



Property Information		Request Information		Update Information
File#:	BS-X01661-2446117705	Requested Date:	06/04/2024	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.

E 11-6 63X100  
L 4 FISFG1

**BLK 601**  
**LOT 20**

KORETSKY, LOUIS & ANNA  
669 WINCHESTER AVENUE  
UNION, N.J.

669 WINCHESTER AVE

**OWNERSHIP RECORD**

NAME	MAIL ADDRESS	DATE	D.B. PG.
<del>Koretsky, May and Koretsky, Beatrice</del>	<del>41 Wyndover Dr - PHISTOWN 08867</del>	<del>7/29/97</del>	<del>3517-0479</del>
<del>Adamkowski, Michael &amp; Nicole</del>	<del></del>	<del>11/30/98</del>	<del>5056-162</del>
<del>Adamkowski, Michael</del>	<del></del>	<del>8/23/06</del>	<del>5602-916</del>
Lorena, Marleen V. & Chien - Ji Amy Wu (Rw)		6/22/09	5761-410

**SALES AND ASSESSMENT RECORD**

SALES RECORD			ASSESSMENT				COUNTY BOARD			STATE DIVISION OF APPEALS			
DATE	SALE PRICE	RATIO	YEAR	%	LAND	BUILDING	TOTAL	LAND	BUILDING	TOTAL	LAND	BUILDING	TOTAL
7-29-87		N.Y.#4					(1048597)						
11-30-00	225,000	23.16											
8-23-06		N.Y. 14	2002		21400	30700	52100						
4-22-09	425,000	12.42	2003		21400	31400	52800	DECK					

**LOT RECORD**

**ACREAGE RECORD**

**LAND VALUE CALCULATION**

TOPOGRAPHY		ZONING OR USE		TOPOGRAPHY		WATER		ACRES		SIZE OF LOT OR NUMBER OF ACRES	BASE UNIT VALUE	DEPTH, CORNER, OR OTHER INFLUENCE				ADJUSTED UNIT VALUE	TOTAL VALUE
LEVEL				LEVEL		CITY		CULTIVATIBLE	TABLE			FACTOR	TABLE	FACTOR			
HIGH	<input checked="" type="checkbox"/>	RESIDENTIAL		ROLLING		WELL		PASTURE		63 x 100	\$400	100	100			\$400	\$25200
LOW		APARTMENT		LOW		SPRING		FOREST TREES									
		COMMERCIAL				STREAM		WASTE									
<b>IMPROVEMENTS</b>		LIGHT INDUSTRY		<b>ROAD</b>													
SIDEWALKS		HEAVY INDUSTRY		PAVED ROAD						23.1543	9.2523	2520					
CURBS		<b>STREET</b>		DIRT ROAD													
WATER		ASPHALT		NO ROAD OUTLET													
SEWERS		BRICK															
GAS		CONCRETE															
		<input checked="" type="checkbox"/> MACADAM OR GRAVEL															
		UNPAVED-DIRT															

**ADDITIONAL INFORMATION ON MAJOR ALTERATIONS TO PRINCIPAL BUILDING—OTHER SPECIAL NOTES**

01-357 3/28/01 800 - 200amp Svc.  
02-1510 8/7/02 4,000 - DECK CHG FOR 2003  
03-828 5/13/03 2,300 - ABOVE GROUND POOL  
04-119 1/23/04 4,200 - CENTRAL AIR N/C  
04-2015 9/22/04 6200 - VINYL SIDING

TOTAL ACRES	TOTAL BASE LAND VALUE	\$
	ADJUSTMENT FACTOR	X F -15%
	ADJUSTED VALUE	21420
	TOTAL LOT OR LAND VALUE	\$21400

CASE No. 2801

17-2061 10-6-17 12,330 - Solar



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

**Taxes**   **Utilities**

[Make a Payment](#)   
 [View Tax Rates](#)   
 [Project Interest](#)

