

Proj	perty Information	<b>Request Information</b>	<b>Update Information</b>
File#:	BS-X01661-2446117705	Requested Date: 06/04/2	Update Requested:
Owner:	LORENO, MARLVEN V & CHIEN-YI A WU	Branch:	Requested By:
Address 1:	669 WINCHESTER 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 Code Violation cases on this property.

Collector: Union Township

Payable Address: 1976 Morris Avenue, Union, NJ 07083

Business # 908-851-8508

PERMITS Per Union Township Building Department there are multiple Open Permits on this property.

Collector: Union Township

Payable Address: 1976 Morris Avenue, Union, NJ 07083

Business # 908-851-8508

Comments: Per Union Township Building Department there are multiple Open Permits on this property. Please

refer to the attached document for more information.

SPECIAL ASSESSMENTS Per Union Township Tax Collector Department there are no Special Assessments/liens on the property.

Collector: Union Township

Payable Address: 1976 Morris Avenue, Union, NJ 07083

Business # 908-851-8508

DEMOLITION NO



UTILITIES WATER

Account #: N/A Payment Status: N/A Status: Pvt & Non Lienable

Amount: N/A Good Thru: N/A Account Active: N/A

Collector: New Jersey American Water

Payable Address: 1 Water Street, Camden, NJ 08102

Business # 800-272-1325

UNABLE TO PROVIDE INFORMATION TO THIRD PARTIES. HOMEOWNERS AUTHORIZATION

REQUIRED.

**SEWER** 

Account #: 973-0 Payment Status: PAID Status: Pvt & Lienable Amount: \$0.00 Good Thru: N/A Account Active: Active

Collector: Union Township

Payable Address: 1976 Morris Avenue, Union, NJ 07083

Business # 908-851-8508

GARBAGE

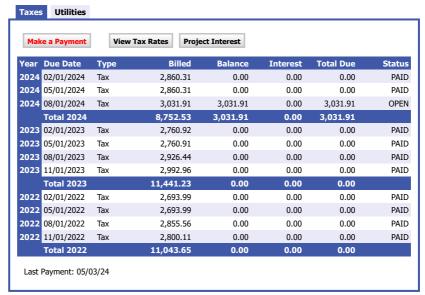
Garbage bills are included in the Real Estate Property taxes.

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Block/Lot/Qual:	601. 20.	Tax Account Id:	1007
Property Location:	669 WINCHESTER AVE	Property Class:	2 - Residential
Owner Name/Address:	LORENO, MARLVEN V & CHIEN-YI A WU	Land Value:	21,400
	669 WINCHESTER AVE	Improvement Value:	31,400
	UNION, NJ 07083	Exempt Value:	0
		Total Assessed Value:	52,800
		Additional Lots:	None
Special Taxing Districts:		Deductions:	



**Return to Home** 

Subject: Status: OPRA Request

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Reference # **OPR-2024-00685** 

Dear Peter Watson,

Please find the below response to your OPRA Request. They are being transmitted to you via **Email** as per your requested delivery method.

### **Additional Notes:**

Assessor - Property record card is attached. There are no new pending added assessments as of this time.

Building - Please see attached.

DPW - No documents responsive to this request.

Tax - There are no open liens on this property.

Your OPRA request sought access to the following: Hello,

Our firm has been requested to research the referenced property for any BUILDING PERMITS, CODE VIOLATION & SPECIAL ASSESSMENT FEES on record in any city, town, village, or port authority.

Requesting to provide the below information for the property.

Address: 669 WINCHESTER AVE, UNION NJ 07083

Block/Lot/Qual: 601. 20.

Owner: LORENO, MARLVEN V & CHIEN-YI A WU

- 1. Please advise if the below address has any OPEN/PENDING/EXPIRED Permits and demolition permits that need attention and any fees due currently.
- 2. Also advise if there are any open Code Violation or fines due that needs attention currently.
- 3. Advise if there are any unrecorded liens/fines/special assessments due.

Address: 669 WINCHESTER AVE, UNION NJ 07083

If your request for access to a government record has been denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision by the Township of Union to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Council (GRC) by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at P.O. Box 819, Trenton, NJ, 08625, by e-mail at Government.Records@dca.nj.gov, or at their web site at www.state.nj.us/grc. The GRC can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your County.

Sincerely,

Eileen Birch Township Clerk

Please download these attachments from the links below:

- 23c5d13b-22024583145 20240612083952297.pdf
- 23c5d13b-22024132060\_20240613113249474.pdf



