



## Property Information

File#: BS-X01661-2918434646  
Owner: RAGUCCI, RAYMOND JR  
Address 1: 349 STOCKTON ROAD  
Address 2:  
City, State Zip: UNION, NJ

## Request Information

Requested Date: 06/04/2024  
Branch:  
Date Completed:  
# of Jurisdiction(s):  
# of Parcel(s): 1

## Update Information

Update Requested:  
Requested By:  
Update Completed:

## Notes

CODE VIOLATIONS	<p>Per Union Township Department of Zoning there are no Code Violation cases on this property.</p> <p>Collector: Union Township Payable Address: 1976 Morris Avenue, Union, NJ 07083 Business # 908-851-8508</p>
PERMITS	<p>Per Union Township Building Department there are multiple Open Permits on this property.</p> <p>Collector: Union Township Payable Address: 1976 Morris Avenue, Union, NJ 07083 Business # 908-851-8508</p> <p>Comments: Per Union Township Building Department there are multiple Open Permits on this property. Please refer to the attached document for more information.</p>
SPECIAL ASSESSMENTS	<p>Per Union Township Tax Collector Department there are no Special Assessments/liens on the property.</p> <p>Collector: Union Township Payable Address: 1976 Morris Avenue, Union, NJ 07083 Business # 908-851-8508</p>
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 #: 2568-0  
Payment Status: DELINQUENT  
Status: Pvt & Lienable  
Amount: \$508.37  
Good Thru: 06/30/2024  
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.

B 12-8 70X110  
L 3 F2SFG1

2

**OWNERSHIP RECORD**

BREEN, MARSHALL J & JEANNETTE A 1105  
349 STOCKTON RD  
UNION, N.J.  
LOT 070.83 23

NAME	MAIL ADDRESS	DATE	D.B. PG.
<i>964-2966</i> <del>Thomas Raymond Yaccaro</del>	349 Stockton Rd, Union	12-7-77	3126-434
<i>Kella Fargo Bank</i>	Southwest, NJ 4101 Wiseman Blvd San Antonio, TX 78251	12/14/12	5941-41
<i>Ragucci, Raymond Jr.</i>		9/26/13	5976-417

349 STOCKTON RD

**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
12-7-77	65,000	97											
12-14-12	-	118											
9-26-13	358,613.00	1431											
			1993		22100	28400	50500						
			1994		22100	37800	59900	1993 AA					

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	RESIDENTIAL	ROLLING	WELL	PASTURE	70 x 110	\$480	R100	1.04			\$416	\$29120
LOW	APARTMENT	LOW	WELL	PASTURE								
	COMMERCIAL	ROAD	WELL	PASTURE								
	LIGHT INDUSTRY	ROAD	WELL	PASTURE								
	HEAVY INDUSTRY	PAVED ROAD	WELL	PASTURE								
	STREET	DIRT ROAD	WELL	PASTURE								
	ASPHALT	NO ROAD OUTLET	WELL	PASTURE								
	BRICK		WELL	PASTURE								
	CONCRETE		WELL	PASTURE								
	MACADAM OR GRAVEL		WELL	PASTURE								
	UNPAVED-DIRT		WELL	PASTURE								

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

92-886-8/28/92 \$27,000 Addition - 40% 1/12/93  
1993 AA 9400 11,000 1/12/93 CL.2 ADDITION  
17-1248 6-20-17 2500 - Remove and place HVAC

TOTAL ACRES	TOTAL BASE LAND VALUE	\$ 29120
ADJUSTMENT FACTOR	XF=0	-24%
ADJUSTED VALUE		22131
TOTAL LOT OR LAND VALUE		\$ 22100