Year	Due Date	Type	Billed	Balance	Interest	Total Due	Status
2024	02/01/2024	Tax	2,860.31	0.00	0.00	0.00	PAID
2024	05/01/2024	Tax	2,860.31	0.00	0.00	0.00	PAID
2024	08/01/2024	Tax	3,031.91	3,031.91	0.00	3,031.91	OPEN
<b>Total 2024</b>			<b>8,752.53</b>	<b>3,031.91</b>	<b>0.00</b>	<b>3,031.91</b>	
2023	02/01/2023	Tax	2,760.92	0.00	0.00	0.00	PAID
2023	05/01/2023	Tax	2,760.91	0.00	0.00	0.00	PAID
2023	08/01/2023	Tax	2,926.44	0.00	0.00	0.00	PAID
2023	11/01/2023	Tax	2,992.96	0.00	0.00	0.00	PAID
<b>Total 2023</b>			<b>11,441.23</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
2022	02/01/2022	Tax	2,693.99	0.00	0.00	0.00	PAID
2022	05/01/2022	Tax	2,693.99	0.00	0.00	0.00	PAID
2022	08/01/2022	Tax	2,855.56	0.00	0.00	0.00	PAID
2022	11/01/2022	Tax	2,800.11	0.00	0.00	0.00	PAID
<b>Total 2022</b>			<b>11,043.65</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

Last Payment: 05/03/24

[Return to Home](#)

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**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](mailto:Government.Records@dca.nj.gov), or at their web site at [www.state.nj.us/grc](http://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

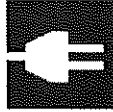
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Please download these attachments from the links below:

- [23c5d13b-22024583145\\_20240612083952297.pdf](#)
- [23c5d13b-22024132060\\_20240613113249474.pdf](#)



**ELECTRICAL SUBCODE  
TECHNICAL SECTION**



**Closed**

Date Received 5/14/2015  
Control # 577465  
Date Issued 3/30/2001  
Permit # 01-357

**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, NJ 07083

Owner In Fee: ADAMKOWSKI, MICHAEL AND NICOLE

Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address 669 WINCHESTER AVE, UNION, NJ 07083

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)		INSPECTIONS		Dates (Month/Day)		
<b>PLAN REVIEW</b>		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	_____	_____	_____	_____
<b>SUBCODE APPROVAL for PERMIT</b>		Service	_____	_____	_____	_____
Date: _____		Final	_____	_____	_____	_____
Approved by: _____		Barrier-Free	_____	_____	_____	_____
<b>SUBCODE APPROVAL for CERTIFICATE</b>		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: ELECT - 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	_____
_____	_____	<b>TOTAL NUMBERS</b>	\$ <u>0.00</u>
_____	_____	Pool Permit/with UW Lights	<u>0.00</u>
_____	_____	Storable Pool/Spa/Hot Tub	<u>0.00</u>
_____	<u>0</u>	KW Elec. Range/Receptacle	<u>0.00</u>
_____	<u>0</u>	KW Oven/Surface Unit	<u>0.00</u>
_____	<u>0</u>	KW Elec. Water Heater	<u>0.00</u>
_____	<u>0</u>	KW Elec. Dryer/Receptacle	<u>0.00</u>
_____	<u>0</u>	KW Dishwasher	<u>0.00</u>
_____	<u>0</u>	HP Garbage Disposal	<u>0.00</u>
_____	<u>0</u>	KW Central A/C Unit	<u>0.00</u>
_____	<u>0</u>	HP/KW Space Heater/Air Handler	<u>0.00</u>
_____	<u>0</u>	KW Baseboard Heat	<u>0.00</u>
_____	<u>0</u>	HP Motors 1/+ HP	<u>0.00</u>
_____	<u>0</u>	KW Transformer/Generator	<u>0.00</u>
_____	<u>0</u>	AMP Service	<u>0.00</u>
_____	<u>0</u>	AMP Subpanels	<u>0.00</u>
_____	<u>0</u>	AMP Motor Control Center	<u>0.00</u>
_____	<u>0</u>	KW Elec. Sign/Outline Light	<u>0.00</u>
_____	<u>0</u>		<u>0.00</u>

Administrative Surcharge \$	<u>0.00</u>
Minimum Fee \$	<u>0.00</u>
State Permit Surcharge Fee \$	<u>0.00</u>
<b>TOTAL FEE \$</b>	<u>0.00</u>