## **ELECTRICAL SUBCODE TECHNICAL SECTION**







5/14/2015 Date Received 577465 Control# Date Issued Permit #

3/30/2001 01-357

0.00

TOTAL FEE \$ \_

### C. CERTIFICATION IN LIEU OF OATH

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Print name he		
	Elec. Contractor [ ] Certif'd Landscape Irrigati	ion Contr [ ] Exempt Appi
	AL SITE DATA	
DESCRIPTIO	N OF WORK: ELECT - 200 AMP SERVICE	
QTY, SI	ZE ITEMS	FEE (Office Use Only)
	Lighting Fixtures	The (Office Ose Offis)
	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
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	HP Garbage Disposal	0.00
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	HP/KW Space Heater/Air Handler	0.00
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Work Site Location   669 WINCHESTER AVE	A, IDENTIFICATION—APPLICANT: COMPICONTRACTORS, NOTIFY THIS OFFICE, C Block 601 Lot 2	ALL UTILITY DIG NO	1-800-272-	1000.		
UNION, NJ 07083  Owner In Fee: ADAMKOWSKI, MICHAEL AND NICOLE  Tel.			Qualifica	HON COUR		
Owner In Fee:         ADAMKOWSKI, MICHAEL AND NICOLE           Tel.         e-mail           Address         689 WINCHESTER AVE, UNION, NJ 07083           dreat         munidipatity           Contractor:         ADAMKOWSKI, MICHAEL AND NICOLE         Tel.           Address         669 WINCHESTER AVE         e-mail           UNION, NJ 07083,         Exp. Date           Contractor License No.         Exp. Date           Heme Improvement Contractor Registration No. or Exemption Reason         FAX:           B. ELECTRICAL CHARACTERISTICS         Use Group         FAX:           Use Group         Present R-3         Proposed R-3           [] Pole/Pad         [] Temporary         [] Other           Building Occupied as         Utility Co.           Est. Cost of Elec. Work \$         0.00           JOB SUMMARY (Office Use Only)         INSPECTIONS         Dates (Month/Day)           PLAN REVIEW         Tope Partial -Underslab Utilities Approved         Tope Tellure         Approved by:         Temp. Serv.           [] Partial -Underslab Utilities Approved         Temp. Serv.         Serv.         Tope College Coll						
Tell		AEL AND MICOLE			· · · · · · · · · · · · · · · · · · ·	
Address   669 WINCHESTER AVE, UNION, NJ 07083   reset   roundeparity   zep code	Owner In Fee:ADAMAOWSKI, MICH	ALL AND INICOLE				······································
Address   ADAMKOWSKI, MICHAEL AND NICOLE   Tel.	Tel	e-mail				
Contractor: ADAMKOWSKI, MICHAEL AND NICOLE Tel.  Address 669 WINCHESTER AVE e-mail  UNION, NJ 07083.  Contractor License No. Exp. Date  Home Improvement Contractor Registration No. or Exemption Reason  Federal Emp. ID No. FAX:  B. ELECTRICAL CHARACTERISTICS  Use Group Present R-3 Proposed R-3  [] Pole/Pad # [] Temporary [] Other  Building Occupied as Utility Co.  Est. Cost of Elec. Work \$ 0.00  JOB SUMMARY (Office Use Only)  PLAN REVIEW INSPECTIONS Dates (Month/Day)  [] No Plans Required Type: Failure Approval Initial  [] Partial -Underslab Utilities Approved Barrier-Free Trench  [] Electric Plans Approved by: Temp. Serv.  [] Electric Plans Approved by: Constr. Serv.  [] Joint Plan Review Required: TCO Other  SUBCODE APPROVAL for PERMIT Date: Approved by: Temp. Service Final Barrier-Free  Temp. Cut-in-Card Date Issued  Final Cut-in-Card Date Issued  Final Cut-in-Card Date Issued	Address 669 WINCHESTER AVE, UNIO	N, NJ 07083				
Address   669 WINCHESTER AVE		munidipality				
UNION, NJ 07083,  Contractor License No						
Exp. Date			_ e-mail			
Federal Emp. ID No.						
B.ELECTRICAL CHARACTERISTICS  Use Group Present R-3 Proposed R-3  [ ] Pole/Pad # [ ] Temporary [ ] Other Building Occupled as Utility Co.  Est. Cost of Elec, Work \$ 0.00  JOB SUMMARY (Office Use Only) PLAN REVIEW INSPECTIONS Dates (Month/Day)  [ ] No Plans Required Type: Fallure Failure Approval Initial Rough Barrier-Free Trench  [ ] Partial -Underslab Utilities Approved Date: Approved by: Trench  [ ] Electric Plans Approved by: Constr. Serv.  Joint Plan Review Required: TCO Other Service Final Barrier-Free Service Final Barrier-Free Approved by: Temp. Cut-in-Card Date Issued Final Cut-in-Card Date Issued	Contractor License No		Ехр. 🛚	ate		
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Proposed   R-3	Federal Emp. ID No.		FAX:			