Township of  
*Union*  
New Jersey



<b>Block/Lot/Qual:</b>	1105. 23.	<b>Tax Account Id:</b>	2650
<b>Property Location:</b>	349 STOCKTON RD	<b>Property Class:</b>	2 - Residential
<b>Owner Name/Address:</b>	RAGUCCI, RAYMOND JR 349 STOCKTON RD UNION, NJ 07083	<b>Land Value:</b>	22,100
		<b>Improvement Value:</b>	37,800
		<b>Exempt Value:</b>	0
		<b>Total Assessed Value:</b>	59,900
		<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	3,244.94	0.00	0.00	0.00	PAID
2024	05/01/2024	Tax	3,244.93	0.00	0.00	0.00	PAID
2024	08/01/2024	Tax	3,439.61	3,439.61	0.00	3,439.61	OPEN
<b>Total 2024</b>			<b>9,929.48</b>	<b>3,439.61</b>	<b>0.00</b>	<b>3,439.61</b>	
2023	02/01/2023	Tax	3,132.17	0.00	0.00	0.00	PAID
2023	05/01/2023	Tax	3,132.17	0.00	0.00	0.00	PAID
2023	08/01/2023	Tax	3,319.96	0.00	0.00	0.00	PAID
2023	11/01/2023	Tax	3,395.43	0.00	0.00	0.00	PAID
<b>Total 2023</b>			<b>12,979.73</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
2022	02/01/2022	Tax	3,056.25	0.00	0.00	0.00	PAID
2022	05/01/2022	Tax	3,056.25	0.00	0.00	0.00	PAID
2022	08/01/2022	Tax	3,239.54	0.00	0.00	0.00	PAID
2022	11/01/2022	Tax	3,176.64	0.00	0.00	0.00	PAID
<b>Total 2022</b>			<b>12,528.68</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

Last Payment: 05/03/24

[Return to Home](#)

Reference # **OPR-2024-00683**

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 - The property record card is attached. There are no new pending added assessments as of this date.**

**Building - Please see attached.**

**DPW - No documents responsive to this request.**

**Tax - There are no open tax 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: 349 STOCKTON RD, UNION, NJ 07083

Block/Lot/Qual: 1105. 23.

Owner: RAGUCCI, RAYMOND JR

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:** 349 STOCKTON RD, UNION, NJ 07083

If your request for access to a government record has been denied or unfiled 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:

- [27e6c741-62024532942\\_20240612083437110.pdf](#)
- [27e6c741-62024295574\\_20240613104905236.pdf](#)



BUILDING SUBCODE TECHNICAL SECTION



Open

Date Received 10/23/2013
Control # 352369
Date Issued 10/30/2013
Permit # 13-02421

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

Block 1105 Lot 23 Qualification Code
Work Site Location 349 STOCKTON RD
UNION TWP, NJ 07083

Owner in Fee: VACCARO, THOMAS AND ROSEMARY

Tel. ( ) e-mail

Address 349 STOCKTON RD, UNION, NJ 07083

Contractor: RADIATION DATA Tel. (609) 466-4300

Address PO BOX 150 e-mail
SKILLMAN, NJ 08558

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
RADON SYSTEM

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

B. BUILDING CHARACTERISTICS
Table with columns: Use Group, Present, Proposed, Constr. Class, Present, Proposed. Includes rows for No. of Stories, Height of Structure, Area, New Bldg. Area, Volume of New Structure, Max. Live Load, Max. Occupancy Load, and Est. Cost of Bldg. Work.

TYPE OF WORK:
Table with columns: TYPE OF WORK, FEE (Office Use Only). Includes rows for 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 \$ 30.00
State Permit Surcharge Fee \$ 4.00
TOTAL FEE \$ 34.00

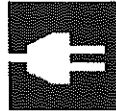
U.G.C. F110 (rev. 11/09)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



**ELECTRICAL SUBCODE  
TECHNICAL SECTION**



*Open*

Date Received 10/23/2013  
Control # 352369  
Date Issued 10/30/2013  
Permit # 13-02421

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

Block 1105 Lot 23 Qualification Code \_\_\_\_\_

Work Site Location 349 STOCKTON RD  
UNION, NJ 07083

Owner In Fee: VACCARO, THOMAS AND ROSEMARY

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

Address 349 STOCKTON RD, UNION, NJ 07083

Contractor: JOHN GEREC'S ELECTRICAL Tel. (609) 651-7610

Address 195 PENN AVE. e-mail \_\_\_\_\_  
EDISON, NJ 08817

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 \$ 595.00

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

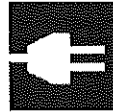
QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors—Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communications Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	TOTAL NUMBERS	\$ <u>36.00</u>
_____	_____	Pool Permit/with UW Lights	_____
_____	_____	Storable Pool/Spa/Hot Tub	_____
_____	_____	0 KW Elec. Range/Receptacle	_____
_____	_____	0 KW Oven/Surface Unit	_____
_____	_____	0 KW Elec. Water Heater	_____
_____	_____	0 KW Elec. Dryer/Receptacle	_____
_____	_____	0 KW Dishwasher	_____
_____	_____	0 HP Garbage Disposal	_____
_____	_____	0 KW Central A/C Unit	_____
_____	_____	0 HP/KW Space Heater/Air Handler	_____
_____	_____	0 KW Baseboard Heat	_____
_____	_____	0 HP Motors 1/+ HP	_____
_____	_____	0 KW Transformer/Generator	_____
_____	_____	0 AMP Service	_____
_____	_____	0 AMP Subpanels	_____
_____	_____	0 AMP Motor Control Center	_____
_____	_____	0 KW Elec. Sign/Outline Light	_____
_____	_____	_____	_____

