



CITY OF BAYONNE

OPEN PUBLIC RECORDS ACT REQUEST FORM

Office of the City Clerk, 630 Avenue C, Bayonne, NJ 07002

Phone (201) 858-6029

Fax (201) 823-4391

E-Mail: OPRAREQUEST@BAYNJ.ORG

Madalene C. Medina, City Clerk, Records Custodian



#24-1069

Fill out and submit this form to the Records Custodian to request public records from the City of Bayonne. If you do not wish to fill out this form, you may also submit a written request which satisfies the requirements of N.J.S.A. 47:1A-1 et seq.

Requestor Information - Please Print

Requestor information fields: First Name (Kevin), Last Name (Smith), E-mail Address (MLS@stellaripl.com), Mailing Address (2605 Maitland Center Parkway, Suite C), City (Maitland), State (FL), Zip (32751), Telephone ((302) - 261 - 9069), Preferred Delivery (E-mail X), Signature (Kevin Smith), Date (07/19/2024)

Payment Information

Payment information fields: Maximum Authorization Cost \$, Select Payment Method (Cash, Check, Money Order), Fees (Letter size pages - \$0.05 per page, Legal size pages - \$0.07 per page, Other materials (CD, DVD, etc) - actual cost of material), Delivery (Delivery / postage fees additional depending upon delivery type), Extras (Special service charge dependent upon request)

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Address: 371 AVE A, BAYONNE, NJ 07002
Block 243-Lot19
Owner: DOROTHY FORGIONE & ROBERT NIEDZINSKI
1. Please advise if the above 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.

AGENCY USE ONLY

Agency use only fields: Est. Document Cost, Est. Delivery Cost, Est. Extras Cost, Total Est. Cost, Deposit Amount, Estimated Balance, Deposit Date

AGENCY USE ONLY

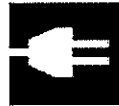
Disposition Notes: Custodian: If any part of request cannot be delivered in seven business days, detail reasons here. In Progress - Open, Denied - Closed, Filled - Closed, Partial - Closed

AGENCY USE ONLY

Tracking Information and Final Cost: Tracking #, Rac'd Date, Ready Date, Total Pages, Total, Deposit, Balance Due, Balance Paid, Records Provided, Custodian or his Assignee Signature, Date



**ELECTRICAL SUBCODE
TECHNICAL SECTION**



Date Received 10/21/2022
 Date Issued 12/1/2022
 Control # C22-10-2574
 Permit # 22-12-003

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

Block 243 Lot 19 Qualification Code _____

Work Site Location: 371 AVENUE A Bayonne, NJ 07002

Owner in Fee: FORGIONE, DOROTHY R. ETAL

Address 371A AVENUE A BAYONNE, NJ 07002

Email _____

Tel: _____

Contractor: _____

Address NJ

Email _____

Tel. _____ Fax. _____

Lic No. _____ Exp. Date _____

Home improvement Contractor Registration No. or Exemption Reason(is applicable): _____

Federal Employee No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed R-5

Pole/Pad # _____ Temporary Other _____

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$500

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS		Dates (Month/Day)	
<input type="checkbox"/> No Plan Required			Type:	Failure	Failure	Approval
<input type="checkbox"/> Partial/Underslab Approved			Rough			
Partial Underslab Utilities Approved			Barrier-Free			
Date: _____ by: _____			Trench			
<input type="checkbox"/> Electrical Plans Approved			Temp. Serv.			
Date: _____ by: _____			Constr. Serv.			
Joint Plan Review Required			TCO			
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing			Other			
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Service			
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			
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Annual Pool Inspection			
Date: _____			Date of Grounding and Bonding			
Approved by: _____			Certification			