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JOB SUMMARY (Office Use Only) PLAN REVIEW  [] No Plans Required [] Partial -Underslab Utilities Approved Date:Approved by:Trench [] Electric Plans Approved Date:Approved by:TCO Joint Plan Review Required: [] Bidg. [] Plumb. [] Fire. [] Elev.  SUBCODE APPROVAL for PERMIT Date:Approved by:Temp. Cut-in-Card Date Issued  Temp. Cut-in-Card Date Issued	[ ] Pole/Pad #	[ ] Temporary	[ ] Other	***************************************		
JOB SUMMARY (Office Use Only) PLAN REVIEW  [] No Plans Required Type: Failure Failure Approval Initial Rough Barrier-Free Trench  [] Electric Plans Approved by: Constr. Serv.  Date: Approved by: TCO Joint Plan Review Required: [] Bidg. [] Plumb. [] Fire. [] Elev. SUBCODE APPROVAL for PERMIT Date: Barrier-Free Approved by: Temp. Cut-in-Card Date Issued Final Cut-in-Card Date Issued	Building Occupied as					<del></del>
PLAN REVIEW  [] No Plans Required [] Partial -Underslab Utilities Approved Date: Approved by: Trench  [] Electric Plans Approved Date: Approved by: TCO Joint Plan Review Required: [] Bldg. [] Plumb. [] Fire. [] Elev.  SUBCODE APPROVAL for PERMIT Date: Approved by: Temp. Cut-in-Card Date Issued  SUBCODE APPROVAL for CERTIFICATE  Initial Failure Failure Approval Initial  Rough Barrier-Free Constr. Serv.  Constr. Serv.  Constr. Serv.  Diher Service Final  Temp. Cut-in-Card Date Issued Final Cut-in-Card Date Issued	Est. Cost of Elec. Work \$	0.00				
PLAN REVIEW  [] No Plans Required Type: Fallure Fallure Approval Initial  Rough Barrier-Free Trench Temp. Serv.  Constr. Serv.  Joint Plan Review Required: [] Bldg. [] Plumb. [] Fire. [] Elev.  SUBCODE APPROVAL for PERMIT Date: Approved by:  Temp. Cut-in-Card Date Issued  Final Cut-in-Card Date Issued	IOR SUMMARY (Office Hea Only)				NEWHOODSTANDOWN COLUMN	
[ ] No Plans Required Type: Failure Failure Approval Initial  [ ] Partial -Underslab Utilities Approved Barrier-Free Trench  [ ] Electric Plans Approved by: Temp. Serv.  Date:Approved by: Constr. Serv.  Joint Plan Review Required: Other  [ ] Bidg. [ ] Plumb. [ ] Fire. [ ] Elev.  SUBCODE APPROVAL for PERMIT Particles  Approved by: Temp. Cut-in-Card Date Issued  SUBCODE APPROVAL for CERTIFICATE  Temp. Cut-in-Card Date Issued  Final Cut-in-Card Date Issued	· ·	INSPECTIONS		Dates (M	lonth/Day)	
Barrier-Free Date:Approved by:Trench  [] Electric Plans Approved Temp. Serv.  Date:Approved by:TCO  Joint Plan Review Required:Other [] Bidg. [] Plumb. [] Fire. [] Elev.  SUBCODE APPROVAL for PERMIT Final Date:Barrier-Free  Approved by:Temp. Cut-in-Card Date Issued  SUBCODE APPROVAL for CERTIFICATE Final Cut-in-Card Date Issued	,,	Туре:	Failure	Fallure	Approval	Initial
Date:Approved by:Trench  [ ] Electric Plans Approved	1 Partial -Underslab Utilities Approved	Rough				
[ ] Electric Plans Approved Temp. Serv.  Date:Approved by:Constr. Serv.  Joint Plan Review Required: Other [ ] Bidg. [ ] Plumb. [ ] Fire. [ ] Elev.  SUBCODE APPROVAL for PERMIT Final  Date:Barrier-Free Approved by:Temp. Cut-in-Card Date Issued  SUBCODE APPROVAL for CERTIFICATE Final Cut-in-Card Date Issued						
Date:Approved by:Constr. Serv.  TCO  Joint Plan Review Required: [ ] Bidg. [ ] Plumb. [ ] Fire. [ ] Elev.  SUBCODE APPROVAL for PERMIT Date:Barrier-Free  Approved by:Temp. Cut-in-Card Date Issued  SUBCODE APPROVAL for CERTIFICATE Final Cut-in-Card Date Issued		(16(10))				
Joint Plan Review Required:  [ ] Bidg. [ ] Plumb. [ ] Fire. [ ] Elev.  SUBCODE APPROVAL for PERMIT  Date:  Approved by:  SUBCODE APPROVAL for CERTIFICATE  SUBCODE APPROVAL for CERTIFICATE  Final Cut-in-Card Date Issued  Final Cut-in-Card Date Issued		•	<del></del>			
Joint Plan Review Required:  [ ] Bidg. [ ] Plumb. [ ] Fire. [ ] Elev.  SUBCODE APPROVAL for PERMIT  Date:	Date:Approved by:	•	-		***************************************	
SUBCODE APPROVAL for PERMIT Final  Date: Barrier-Free  Approved by: Temp. Cut-in-Card Date Issued  SUBCODE APPROVAL for CERTIFICATE Final Cut-in-Card Date Issued	Joint Plan Review Required:		***************************************	***************************************	<u> </u>	
SUBCODE APPROVAL for PERMIT	[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.		<del></del>			
Date:Barrier-Free	SUBCODE APPROVAL for PERMIT				•	·
Approved by:  Temp. Cut-in-Card Date Issued  SUBCODE APPROVAL for CERTIFICATE  Final Cut-in-Card Date Issued	Date:					
SUBCODE APPROVAL for CERTIFICATE Final Cut-in-Card Date Issued	Approved by:					
Final Cut-in-Card Date Issued	SUBCODE APPROVAL (A) CERTIFICATE					·
	[ ] CO     CCO     CA	Final Cut-In-Card Da	ate Issued			<u> </u>
Date:		Annual Pool Inspect	ion	<del></del>		
Approved by: Date of Grounding and Bonding Certification	Approved by:		ınd Bonding			<u> </u>