Administrative Surcharge \$	_____	0.00
Minimum Fee \$	_____	36.00
State Permit Surcharge Fee \$	_____	0.00
<b>TOTAL FEE \$</b>	_____	<b>36.00</b>





**ELECTRICAL SUBCODE  
TECHNICAL SECTION**



*Open*

Date Received 7/16/2014  
Control # 374042  
Date Issued 7/16/2014  
Permit # 14-01228

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

Block 1105 Lot 23 Qualification Code \_\_\_\_\_

Work Site Location 349 STOCKTON RD  
UNION, NJ 07083

Owner in Fee: VACCARO, THOMAS AND ROSEMARY

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

Address 349 STOCKTON RD, UNION, NJ 07083

Contractor: RYAN INC Tel. (908) 687-4300

Address 741 LEHIGH AVENUE e-mail \_\_\_\_\_  
UNION, NJ 07083

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

Federal Emp. ID No. 221833037 FAX: \_\_\_\_\_

**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 \$ 3,480.00

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: GENERATOR

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	_____
TOTAL NUMBERS			\$ <u>36.00</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>1</u>	<u>0</u>	KW Transformer/Generator	<u>10.00</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>46.00</u>
State Permit Surcharge Fee \$	<u>0.00</u>
<b>TOTAL FEE \$</b>	<b><u>46.00</u></b>



**FIRE PROTECTION SUBCODE  
TECHNICAL SECTION**



*Open*

Date Received 7/16/2014  
Control # 374042  
Date Issued 7/16/2014  
Permit # 14-01228

**A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.**  
Block 1105 Lot 23 Qualification Code \_\_\_\_\_

Work Site Location 349 STOCKTON RD  
UNION, NJ 07083

Owner in Fee: VACCARO, THOMAS AND ROSEMARY

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

Address 349 STOCKTON RD, UNION, NJ 07083

Contractor: RYAN INC municipality \_\_\_\_\_ Tel. (908) 687-4300 zip code \_\_\_\_\_

Address 741 LEHIGH AVENUE e-mail \_\_\_\_\_

UNION, NJ 07083

Fire Protection Equipment, NJ Div of Fire Safety Permit No. \_\_\_\_\_

Fire Protection Equipment, NJ Div of Fire Safety Installer No. \_\_\_\_\_

Fire Alarm Contractor No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

Federal Emp. ID No. 221833037 FAX: \_\_\_\_\_

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group: Present R-5 Proposed R-5 Fuel Storage Tank:

Constr. Class: Present \_\_\_\_\_ Proposed \_\_\_\_\_ Fuel Type:  Flammable OR  Combustible Capacity \_\_\_\_\_

Heating System:  New OR  Modification to Existing Fire Alarm System:  New OR  Existing

OR  Conversion OR  Replacement Location of Panel: \_\_\_\_\_

Fuel Type:  Gas  Oil  Electric  Solar Fire Suppression/Standpipe System:

Other \_\_\_\_\_  New OR  Existing

Location: \_\_\_\_\_ Location of Main Control Valve: \_\_\_\_\_

Total Cost of Fire Protection Work \$ 100.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)		
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required		Alarm System	_____	_____	_____	_____
<input type="checkbox"/> Partial -Underslab Utilities Approved		Suppression Sys.	_____	_____	_____	_____
Date: _____ Approved by: _____		Standpipe	_____	_____	_____	_____
<input type="checkbox"/> Fire Protection Plans Approved		Fire Pump	_____	_____	_____	_____
Date: _____ Approved by: _____		Pre-Eng. System	_____	_____	_____	_____
Joint Plan Review Required:		Mechanical	_____	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Elev.		Smoke Control	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		TCO	_____	_____	_____	_____
Date: _____		Flam/Combust Tanks	_____	_____	_____	_____
Approved by: _____		Fireplace Venting	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Final	_____	_____	10/16	DM
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		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/Contractor sign here: \_\_\_\_\_

