permit Surcharge Fee \$	_____ 5.00
TOTAL FEE \$	_____ 70.00



**BUILDING SUBCODE
TECHNICAL SECTION**



Closed

Date Received 5/14/2015
Control # 552491
Date Issued 7/27/1999
Permit # 99-1077

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

Block 5212 Lot 11 Qualification Code _____
 Work Site Location 2026 LENTZ AVE
UNION, NJ 07083
 Owner in Fee: GONCALVES, J AND HENRIQUES, M
 Tel. _____ e-mail _____
 Address 790 COLONIAL ARMS RD, UNION, NJ 07083
 Contractor: GONCALVES, J AND HENRIQUES, M Tel. _____
 Address 790 COLONIAL ARMS RD e-mail _____
UNION, NJ 07083,
 Contractor License No. or Builder Registration No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason _____
 Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)							
PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
<input type="checkbox"/> No Plans Required	_____	_____	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> All	_____	_____	Footing	_____	_____	_____	_____
<input type="checkbox"/> Footings/Foundations	_____	_____	Footing Bonding	_____	_____	_____	_____
<input type="checkbox"/> Structural/Framework	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/> Exterior	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/> Interior	_____	_____	Frame	_____	_____	_____	_____
Joint Plan Review Required:			Truss Sys./Bracing	_____	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Barrier-Free	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT			Insulation	_____	_____	_____	_____
Date: _____			Finishes -Base Layer	_____	_____	_____	_____
Approved by: _____			Finishes -Final	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE			Energy	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Mechanical	_____	_____	_____	_____
Date: _____			TCO	_____	_____	_____	_____
Approved by: _____			Other	_____	_____	_____	_____
			Final	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3 Constr. Class Present _____ Proposed _____
 No. of Stories _____ 0
 Height of Structure _____ 0 ft.
 Area — Largest Floor _____ 0 sq. ft.
 New Bldg. Area/All Floors _____ 0 sq. ft.
 Volume of New Structure _____ 0 cu. ft.
 Max. Live Load _____ 0
 Max. Occupancy Load _____ 0

If Industrialized Building:
 State Approved _____ HUD _____
Est. Cost of Bldg. Work:
 1. New Bldg. \$ _____ 0.00
 2. Rehabilitation \$ _____ 0.00
 3. Total (1+ 2) \$ _____ 0.00

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.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
 BLDG - ROOF

TYPE OF WORK:

- New Building
- Addition
- Rehabilitation
- Roofing
- Siding
- Fence _____ Height (exceeds 6')
- Sign _____ 0 _____ Sq. Ft.
- Pool
- Retaining Wall _____ 0 _____ Sq. Ft.
- Asbestos Abatement Subchapter 8
- Lead Haz. Abatement NJAC 5:17
- Radon Remediation
- Other _____
- Demolition

FEE (Office Use Only)

\$ _____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00
_____	0.00

Administrative Surcharge \$	_____	0.00
Minimum Fee \$	_____	75.00
State Permit Surcharge Fee \$	_____	0.00
TOTAL FEE \$	_____	75.00