# ELECTRICAL SUBCODE TECHNICAL SECTION





Oben

Date Received 8/15/2023 Control # 00012913 Date Issued 9/25/2023 Permit # 23-1543

125.00

TOTAL FEE \$ \_\_\_

A. IDENTIFICATION—APPLICANT: COMP CONTRACTORS, NOTIFY THIS OFFICE. C Block 601 Lot 2 Work Site Location 669 WINCHESTER AV	ALL UTILITY DIG NO: 1-800-272 Qualific	Applicant sign/Contractor					
UNION, NJ 07083	V		- sign an	d seal her	9:		
Owner in Fee: LORENO, MARLVEN	V AND CHIEN-YI A WU		Print na	me here:			
			[ ] Lice:	nsed Elec	. Contractor [ ] Certifd Landscape Irrigat	lon Cont'r [ ] Exempt Applicant	
			<u> </u>		SITE DATA		
Address 669 WINCHESTER AVE, UNIO	N, NJ 07083	zip code	DESCR	PTION O	F WORK: FURNACE, CONDENSER A	ND COIL REPLACMENT	
Contractor: CAND CAIR CONDITIONING		(700) 405 0000					
	e-mail		QTY.	SIZE	ITEMS	FEE (Office Use Only)	
BELFORD, NJ 07718	e-mail		· —		Lighting Fixtures	1	
		2/21/2010			Receptacles	1	
Contractor License No. 13VH01644500	Exp.	Date 3/3 1/2019	_ 1_		Switches	1	
Home Improvement Contractor Registration	No, or Exemption Reason		. —		Detectors		
Federal Emp. ID No. 222469219	FAX:	(732) 495-6040			Light Poles		
( odora) Emp. 15 110.			. —		Motors—Fract. HP	1	
3. ELECTRICAL CHARACTERISTICS					Emergency & Exit Lights	1	
	Proposed <u>R-5</u>				Communications Points	1	
] Pole/Pad #					Alarm Devices/F.A.C. Panel	· .	
Building Occupied as	Utility Co		***************************************			1	
Est. Cost of Elec. Work \$5,	000.00				TOTAL NUMBERS	\$ 75.00	
			. —		Pool Permit/with UW Lights	0.00	
JOB SUMMARY (Office Use Only)	INSPECTIONS	Dates (Month/Day)			Storable Pool/Spa/Hot Tub	0.00	
PLAN REVIEW		` , , , , , , , , , , , , , , , , , , ,		0	KW Elec. Range/Receptacle	0.00	
[ ] No Plans Required	• •	Fallure Approval Initial		0	KW Oven/Surface Unit	0.00	
[ ] Partial -Underslab Utilities Approved	Rough			0	KW Elec. Water Heater	0.00	
Date:Approved by:	Barrier-Free			0	KW Elec. Dryer/Receptacle	0,00	
	Hellott			0	KW Dishwasher	0.00	
[ ] Electric Plans Approved	Temp. Serv.			0	HP Garbage Disposal	0.00	
Date: Approved by:	Constr. Serv.			0	KW Central A/C Unit	0.00	
Joint Plan Review Required:	TCO			0	HP/KW Space Heater/Air Handler	0.00	
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.	Other			0	KW Baseboard Heat	0.00	
SUBCODE APPROVAL for PERMIT	Service			0	HP Motors 1/+ HP	0.00	
Date: 08/16/2023	Barrier-Free			0	KW Transformer/Generator	0.00	
Approved by: DG	paillei-riee	. —		0	AMP Service	0.00	
	Temp. Cut-in-Card Date Issued			0	AMP Subpanels	0.00	
SUBCODE APPROVAL for CERTIFICATE	Final Cut-in-Card Date Issued			0	AMP Motor Control Center	0,00	
[] CO [] CO [] CA	Appual Paal-Increation			0	KW Elec, Sign/Outline Light	0.00	
Date:	Date of Grounding and Bonding			0	1744 Eleo, Olgin Oddinse Elgin	0.00	
Approved by:	Certification						
			ı		Administrative Surchard		
					Minimum Fe		
Andreas Manager	itte e this form to your Local Canalogation Co	to Futorement Office whose could are			State Permit Surcharge Fe	ae s 10.00	



## MECHANICAL INSPECTION TECHNICAL SECTION





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

Block 601	Qualification Code						
Work Site Location 669 W	Lot 20 /INCHESTER AVE	-					
UNIO	N, NJ 07083						
Owner in Fee: LORENO	MARLVEN V AN	D CHIEN-YI A WU					
Tel.	<u> </u>	e-mail					
Address 669 WINCHES	STER AVE, UNIO	N, NJ 07083					
Contractor: C AND C AI	R CONDITIONING	municipality G@C@ INC.	Tel.	(732) 4	zip code 95-0600		
Address 754 HIGHWAY	36		e-mail C	hrisbaker(	@Candcair.	com	
BELFORD, NJ							
Contractor License No.	13VH01644500		Ехо	, Date 3/3	1/2019		
Home Improvement Contr Federal Emp. ID No. 22	actor Registration 2469219	No. or Exemption Rea			95-6040		
B. MECHANICAL CHA	RACTERISTICS						
Use Group Present:	R-5	P	Proposed:	R-5			
Heating System Work: [	New or [ ]M	odification to Existing	OR   ]Co	nversion (	or[]Rep	lacement	
Type: [ ] Hydronic	[ ] Hot Air						
Fuel Type: [ ] Gas	[] OII []	Electric [ ] Sola	ı [] (	Other		***************************************	
Estimated Cost of Mechar	nical Work \$	7,000.00					
JOB SUMMARY (Office	ce Use Only)						
PLAN REVIEW		INSPECTIONS		DA	TES		
[ ] No Plans Required		Type:	Failure	Fallure	Approval	Initial	
[ ] Mechanical Plans Ap	proved	Gas Piping					
Date: Approved	l by:	- Appliance					
Joint Plan Review Requir	red:	Chimney/Vent					
[ ] Bldg. [ ] Elec. [	] Plumb. [ ] Fire.	Oil Piping					
( ) Elev.		Oil Tank					
SUBCODE APPROVAL I	or PERMIT 3/17/2023	LPG Tank	***************************************				
Date:		Hydronic Piping					
Approved by:	VF	Fireplace					
SUBCODE APPPROVAL  [ ] CA Date:	for CERTIFICATE  [ ] CCO	Chimney Cert. Other					
Approved by:							



Date Received Control #

8/15/2023 00012913

Date Issued Permit #.