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

**D. TECHNICAL SITE DATA**  Certified Contractor  Exempt Applicant

DESCRIPTION OF WORK: GAS GENERATOR  
Water Supply Source \_\_\_\_\_  
Method of Alarm/Suppression System Supervision \_\_\_\_\_

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	<u>0</u>	\$ <u>\$0.00</u>
<b>Alarm Systems</b>		
<input type="checkbox"/> System		
<input type="checkbox"/> 110v Interconnected		
<input type="checkbox"/> CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	<u>0</u>	\$ <u>\$0.00</u>
Supervisory Devices (i.e., tampers, low/high air)	<u>0</u>	\$ <u>\$0.00</u>
Signaling Devices (i.e., horn/strobes, bells)	<u>0</u>	\$ <u>\$0.00</u>
Other Devices _____	<u>0</u>	\$ <u>\$0.00</u>
<b>TOTAL</b>	<u>0</u>	\$ <u>\$0.00</u>
<b>Suppression Systems</b>		
Fire Pump _____ GPM Type _____	<u>0</u>	\$ <u>\$0.00</u>
Dry Pipe/Alarm Valves	<u>0</u>	\$ <u>\$0.00</u>
Pre-action Valves	<u>0</u>	\$ <u>\$0.00</u>
Sprinkler Heads (Dry and Wet)	<u>0</u>	\$ <u>\$0.00</u>
Standpipes	<u>0</u>	\$ <u>\$0.00</u>
<b>Pre-engineered Systems</b>		
Wet Chemical	<u>0</u>	\$ <u>\$0.00</u>
Dry Chemical	<u>0</u>	\$ <u>\$0.00</u>
CO <sub>2</sub> Suppression	<u>0</u>	\$ <u>\$0.00</u>
Foam Suppression	<u>0</u>	\$ <u>\$0.00</u>
FM200 Suppression	<u>0</u>	\$ <u>\$0.00</u>
Other _____	<u>0</u>	\$ <u>\$0.00</u>
<b>Other Systems</b>		
Kitchen Hood Exhaust System	<u>0</u>	\$ <u>\$0.00</u>
Smoke Control System	<u>0</u>	\$ <u>\$0.00</u>
Fuel-Fired Appliances <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid	<u>1</u>	\$ <u>\$40.00</u>
Fireplace Venting/Metal Chimney	<u>0</u>	\$ <u>\$0.00</u>
Other _____	<u>0</u>	\$ <u>\$0.00</u>

Administrative Surcharge \$	<u>0.00</u>
Minimum Fee \$	<u>40.00</u>
State Permit Surcharge Fee \$	<u>0.00</u>
<b>TOTAL FEE \$</b>	<b><u>40.00</u></b>



**PLUMBING SUBCODE  
TECHNICAL SECTION**



*Open*

Date Received 7/16/2014  
Control # 374042  
Date Issued 7/16/2014  
Permit # 14-01228

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

Block 1105 Lot 23 Qualification Code \_\_\_\_\_

Work Site Location 349 STOCKTON RD  
UNION TWP, NJ 07083

Owner in Fee: VACCARO, THOMAS AND ROSEMARY

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

Address 349 STOCKTON RD, UNION, NJ 07083

Contractor: RYAN INC Tel. (908) 687-4300

Address 741 LEHIGH AVENUE e-mail \_\_\_\_\_  
UNION, NJ 07083

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

Federal Emp. ID No. 221833037 FAX: \_\_\_\_\_

**B. PLUMBING CHARACTERISTICS**

Use Group Present R-5 Proposed R-5

Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_

Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well \_\_\_\_\_

Est. Cost of Plumbing Work \$ 7,000.00

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW		INSPECTIONS				Dates (Month/Day)			
		Type:	Failure	Failure	Approval	Initial			
<input type="checkbox"/> No Plans Required		Slab	_____	_____	_____	_____			
<input type="checkbox"/> Partial -Underslab Utilities Approved		Rough	_____	_____	_____	_____			
Date: _____ Approved by: _____		Water	_____	_____	_____	_____			
<input type="checkbox"/> Plumbing Plans Approved		Sewer	_____	_____	_____	_____			
Date: _____ Approved by: _____		Fixtures	_____	_____	_____	_____			
Joint Plan Review Required:		Gas Equipment	_____	_____	_____	_____			
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.		Gas Piping	_____	_____	_____	_____			
SUBCODE APPROVAL for PERMIT		LPGas Tank	_____	_____	_____	_____			
Date: _____		Fuel Oil Piping	_____	_____	_____	_____			
Approved by: _____		Solar	_____	_____	_____	_____			
SUBCODE APPROVAL for CERTIFICATE		TCO	_____	_____	_____	_____			
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		Final	_____	_____	_____	_____			
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 and perform the work listed on this application.