Open

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name

Licensed Elec Cont'r Certif'd Landscape Irrigation Cont'r Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors - Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communication Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	TOTAL NUMBERS	_____
_____	_____	Pool Permit/with UW Lights	_____
_____	_____	Storable Pool/Spa/Hot Tub	_____
_____	_____	KW Elec. Range/Receptical	_____
_____	_____	KW Oven/Surface Unit	_____
_____	_____	KW Elec. Water Heater	_____
_____	_____	KW Elec. Dryer/Recepticle	_____
_____	_____	KW Dishwasher	_____
_____	_____	HP Garbage Disposal	_____
_____	_____	KW Central A/C Unit	_____
_____	_____	HP/KW Space Heater/Air Hand	_____
_____	_____	KW Baseboard Heat	_____
_____	_____	HP Motors 1/+ HP	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____
<u>1</u>	_____	FURNACE	\$80

Administrative Surcharge	_____
Minimum Fee	\$100
State Permit Surcharge Fee	\$1
TOTAL FEE	\$101



**MECHANICAL SUBCODE
TECHNICAL SECTION**



Date Received 10/21/2022
Control # C22-10-2574
Date Issued 12/1/2022
Permit # 22-12-003

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

Block 243 Lot 19 Qualification Code _____

Work Site Location: 371 AVENUE A Bayonne, NJ 07002

Owner in Fee: FORGIONE, DOROTHY R. ETAL

Address 371A AVENUE A BAYONNE NJ 07002

Email _____

Tel. (201) 740-0300

Contractor: _____

Address NJ

Email _____

Tel. _____ Fax. _____

Contractor License No. _____ Expiration Date: _____

Home improvement Contractor Registration No. or Exemption Reason(is applicable): _____

Federal Emp. ID No. _____

B. MECHANICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

Heating System New Modification to Existing Conversion Replacement

Type: Hydronic Hot Air

Fuel: Gas Oil Electric Solar

Other _____

Estimated Cost of Mechanical Work \$5,000

JOB SUMMARY (Office Use Only)							
PLAN REVIEW:	Date	Initial	INSPECTIONS				
<input type="checkbox"/> No Plan Required			Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> MECHANICAL PLANS APPROVED			Gas Piping	_____	_____	_____	_____
Date: _____			Appliance	_____	_____	_____	_____
Approved by: _____			Chimnet/Vent	_____	_____	_____	_____
Joint Plan Review Required			Piping	_____	_____	_____	_____
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing			Tank	_____	_____	_____	_____
<input type="checkbox"/> Electrical <input type="checkbox"/> Elevator			Cooling	_____	_____	_____	_____
<input type="checkbox"/> Fire <input type="checkbox"/> Mechanical			Generator	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT			Fireplace	_____	_____	_____	_____
Date: _____			Chimney/Ce	_____	_____	_____	_____
Approved by: _____			Other	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE			Other	_____	_____	_____	_____
<input type="checkbox"/> CA <input type="checkbox"/> CCO			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. _____

Signature

Print Name Here _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

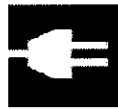
NO.	FIXTURES/EQUIPMENT	FEE (Office Use Only)
_____	Water Heater	_____
_____	Fuel Oil Piping Connections	_____
_____	Gas Piping Connections	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
<u>1</u>	Hot Air Furnace	<u>\$75</u>
_____	Oil Tank	_____
_____	LPG Tank	_____
_____	Fireplace	_____
_____	Generator	_____
_____	Other _____	_____

Administrative Surcharge	_____
Minimum Fee	<u>\$100</u>
State Permit Surcharge Fee	<u>\$10</u>
TOTAL FEE	<u>\$110</u>

open



**ELECTRICAL SUBCODE
TECHNICAL SECTION**



Date Received 12/1/2022
Date Issued 12/12/2022
Control # C22-12-2899
Permit # 22-12-003+A

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

Block 243 Lot 19 Qualification Code _____
Work Site Location: 371 AVENUE A Bayonne, NJ 07002

Owner in Fee: FORGIONE DOROTHY R ETAL
Address 371A AVENUE A BAYONNE NJ 07002

Email _____

Contractor: _____

Address NJ

Email _____

Tel. _____ Fax. _____

Lic No. _____ Exp. Date _____

Home improvement Contractor Registration No. or Exemption Reason(is applicable): _____