9/25/2023 23-1543

### C. CERTIFICATION IN LIEU OF OATH

application	sign/Contractor
Print name	e here:
D. TECHI	NICAL SITE DATA
DESCRII FURNAC	PTION OF WORK E, CONDENSER AND COIL REPLACMENT

NO.	FIXTURE/EQ	UIPMENT	FEE (Offi	ce Use Only)
0	Water Heate	er	\$	0.00
0	Fuel Oil Pipi	ing Connections		0.00
0	•	Connections		0.00
0	Steam Boile			0.00
0	Hot Water B	oller		0.00
11	Hot Air Furn	ace	-	85.00
0	Oil Tank			0.00
0	LPG Tank			0.00
0	Fireplace			0.00
0	Generator		,	0.00
2	Other			0.00
	Caror		<del></del>	0.00
		Administrative Surcha	rae S	170.00
		Minimum F	_	14.00
		State Permit Surcharge F		184.00
		TOTAL FI		



## **BUILDING SUBCODE TECHNICAL SECTION**





HEN CHANGING

Date Received 9/28/2017 Control#

711014

Date Issued Permit#

10/6/2017 17-02061

A. IDENTIFICATION—APPLICANT: COMPLE CONTRACTORS, NOTIFY THIS OFFICE, CAL			HEN CHANGING	C. CERTIFICATION IN LIEU	OF OATH	
Block 601 Lot 20		Qualification Code	<b>n</b>	I hereby certify that I am the (	agent of) owner of record and	am authorized to make this
Work Site Location 669 WINCHESTER AVE	3	Quantication cour		application,		
UNION TWP, NJ 07083						
Owner in Fee:ADAMKOWSKI, MICHAE	L AND NICOLE				······································	
Tel. ()	e-mail			D. TECHNICAL SITE DATA		
Address 669 WINCHESTER AVE, UNION,	, NJ 07083			DESCRIPTION OF WORK	<b>(</b>	
Contractor: 3PRO CUSTOM SOLAR DBA MO 325 HIGH ST.  METUCHEN, NJ 08840	municipality OMENUM SOLAR	Tel. (7 <u>32) 90:</u> e-mail	2 <sub>3</sub> 6224	SOLAR PANELS		
	A.F.					
Contractor License No. or Builder Registration 1 Home Improvement Contractor Registration No						
Federal Emp. ID No.				<del>-</del>		
	INSPECTIONS Type: Footing Footing Bonding Foundation Slab Frame Truss Sys./Bracing Barrier-Free Insulation Finishes -Base Layer Finishes -Final Energy Mechanical TCO Other Final	Failure Failure	Month/Day) Approval Initial	[ ] Sign0 [ ] Pool [ ] Retaining Wall [ ] Asbestos Abatement	t Subchapter 8	FEE (Office Use Only) \$ 0.00 43.00 0.00 0.00 0.00 0.00 0.00 0.00
Approved by:	Barrier-Free			Lead Haz, Abatemer		0.00
B. BUILDING CHARACTERISTICS		***************************************	**************************************	] [ ] Radon Remediation [ ] Other		0.00
Use Group Present R-5 Proposed		Class Present	Proposed	— [ ] Demolition	1	0.00
No. of Stories	A IF II	rialized Building:				
Height of Structure		tate Approved	HUD	<del></del>	Administrative Surcharge	\$ 0,00
Area — Largest Floor	O sq. ft. Est	. Cost of Bldg. Wo	ork:		Minimum Fee	
New Bldg. Area/All Floors	0 sq. lt. 1.	New Bidg. \$_	0.00		State Permit Surcharge Fee	
Volume of New Structure	^ **	Rehabilitation \$_			TOTAL FEE	
Max. Live Load		Total (1+ 2) \$_				
Max. Occupancy Load	00		U.C.C. F110	1 White = Inspector Copy	2 Canary = Office Copy	

(rev. 11/09)

3 Pink = Office Copy



# ELECTRICAL SUBCODE TECHNICAL SECTION







9/28/2017 Date Received 711014 Control# Date Issued Permit #

10/6/2017 17-02061

C. CER	TIFICATIO	ON IN LIEU OF OATH	
		at I am the (agent of) owner of record an	
applicati	ion and pe	erform the work listed on this application.	
	nt slgn/Co		
– sign and	d seal here	o;	
Print na	me here:		
_ []Licer	nsed Elec.	. Contractor [ ] Certif'd Landscape Irrigat	ion Cont'r [ ] Exempt Applica
		SITE DATA	, ,,
DESCRI	PTION O	F WORK:	
QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	(
		Receptacles	
39_		Switches	
		Detectors	
<del>-</del>		Light Poles	
		Motors—Fract, HP	
-		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	\$60.00
<b>-</b>		Pool Permit/with UW Lights	0.00
		Storable Pool/Spa/Hot Tub	0.00
	0	KW Elec. Range/Receptacle	0.00
	0	KW Oven/Surface Unit	0.00
	0	KW Elec. Water Heater	0.00
	0	KW Elec. Dryer/Receptacle	0.00
	0	KW Dishwasher	0.00
	0	HP Garbage Disposal	0.00
	0	KW Central A/C Unit	0.00
	0	HP/KW Space Heater/Air Handler	0.00
	_0_	KW Baseboard Heat	0.00
	0	HP Motors 1/+ HP	0.00
1	0	KW Transformer/Generator	0.00
I	0	AMP Service	0.00
3	0	AMP Subpanels	138.00
I —	0	AMP Motor Control Center	0.00
·	0	KW Elec. Sign/Outline Light	0.00
_1_	0	SEE BELOW	80.00
1			1

KW Solar/Photovoltaic

Administrative Surcharge	\$	0.00
Minimum Fee	\$	278.00
State Permit Surcharge Fee	•	0.00
TOTAL FEE	•	278.00