**ELECTRICAL SUBCODE  
TECHNICAL SECTION**



*Open*

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

**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, NJ 07083

Owner in Fee: LORENO, MARLVEN V AND CHIEN-YI A WU

Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address 669 WINCHESTER AVE, UNION, NJ 07083

Contractor: C AND C AIR CONDITIONING@C@ INC. Tel. (732) 495-0600

Address 754 HIGHWAY 36 e-mail Chrisbaker@Candcair.com  
BELFORD, NJ 07718

Contractor License No. 13VH01644500 Exp. Date 3/31/2019

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

Federal Emp. ID No. 222469219 FAX: (732) 495-6040

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present R-5 Proposed R-5

[ ] Pole/Pad # \_\_\_\_\_ [ ] Temporary [ ] Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ 5,000.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
[ ] No Plans Required		Rough	_____	_____	_____	_____
[ ] Partial -Underslab Utilities Approved		Barrier-Free	_____	_____	_____	_____
Date: _____	Approved by: _____	Trench	_____	_____	_____	_____
[ ] Electric Plans Approved		Temp. Serv.	_____	_____	_____	_____
Date: _____	Approved by: _____	Constr. Serv.	_____	_____	_____	_____
Joint Plan Review Required:		TCO	_____	_____	_____	_____
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.		Other	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Service	_____	_____	_____	_____
Date: <u>08/16/2023</u>		Final	_____	_____	_____	_____
Approved by: <u>DG</u>		Barrier-Free	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Temp. Cut-in-Card Date Issued	_____	_____	_____	_____
[ ] CO [ ] CCO [ ] 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 [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: FURNACE, CONDENSER AND COIL REPLACMENT

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
<u>1</u>	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
<u>1</u>	_____	TOTAL NUMBERS	\$ <u>75.00</u>
_____	_____	Pool Permit/with UW Lights	<u>0.00</u>
_____	_____	Storable Pool/Spa/Hot Tub	<u>0.00</u>
_____	<u>0</u>	KW Elec. Range/Receptacle	<u>0.00</u>
_____	<u>0</u>	KW Oven/Surface Unit	<u>0.00</u>
_____	<u>0</u>	KW Elec. Water Heater	<u>0.00</u>
_____	<u>0</u>	KW Elec. Dryer/Receptacle	<u>0.00</u>
_____	<u>0</u>	KW Dishwasher	<u>0.00</u>
_____	<u>0</u>	HP Garbage Disposal	<u>0.00</u>
_____	<u>0</u>	KW Central A/C Unit	<u>0.00</u>
_____	<u>0</u>	HP/KW Space Heater/Air Handler	<u>0.00</u>
_____	<u>0</u>	KW Baseboard Heat	<u>0.00</u>
_____	<u>0</u>	HP Motors 1/+ HP	<u>0.00</u>
_____	<u>0</u>	KW Transformer/Generator	<u>0.00</u>
_____	<u>0</u>	AMP Service	<u>0.00</u>
_____	<u>0</u>	AMP Subpanels	<u>0.00</u>
_____	<u>0</u>	AMP Motor Control Center	<u>0.00</u>
_____	<u>0</u>	KW Elec. Sign/Outline Light	<u>0.00</u>
_____	<u>0</u>		<u>0.00</u>

Administrative Surcharge \$	<u>0.00</u>
Minimum Fee \$	<u>115.00</u>
State Permit Surcharge Fee \$	<u>10.00</u>
<b>TOTAL FEE \$</b>	<b><u>125.00</u></b>





# MECHANICAL INSPECTION TECHNICAL SECTION



*Open*

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

**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, NJ 07083

Owner in Fee: LORENO, MARLVEN V AND CHIEN-YI A WU  
Tel. \_\_\_\_\_ e-mail \_\_\_\_\_  
Address 669 WINCHESTER AVE, UNION, NJ 07083

Contractor: C AND C AIR CONDITIONING@C@ INC. Tel. (732) 495-0600  
Address 754 HIGHWAY 36 e-mail Chrisbaker@Candcair.com  
BELFORD, NJ 07718

Contractor License No. 13VH01644500 Exp. Date 3/31/2019  
Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_  
Federal Emp. ID No. 222469219 FAX: (732) 495-6040