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

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

Licensed Contractor  Exempt Applicant

**D. TECHNICAL SITE DATA**

**DESCRIPTION OF WORK  
GAS GENERATOR**

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	\$ 0.00
0	Urinal/Bidet	0.00
0	Bath Tub	0.00
0	Lavatory	0.00
0	Shower	0.00
0	Floor Drain	0.00
0	Sink	0.00
0	Dishwasher	0.00
0	Drinking Fountain	0.00
0	Washing Machine	0.00
0	Hose Bibb	0.00
0	Water Heater	0.00
0	Fuel Oil Piping	0.00
1	Gas Piping	15.00
0	LPGas Tank	0.00
0	Steam Boiler	0.00
0	Hot Water Boiler	0.00
0	Sewer Pump	0.00
0	Interceptor/Separator	0.00
0	Backflow Preventer	0.00
0	Greasetrap	0.00
0	Sewer Connection	0.00
0	Water Service Connection	0.00
0	Stacks	0.00
0	Other	0.00

Administrative Surcharge	\$ 0.00
Minimum Fee	\$ 30.00
State Permit Surcharge Fee	\$ 0.00
<b>TOTAL FEE</b>	<b>\$ 30.00</b>



PLUMBING SUBCODE TECHNICAL SECTION



Open

Date Received 5/14/2015
Control # 561159
Date Issued 7/29/1998
Permit # 98-928

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

Block 1105 Lot 23 Qualification Code

Work Site Location: 349 STOCKTON RD
UNION TWP, NJ 07083

Owner In Fee: VACCARO, THOMAS AND ROSEMARY

Tel. e-mail

Address 349 STOCKTON RD, UNION, NJ 07083

Contractor: VACCARO, THOMAS AND ROSEMARY Tel.

Address 349 STOCKTON RD
UNION, NJ 07083, e-mail

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work \$ 0.00

JOB SUMMARY (Office Use Only)

Table with columns: PLAN REVIEW, INSPECTIONS, Dates (Month/Day). Includes rows for No Plans Required, Plumbing Plans Approved, SUBCODE APPROVAL for PERMIT, and SUBCODE APPROVAL for CERTIFICATE.

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 Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
PLMBG - WATER HEATER

Table with columns: QTY., FIXTURE/EQUIPMENT, FEE (Office Use Only). Lists items like Water Closet, Urinal/Bidet, Bath Tub, etc.

Summary table with rows: Administrative Surcharge \$ 0.00, Minimum Fee \$ 0.00, State Permit Surcharge Fee \$ 0.00, TOTAL FEE \$ 0.00



Utility Account:	2568-0
Block/Lot/Qual:	1105. 23.
Property Location:	349 STOCKTON RD
Service Location:	
Owner Name/Address:	RAGUCCI, RAYMOND JR 349 STOCKTON RD UNION, NJ 07083

Projected Interest Thru 06/30/2024

<b>Interest Due:</b>	\$8.99
<b>Principal Due:</b>	\$499.38
<b>Total Due:</b>	\$508.37

[Close](#)

**Sewer**

[Make a Payment](#)

[Project Interest](#)

Last Payment: 02/09/24

**Delinquent Charges:**

Service	Due Date	Billed	Balance	Interest	Total Due	Status
Sewer	04/10/2024	499.38	499.38	7.44	506.82	OPEN
<b>Total</b>		<b>499.38</b>	<b>499.38</b>	<b>7.44</b>	<b>506.82</b>	

**Prior Paid Charges:**

Service	Due Date	Billed	Balance	Interest	Total Due	Status
Sewer	04/05/2023	414.26	0.00	0.00	0.00	PAID
Sewer	04/05/2022	409.05	0.00	0.00	0.00	PAID
Sewer	04/22/2021	399.50	0.00	0.00	0.00	PAID
<b>Total</b>		<b>1,222.81</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

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