A. IDENTIFICATION—APPLICANT: COMPL	ETE ALL ADDITIONAL	I E INICODM	TION IAU		MC Min.
CONTRACTORS, NOTIFY THIS OFFICE. C	ALL UTILITY DIG NO:	1-800-272-	1000.		
Block <u>601</u> Lot <u>20</u>	)	Qualifica	illon Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Work Site Location 669 WINCHESTER AV	<u> </u>				
UNION, NJ 07083					
Owner in Fee: <u>ADAMKOWSKI, MICHA</u>	AEL AND NICOLE				
Tel	e-mail	*********		******	
Address 669 WINCHESTER AVE, UNIO	N, NJ 07083				
Contractor: PRO CUSTOM SOLAR DBA	munidipatity MOMENUM SOLAR	Tel,	(732) 9	zip code 302-6224	
Address 325 HIGH ST.		_ e-mail			
METUCHEN, NJ 08840					
Contractor License No		Exp. I	Date		
Home Improvement Contractor Registration	No. or Exemption Rea	son			
Federal Emp. ID No.		FAX:		***************************************	
3. ELECTRICAL CHARACTERISTICS					
	Drana				
] Pole/Pad # [	Propo	sea			
Building Occupied as	Utility Co,_				
Est. Cost of Elec. Work \$10,8	00.00				
JOB SUMMARY (Office Use Only)					
PLAN REVIEW	INSPECTIONS		Dates (M	lonth/Day)	
] No Plans Required	Type:	Fallure	Fallure	Approval	Initial
[ ] Partial -Underslab Utilities Approved	Rough				
Date:Approved by:	Barrier-Free	<u> </u>			
Approved by,	Trench				
[ ] Electric Plans Approved	Temp. Serv.				
Date: Approved by:	Constr. Serv.				
	TCO	***************************************			
Joint Plan Review Required:	Other				
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.	Service				***************************************
SUBCODE APPROVAL for PERMIT	Final				
Date:	Barrier-Free				
Approved by:					
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-in-Card D	ate Issued			
[ ] CO [ ] CCO [ ] CA	Final Cut-in-Card Da	te Issued			
	Annual Pool Inspecti	on			
Date:	Date of Grounding a	nd Bondina			
Approved by:	Certification				



## **BUILDING SUBCODE TECHNICAL SECTION**







Date Received 5/14/2015 Control #

571361

Date Issued Permit#

8/8/2002 02-1510

CONTRACTORS, NOTIFY THIS OFFICE, CALI			C. CERTIFICATION IN LIEU OF OATH	
Rock 601 Lot 20	Qualification	Code	I hereby certify that I am the (agent of) owner of application.	i record and am authorized to make this
Vork Site Location 669 WINCHESTER AVE			Sign here:	
UNION TWP, NJ 07083			-	
Owner in Fee:ADAMKOWSKI, MICHAEL	L AND NICOLE		Print name here:  D. TECHNICAL SITE DATA	
Tel. ()				
Address 669 WINCHESTER AVE, UNION,	NJ 07083		DESCRIPTION OF WORK	
Contractor: ADAMKOWSKI, MICHAEL AND	municipality	Віў сода	BLDG - DECK 16 X 20	
Contractor License No. or Builder Registration N	No.	Tun Data		
forme Improvement Contractor Registration No.				
Federal Emp. ID No.	FAX: (	)	<u>,</u>	
[ ] No Plans Required T		es (Month/Day) ilure Approval Initial		
[ ] Footings/Foundations	Foundation		TYPE OF WORK:	FEE (Office Use Only)
[ ] Structural/Framework	Slab		[ ] New Building	\$0.00
[ ) Exterior	Frame	TOTAL TOTAL SOURCE SOUR	[ ] Addition	0.00
[ ] Interior	Truss Sys./Bracing		[ ] Rehabilitation	0.00
Joint Plan Review Required:	Barrier-Free		[ ] Roofing	0.00
	Insulation		[ ] Siding	0.00
SUBCODE APPROVAL for PERMIT	Finishes -Base Layer Finishes -Final		[ ] Fence Height (exceeds	
Date:	Energy		[ ] Sign 0 Sq. Ft.	0.00
Approved by:	Mechanical		[ ] Pool	0.00
SUBCODE APPROVAL for CERTIFICATE	TCO		[ ] Retaining Wail 0 Sq. Ft.	0,00
[ ] CO [ ] CCO [ ] CA	Other		Asbestos Abatement Subchapter 8	0,00
Dale:	Final		Lead Haz. Abatement NJAC 5:17	0,00
Approved by:	Barrier-Free	***************************************	Radon Remediation	0.00
. BUILDING CHARACTERISTICS	**************************************		Other	0,00
Jse Group Present R-3 Proposed R-	Constr. Class Presen	t Proposed	- Demolition	
No. of Stories	0 If Industrialized Buildi	10:		
Height of Structure	0 ft State Approved	HUD	- Administratio	/e Surcharge \$0.00
Area — Largest Floor		u. Work:	1	Minimum Fee \$ 0.00
New Bidg. Area/All Floors	U SQ. II. 1 New Bldg	\$0.00	1	urcharge Fee \$ 0.00
/olume of New Structure	7	Ψ	Sauc Pennit St	TOTAL FEE \$ 0.00
Max. Live Load	^	\$ 0.00		TOTAL LEL 4
Max. Occupancy Load	0	U.C.C. F110	1 White = inspector Copy 2 Canary = Office	Сору

(rev. 11/09)