**B. MECHANICAL CHARACTERISTICS**

Use Group Present: R-5 Proposed: R-5  
Heating System Work:  New OR  Modification to Existing OR  Conversion OR  Replacement  
Type:  Hydronic  Hot Air  
Fuel Type:  Gas  Oil  Electric  Solar  Other \_\_\_\_\_

Estimated Cost of Mechanical Work \$ 7,000.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	INSPECTIONS	DATES			
<input type="checkbox"/> No Plans Required	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> Mechanical Plans Approved	Gas Piping	_____	_____	_____	_____
Date: _____ Approved by: _____	Appliance	_____	_____	_____	_____
Joint Plan Review Required:	Chimney/Vent	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire.	Oil Piping	_____	_____	_____	_____
<input type="checkbox"/> Elev.	Oil Tank	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	LPG Tank	_____	_____	_____	_____
Date: <u>08/17/2023</u>	Hydronic Piping	_____	_____	_____	_____
Approved by: _____ VF	Fireplace	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Chimney Cert.	_____	_____	_____	_____
<input type="checkbox"/> CA <input type="checkbox"/> CCO	Other _____	_____	_____	_____	_____
Date: _____					
Approved by: _____					

**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.  
Applicant sign/Contractor sign and seal here: \_\_\_\_\_  
Print name here: \_\_\_\_\_

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK  
FURNACE, CONDENSER AND COIL REPLACMENT

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Heater	\$ 0.00
0	Fuel Oil Piping Connections	0.00
0	Gas Piping Connections	0.00
0	Steam Boiler	0.00
0	Hot Water Boiler	0.00
1	Hot Air Furnace	85.00
0	Oil Tank	0.00
0	LPG Tank	0.00
0	Fireplace	0.00
0	Generator	0.00
2	Other	0.00

Administrative Surcharge \$	170.00
Minimum Fee \$	14.00
State Permit Surcharge Fee \$	184.00
<b>TOTAL FEE \$</b>	



BUILDING SUBCODE TECHNICAL SECTION



Open

Date Received 9/28/2017
Control # 711014
Date Issued 10/6/2017
Permit # 17-02061

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

Owner in Fee: ADAMKOWSKI, MICHAEL AND NICOLE

Tel. ( ) e-mail

Address 669 WINCHESTER AVE, UNION, NJ 07083

Contractor: PRO CUSTOM SOLAR DBA MOMENUM SOLAR Tel. (732) 902-6224

Address 325 HIGH ST. METUCHEN, NJ 08840

Contractor License No. or Builder Registration No. Exp. Date

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

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 SOLAR PANELS

JOB SUMMARY (Office Use Only) Table with columns: PLAN REVIEW, Date, Initial, INSPECTIONS, Type, Failure, Dates (Month/Day), Approval, Initial. Includes rows for No Plans Required, All, Footings/Foundations, Structural/Framework, Exterior, Interior, Joint Plan Review Required, SUBCODE APPROVAL for PERMIT, SUBCODE APPROVAL for CERTIFICATE.

- TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] 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) Table with columns: \$, Fee Amount. Includes rows for New Building (0.00), Addition (0.00), Rehabilitation (43.00), Roofing (0.00), Siding (0.00), Fence (0.00), Sign (0.00), Pool (0.00), Retaining Wall (0.00), Asbestos Abatement (0.00), Lead Haz. Abatement (0.00), Radon Remediation (0.00), Other (0.00), Demolition (0.00).

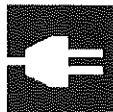
B. BUILDING CHARACTERISTICS

Use Group Present R-5 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
Constr. Class Present Proposed
If Industrialized Building: State Approved HUD
Est. Cost of Bldg. Work:
1. New Bldg. \$ 0.00
2. Rehabilitation \$ 1,435.00
3. Total (1+ 2) \$ 1,435.00

Administrative Surcharge \$ 0.00
Minimum Fee \$ 60.00
State Permit Surcharge Fee \$ 23.00
TOTAL FEE \$ 83.00



**ELECTRICAL SUBCODE  
TECHNICAL SECTION**



*Open*

Date Received 9/28/2017  
Control # 711014  
Date Issued 10/6/2017  
Permit # 17-02061