3 Pink = Office Copy



## BUILDING SUBCODE TECHNICAL SECTION







Date Received Control #

5/14/2015 590976

Date Issued Permit # 5/14/2003 03-828

A. IDENTIFICATION—APPLICANT; COMPLETE ALL APPLICABLE CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO:		C. CERTIFICATION IN LIEU OF OATH	
Block 601 Lot 20	Qualification Code	I hereby certify that I am the (agent of) owner of record a	nd am authorized to make this
Work Site Location 669 WINCHESTER AVE		application.	
UNION TWP, NJ 07083		Sign here:	
Owner in Fee: ADAMKOWSKI, MICHAEL AND NICOLE		Print name here:	
Tel. ( )e-mail		D. TECHNICAL SITE DATA	· · · · · · · · · · · · · · · · · · ·
Address 669 WINCHESTER AVE, UNION, NJ 07083		DESCRIPTION OF WORK	
contractor: ADAMKOWSKI, MICHAEL AND NICOLE	Tel. ()e-mail	BLDG - ABOVE GROUND POOL	
Contractor License No. or Builder Registration No.	Exp. Date		
Home Improvement Contractor Registration No. or Exemption Reas			
Federal Emp. ID No	FAX: ()		
JOB SUMMARY (Office Use Only) PLAN REVIEW Date Initial INSPECTIONS  [ ] No Plans Required Type:	Dates (Month/Day) Fallure Failure Approval Initial		
[ ] Footings/Foundations Foundation		TYPE OF WORK:	FEE (Office Use Only)
Slab		[ ] New Building	\$0.00
[ ] Exterior Frame	WARRING TO THE TAXABLE TO THE TAXABL	[ ] Addition	0.00
Truss Sys./Bracing		[ ] Rehabilitation	0.00
Joint Plan Review Required: Barrier-Free		[ ] Roofing	0.00
I amount the second	er	[ ] Siding	0.00
SUBCODE APPROVAL for PERMIT Finishes -Base Layer  Date: Finishes -Final	<u> </u>	[ ] Fence Height (exceeds 6')	0.00
Approved by: Energy		[ ] Sign <u>0</u> Sq. Ft.	0.00
Machanical		[ ] Pool	0.00
SUBCODE APPROVAL for CERTIFICATE TCO		[ ] Retaining Wall0Sq. Ft.	0.00
[ ] CO [ ] CO [ ] CA Other		[ ] Asbestos Abatement Subchapter 8	0.00
Date: Final		Lead Haz, Abatement NJAC 5:17	0.00
Approved by: Barrier-Free		Radon Remediation	0,00
B. BUILDING CHARACTERISTICS		[ ] Other	0.00
	r. Class Present Proposed	[ ] Demolition	0.00
No. of Stories 0	strialized Building:		
Height of Structure ft.	State Approved HUD	- Administrative Surcha	rge \$ 0.00
Area — Largest Floor	st. Cost of Bidg. Work:		ee \$0.00
New Bldg, Area/Ali Floors 0 sg. ft. 4	. New Bldg. \$0.00	State Permit Surcharge F	
Volume of New Structure 0 cu. ft. 2	. Rehabilitation \$0.00	• • • • • • • • • • • • • • • • • • •	EE \$ 0.00
	. Total (1+2) \$0.00		
Max. Occupancy Load0	U.C.C. F110	1 White = Inspector Copy 2 Canary = Office Copy	

(rev. 11/09)

3 Pink = Office Copy



## **BUILDING SUBCODE TECHNICAL SECTION**







3 Pink = Office Copy

4 Gold = Applicant Copy

5/14/2015 Date Received Control # 543105

Date Issued 9/2/2004 Permit# 04-1881

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000.  Block 601 Lot 20 Qualification Code  Work Site Location 669 WINCHESTER AVE  UNION TWP, NJ 07083	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:
Owner in Fee: ADAMKOWSKI, MICHAEL AND NICOLE	Print name here:
Tel. ()e-mail	D. TECHNICAL SITE DATA
Address 669 WINCHESTER AVE, UNION, NJ 07083	DESCRIPTION OF WORK
Contractor: ADAMKOWSKI, MICHAEL AND NICOLE Tel. ( )  Address UNION, NJ 07083,	
Contractor License No. or Builder Registration No Exp. Date	
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):	i e e e e e e e e e e e e e e e e e e e
Federal Emp. ID No FAX: ()	NAME AND ADDRESS OF THE PARTY O
JOB SUMMARY (Office Use Only) PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day)  [] No Plans Required Type: Failure Approval Ini [] All Footing	tial
[ ] Footings/Foundations Footing Bonding Foundation	TYPE OF WORK: FEE (Office Use Only)
[ ] Structural/Framework Slab	[ ] New Building
[ ] Exterior Frame	[ ] Addition0.00
[ ] Interior Truss Sys./Bracing	[ ] Rehabilitation0.00
Joint Plan Review Required: Barrier-Free	[ ] Roofing 0,00
[ ] Elec. ( ] Plumb. ( ] Fire ( ) Elevator Insulation	[ ] Slding
SUBCODE APPROVAL for PERMIT Finishes -Base Layer	[ ] Fence Height (exceeds 6') 0.00
Date.	[ ] Sign 0 Sq. Ft. 0.00
Machanical	
SUBCODE APPROVALIOR CERTIFICATE ————————————————————————————————————	[ ] Retaining Wall 0 Sq. Ft. 0.00
[ ] CO [ ] CCO [ ] CA COHer — — — — —	Asbestos Abatement Subchapter 8 0.00
Date: Final	Lead Haz. Abatement NJAC 5:17 0.00
Approved by:  Barrier-Free	[   Radon Remediation 0.00
B. BUILDING CHARACTERISTICS	[ ] Other
Use Group Present R-3 Proposed R-3 Constr. Class Present Proposed	[ ] Demolition 0.00
No. of Stories 0 If Industrialized Building:	
Height of Structure Ut State Approved HUD	Administrative Surcharge \$0.00
Area — Largest Floor — Usq. (L. Est. Cost of Bidg. Work:	Minimum Fee \$ 0.00
New Bidg, Area/All Floors 0 sq. ft. 1 New Bidg. 6 0.	00 State Permit Surcharge Fee \$ 0.00
Volume of New Structure0 cu. ft. 2. Rehabilitation \$ 0.	00 TOTAL FEE \$ 0.00
	00
Max. Occupancy Load 0 U.C.C. F110	White = Inspector Copy     Canary ≃ Office Copy

(rev. 11/09)