**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, NJ 07083

Owner in Fee: ADAMKOWSKI, MICHAEL AND NICOLE

Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address 669 WINCHESTER AVE, UNION, NJ 07083

Contractor: PRO CUSTOM SOLAR DBA MOMENUM SOLAR Tel. (732) 902-6224

Address 325 HIGH ST. e-mail \_\_\_\_\_  
METUCHEN, NJ 08840

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-5 Proposed \_\_\_\_\_

Pole/Pad # \_\_\_\_\_  Temporary  Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ 10,895.00

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	_____	_____	_____	_____
Date: _____		Final	_____	_____	_____	_____
Approved by: _____		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:			FEE (Office Use Only)
QTY.	SIZE	ITEMS	
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
<u>39</u>	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	TOTAL NUMBERS	\$ <u>60.00</u>
_____	_____	Pool Permit/with UW Lights	<u>0.00</u>
_____	_____	Storable Pool/Spa/Hot Tub	<u>0.00</u>
_____	<u>0</u>	KW Elec. Range/Receptacle	<u>0.00</u>
_____	<u>0</u>	KW Oven/Surface Unit	<u>0.00</u>
_____	<u>0</u>	KW Elec. Water Heater	<u>0.00</u>
_____	<u>0</u>	KW Elec. Dryer/Receptacle	<u>0.00</u>
_____	<u>0</u>	KW Dishwasher	<u>0.00</u>
_____	<u>0</u>	HP Garbage Disposal	<u>0.00</u>
_____	<u>0</u>	KW Central A/C Unit	<u>0.00</u>
_____	<u>0</u>	HP/KW Space Heater/Air Handler	<u>0.00</u>
_____	<u>0</u>	KW Baseboard Heat	<u>0.00</u>
_____	<u>0</u>	HP Motors 1/+ HP	<u>0.00</u>
_____	<u>0</u>	KW Transformer/Generator	<u>0.00</u>
_____	<u>0</u>	AMP Service	<u>0.00</u>
<u>3</u>	<u>0</u>	AMP Subpanels	<u>138.00</u>
_____	<u>0</u>	AMP Motor Control Center	<u>0.00</u>
_____	<u>0</u>	KW Elec. Sign/Outline Light	<u>0.00</u>
<u>1</u>	<u>0</u>	SEE BELOW	<u>80.00</u>

KW Solar/Photovoltaic

Administrative Surcharge \$	<u>0.00</u>
Minimum Fee \$	<u>278.00</u>
State Permit Surcharge Fee \$	<u>0.00</u>
<b>TOTAL FEE \$</b>	<b><u>278.00</u></b>



**BUILDING SUBCODE  
TECHNICAL SECTION**



*Closed*

Date Received 5/14/2015  
Control # 571361  
Date Issued 8/8/2002  
Permit # 02-1510

**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  
 Owner in Fee: ADAMKOWSKI, MICHAEL AND NICOLE  
 Tel. (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_  
 Address 669 WINCHESTER AVE, UNION, NJ 07083  
street municipality zip code  
 Contractor: ADAMKOWSKI, MICHAEL AND NICOLE Tel. (\_\_\_\_) \_\_\_\_\_  
 Address 669 WINCHESTER AVE e-mail \_\_\_\_\_  
UNION, NJ 07083,  
 Contractor License No. or Builder Registration No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_  
 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  
 BLDG - DECK 16 X 20

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
			Type:	Failure	Failure	Approval
<input type="checkbox"/> No Plans Required	_____	_____	Footing	_____	_____	_____
<input type="checkbox"/> All	_____	_____	Footing Bonding	_____	_____	_____
<input type="checkbox"/> Footings/Foundations	_____	_____	Foundation	_____	_____	_____
<input type="checkbox"/> Structural/Framework	_____	_____	Slab	_____	_____	_____
<input type="checkbox"/> Exterior	_____	_____	Frame	_____	_____	_____
<input type="checkbox"/> Interior	_____	_____	Truss Sys./Bracing	_____	_____	_____
Joint Plan Review Required:			Barrier-Free	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Insulation	_____	_____	_____
SUBCODE APPROVAL for PERMIT			Finishes -Base Layer	_____	_____	_____
Date: _____			Finishes -Final	_____	_____	_____
Approved by: _____			Energy	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE			Mechanical	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			TCO	_____	_____	_____
Date: _____			Other	_____	_____	_____
Approved by: _____			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 \_\_\_\_\_ ft.  
 Area — Largest Floor \_\_\_\_\_ sq. ft.  
 New Bldg. Area/All Floors \_\_\_\_\_ sq. ft.  
 Volume of New Structure \_\_\_\_\_ 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