## BUILDING SUBCODE TECHNICAL SECTION





Date Received Control #

5/14/2015 564798

Date Issued
Permit #

9/22/2004 04-2015

CONTRACTORS, NOTIFY THIS OFFICE. CALL UT		C,	CERTIFICATION IN LIEU OF OATH ereby certify that I am the (agent of) ow	ner of record and am authorized to make this
/ork Site Location 669 WINCHESTER AVE	Qualitication code	ap	plication,	
UNION TWP, NJ 07083		······································	Sign here:	
wher In Fee: ADAMKOWSKI, MICHAEL AN	ND NICOLE	Pri	Int name here:	
		D,	TECHNICAL SITE DATA	
Fel. ( )			DECODERTION OF WORK	
Address 669 WINCHESTER AVE, UNION, NJ		le	DESCRIPTION OF WORK LDG - VINYL SIDING	
Contractor: ADAMKOWSKI, MICHAEL AND NIC 669 WINCHESTER AVE	COLE Tel. ()	Dit code		
UNION, NJ 07083,				
ontractor License No. or Builder Registration No	Exp. Date			
fome Improvement Contractor Registration No. or	Exemption Reason (if applicable):			
ederal Emp. ID No.		I		
No Plans Required	ording Bonding	provat Initial	TYPE OF WORK:  [ ] New Building [ ] Addition [ ] Rehabilitation [ ] Roofing [ ] Siding [ ] Fence Height (exc., and the second of	0.00 0.00 Ft. 0.00 8 0.00
BUILDING CHARACTERISTICS			[ j Other	0.00
Ise Group Present R-3 Proposed R-3	Constr. Class Present P	Proposed	[ ] Demolition	
lo. of Stories	0 If Industrialized Building:			
leight of Structure	o If Industrialized Building: O (t. Slate Approved	HUD	Adminis	strative Surcharge \$0.00
rea — Largest Floor	SQ. fb. Est. Cost of Bldg. Work:			Minimum Fee \$ 0.00
lew Bidg. Area/All Floors	U SO, fl. 1 Now plote &		State Perr	nit Surcharge Fee \$ 0.00
	0 cu. ft. 2. Rehabilitation \$	0,00		TOTAL FEE \$ 0.00
10.4 4110 4000	0 3. Total (1+2) \$	0.00	<u> </u>	
lax. Occupancy Load (	0	J.C.C. F110	1 White = Inspector Copy 2 Canary =	Office Copy

(rev. 11/09)

3 Pink = Office Copy



## MECHANICAL INSPECTION TECHNICAL SECTION





A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING C. CERTIFICATION IN LIEU OF OATH CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO; 1-800-272-1000.

Block 601 Lot	20	Qualifica	tion Code		
Work Site Location 669 WINCHESTER A	VE				
UNION, NJ 07083					
Owner in Fee: ADAMKOWSKI, MICHAE	L AND NICOLE				
Tel					
Address 669 WINCHESTER AVE, UNI					
Contractor: ADAMKOWSKI, MICHAEL	municipatry AND NICOLE			zip code	
AND HUMOUROTED ALE					
LINEON NE AZOGO				<del></del>	
			o. Date		
Home Improvement Contractor Registration Federal Emp. ID No.	•		American		
B. MECHANICAL CHARACTERISTIC		. PAA.			
Use Group Present: R-3		Proposed:	R-3		
Heating System Work: [ New OR [ ]		1		nof 1 Den	lacement
Type: [ ] Hydronic [ ] Hot Air	modification to Existing	ON   JOC	mversion i	DK LINCP	acemen
,, , , , , , , , , , , , , , , , , , , ,					
Fuel Type: [ ] Gas [ ] Oil [		n [](	Other		
Estimated Cost of Mechanical Work \$	0.00				
JOB SUMMARY (Office Use Only) PLAN REVIEW					
I No Plans Regulred	INSPECTIONS			TES	
Mechanical Plans Approved	Type:	Fallure	Fallure	Approval	Initiai
Date:Approved by:	Gas Piping —— Appliance	P-110-10-10-10-10-10-10-10-10-10-10-10-10			***********
Joint Plan Review Required:	Chimney/Vent			<del></del>	
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fl					
( ) Elev.	Oil Tank				
SUBCODE APPROVAL for PERMIT	LPG Tank				
Date:	Hydronic Piping	***			
Approved by:	- Fireplace	***************	المستحددة المتحددة	***************************************	•
SUBCODE APPPROVAL for CERTIFICAT	E Chimney Cert.				
[]CA []CCO Date:	Other		<del></del>		
Approved by:	and the state of t				



Date Received Control #

5/14/2015 558569

Date Issued Permit #.

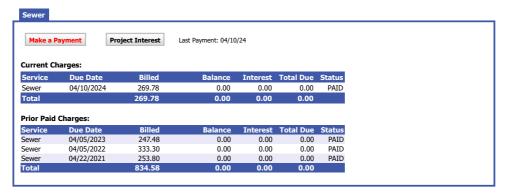
1/23/2004 04-119

I hereby of application Applicant sign and s	n. slgn/Co		(agent of)	owner of	record an	d am aut	horized to	) make th
Print nam	e here:	WARREST TO THE PROPERTY OF THE						
D. TECH	NICAL	SITE DAT	Ά					
		OF WORK CE AND A	<i>/</i> C		****			

NO.	FIXTURE/EQ	UIPMENT	FEE (Office	Use Only)
0	Water Heat	er	\$	0.00
0	Fuel Oil Pip	ing Connections		0.00
0	•	Connections		0.00
0	Steam Boile			0.00
0	Hot Water B	Boiler		0.00
0	Hot Air Furn	ace		0.00
0	Oil Tank			0.00
0	LPG Tank			0.00
0	Fireplace			0.00
0	Generator			0.00
0	Other			0.00
	Galei			0.00
		Administrative Surch	arne \$	0.00
		ì	Fee\$	0.00
		State Permit Surcharge		0.00
		1	FEE \$	







**Return to Home**