U.C.C. F110  
(rev. 11/09)

**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
_____	0.00
_____	0.00

Administrative Surcharge \$	_____	0.00
Minimum Fee \$	_____	0.00
State Permit Surcharge Fee \$	_____	0.00
<b>TOTAL FEE \$</b>	_____	<b>0.00</b>

1 White = Inspector Copy  
3 Pink = Office Copy

2 Canary = Office Copy  
4 Gold = Applicant Copy



BUILDING SUBCODE TECHNICAL SECTION



Open

Date Received 5/14/2015
Control # 590976
Date Issued 5/14/2003
Permit # 03-828

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
Owner in Fee: ADAMKOWSKI, MICHAEL AND NICOLE
Tel. ( ) e-mail
Address 669 WINCHESTER AVE, UNION, NJ 07083
Contractor: ADAMKOWSKI, MICHAEL AND NICOLE Tel. ( )
Address 669 WINCHESTER AVE e-mail
UNION, NJ 07083,
Contractor License No. or Builder Registration No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
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
BLDG - ABOVE GROUND POOL

JOB SUMMARY (Office Use Only)

Table with columns: PLAN REVIEW, Date, Initial, INSPECTIONS, Type, Failure, Approval, Initial. Rows include No Plans Required, All, Footings/Foundations, Structural/Framework, Exterior, Interior, Joint Plan Review Required, SUBCODE APPROVAL for PERMIT, SUBCODE APPROVAL for CERTIFICATE.

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
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 \$ 0.00
3. Total (1+ 2) \$ 0.00

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)

Table with columns: Fee Type, Amount. Rows include New Building, Addition, Rehabilitation, Roofing, Siding, Fence, Sign, Pool, Retaining Wall, Asbestos Abatement, Lead Haz. Abatement, Radon Remediation, Other, Demolition.

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



**BUILDING SUBCODE  
TECHNICAL SECTION**



*Closed*

Date Received 5/14/2015  
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

Owner In Fee: ADAMKOWSKI, MICHAEL AND NICOLE

Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ e-mail \_\_\_\_\_

Address 669 WINCHESTER AVE, UNION, NJ 07083

Contractor: ADAMKOWSKI, MICHAEL AND NICOLE Tel. ( \_\_\_\_\_ ) \_\_\_\_\_

Address 669 WINCHESTER AVE e-mail \_\_\_\_\_  
UNION, NJ 07083,

Contractor License No. or Builder Registration No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

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  
BLDG - ROOF

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

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(rev. 11/09)

**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)**

- \$ \_\_\_\_\_ 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
- \_\_\_\_\_ 0.00

Administrative Surcharge \$	_____ 0.00
Minimum Fee \$	_____ 0.00
State Permit Surcharge Fee \$	_____ 0.00
<b>TOTAL FEE \$</b>	<b>_____ 0.00</b>

1 White = Inspector Copy  
3 Pink = Office Copy

2 Canary = Office Copy  
4 Gold = Applicant Copy



BUILDING SUBCODE TECHNICAL SECTION



Closed

Date Received 5/14/2015
Control # 564798
Date Issued 9/22/2004
Permit # 04-2015

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
Owner in Fee: ADAMKOWSKI, MICHAEL AND NICOLE
Tel. ( ) e-mail
Address 669 WINCHESTER AVE, UNION, NJ 07083
Contractor: ADAMKOWSKI, MICHAEL AND NICOLE Tel. ( )
Address 669 WINCHESTER AVE e-mail
UNION, NJ 07083,
Contractor License No. or Builder Registration No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
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
BLDG - VINYL SIDING

JOB SUMMARY (Office Use Only)

Table with columns: PLAN REVIEW, Date, Initial, INSPECTIONS, Type, Failure, Approval, Initial. Rows include No Plans Required, All, Footings/Foundations, Structural/Framework, Exterior, Interior, Joint Plan Review Required, SUBCODE APPROVAL for PERMIT, SUBCODE APPROVAL for CERTIFICATE.

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
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 \$ 0.00
3. Total (1+ 2) \$ 0.00

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)

Table with columns: \$, Fee Amount. Rows include New Building, Addition, Rehabilitation, Roofing, Siding, Fence, Sign, Pool, Retaining Wall, Asbestos Abatement, Lead Haz. Abatement, Radon Remediation, Other, Demolition.

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

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

U.C.C. F11D
(rev. 11/09)



# MECHANICAL INSPECTION TECHNICAL SECTION



# Closed

Date Received 5/14/2015  
Control # 558569  
Date Issued 1/23/2004  
Permit # 04-119

**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, NJ 07083

Owner in Fee: ADAMKOWSKI, MICHAEL AND NICOLE

Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address 669 WINCHESTER AVE, UNION, NJ 07083

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. MECHANICAL CHARACTERISTICS**

Use Group Present: R-3 Proposed: R-3

Heating System Work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Type: [ ] Hydronic [ ] Hot Air

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other \_\_\_\_\_

Estimated Cost of Mechanical Work \$ 0.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW	INSPECTIONS	DATES			
[ ] No Plans Required	Type:	Failure	Failure	Approval	Initial
[ ] Mechanical Plans Approved	Gas Piping	_____	_____	_____	_____
Date: _____ Approved by: _____	Appliance	_____	_____	_____	_____
Joint Plan Review Required:	Chimney/Vent	_____	_____	_____	_____
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.	Oil Piping	_____	_____	_____	_____
[ ] Elev.	Oil Tank	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	LPG Tank	_____	_____	_____	_____
Date: _____	Hydronic Piping	_____	_____	_____	_____
Approved by: _____	Fireplace	_____	_____	_____	_____
SUBCODE APPPROVAL for CERTIFICATE	Chimney Cert.	_____	_____	_____	_____
[ ] CA [ ] CCO	Other _____	_____	_____	_____	_____
Date: _____					
Approved by: _____					

**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.

Applicant sign/Contractor sign and seal here: \_\_\_\_\_

Print name here: \_\_\_\_\_

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK  
MECH - FURNACE AND A/C

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Heater	\$ 0.00
0	Fuel Oil Piping Connections	0.00
0	Gas Piping Connections	0.00
0	Steam Boiler	0.00
0	Hot Water Boiler	0.00
0	Hot Air Furnace	0.00
0	Oil Tank	0.00
0	LPG Tank	0.00
0	Fireplace	0.00
0	Generator	0.00
0	Other	0.00

Administrative Surcharge \$ 0.00  
Minimum Fee \$ 0.00  
State Permit Surcharge Fee \$ 0.00  
**TOTAL FEE \$** \_\_\_\_\_



Township of

Union



New Jersey

<b>Utility Account:</b>	973-0
<b>Block/Lot/Qual:</b>	601. 20.
<b>Property Location:</b>	669 WINCHESTER AVE
<b>Service Location:</b>	
<b>Owner Name/Address:</b>	LORENO, MARLVEN V & CHIEN-YI A WU 669 WINCHESTER AVE UNION, NJ 07083

Sewer

[Make a Payment](#)

[Project Interest](#)

Last Payment: 04/10/24

Current Charges:

Service	Due Date	Billed	Balance	Interest	Total Due	Status
Sewer	04/10/2024	269.78	0.00	0.00	0.00	PAID
<b>Total</b>		<b>269.78</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

Prior Paid Charges:

Service	Due Date	Billed	Balance	Interest	Total Due	Status
Sewer	04/05/2023	247.48	0.00	0.00	0.00	PAID
Sewer	04/05/2022	333.30	0.00	0.00	0.00	PAID
Sewer	04/22/2021	253.80	0.00	0.00	0.00	PAID
<b>Total</b>		<b>834.58</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

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