Federal Employee No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed R-5

Pole/Pad # _____ Temporary Other _____

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$2,350

JOB SUMMARY (Office Use Only)						
PLAN REVIEW	Date	Initial	INSPECTIONS		Dates (Month/Day)	
<input type="checkbox"/> No Plan Required			Type:	Failure	Failure	Approval
<input type="checkbox"/> Partial/Underslab Approved			Rough	_____	_____	_____
<input type="checkbox"/> Partial Underslab Utilities Approved			Barrier-Free	_____	_____	_____
Date: _____ by: _____			Trench	_____	_____	_____
<input type="checkbox"/> Electrical Plans Approved			Temp. Serv.	_____	_____	_____
Date: _____ by: _____			Constr. Serv.	_____	_____	_____
Joint Plan Review Required			TCO	_____	_____	_____
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing			Other	_____	_____	_____
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Service	_____	_____	_____
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	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Annual Pool Inspection	_____	_____	_____
Date: _____			Date of Grounding and Bonding	_____	_____	_____
Approved by: _____			Certification	_____	_____	_____

open

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name
 Licensed Elec Contr Certif'd Landscape Irrigation Contr Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
REPLACEMENT A/C UNIT, REPLACE A/C

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors - Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communication Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	TOTAL NUMBERS	_____
_____	_____	Pool Permit/with UW Lights	_____
_____	_____	Storable Pool/Spa/Hot Tub	_____
_____	_____	KW Elec. Range/Receptical	_____
_____	_____	KW Oven/Surface Unit	_____
_____	_____	KW Elec. Water Heater	_____
_____	_____	KW Elec. Dryer/Recepticle	_____
_____	_____	KW Dishwasher	_____
_____	_____	HP Garbage Disposal	_____
<u>1</u>	<u>2.5</u>	KW Central A/C Unit	<u>\$60</u>
_____	_____	HP/KW Space Heater/Air Hand	_____
_____	_____	KW Baseboard Heat	_____
_____	_____	HP Motors 1/+ HP	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____

Administrative Surcharge _____
Minimum Fee \$100
State Permit Surcharge Fee \$4
TOTAL FEE \$104



**MECHANICAL SUBCODE
TECHNICAL SECTION**



Date Received 12/1/2022
Control # C22-12-2899
Date Issued 12/12/2022
Permit # 22-12-003+A

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

Block 243 Lot 19 Qualification Code _____

Work Site Location: 371 AVENUE A Bayonne, NJ 07002

Owner in Fee: FORGIONE, DOROTHY R. ETAL

Address 371A AVENUE A BAYONNE NJ 07002

Email _____

Tel. _____

Contractor: _____

Address NJ

Email _____

Tel. _____ Fax. _____

Contractor License No. _____ Expiration Date: _____

Home improvement Contractor Registration No. or Exemption Reason(is applicable): _____

Federal Emp. ID No. _____

B. MECHANICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

Heating System New Modification to Existing Conversion Replacement

Type: Hydronic Hot Air

Fuel: Gas Oil Electric Solar

Other _____

Estimated Cost of Mechanical Work \$2,350

JOB SUMMARY (Office Use Only)			
PLAN REVIEW:	Date	Initial	
<input type="checkbox"/> No Plan Required			
<input type="checkbox"/> MECHANICAL PLANS APPROVED			
Date:			
Approved by:			
Joint Plan Review Required			
<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing		
<input type="checkbox"/> Electrical	<input type="checkbox"/> Elevator		
<input type="checkbox"/> Fire	<input type="checkbox"/> Mechanical		
SUBCODE APPROVAL for PERMIT			
Date:			
Approved by:			
SUBCODE APPROVAL for CERTIFICATE			
<input type="checkbox"/> CA	<input type="checkbox"/> CCO		
Date:			
Approved by:			
INSPECTIONS			
Type:	Failure	Failure	Approval
Initial			
Gas Piping			
Appliance			
Chimnet/Vent			
Piping			
Tank			
Cooling/A/C			
Generator			
Fireplace			
Chimney Cert.			
Other			
Other			
Final			

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. _____

Signature

Print Name Here _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPLACEMENT A/C UNIT, REPLACE A/C

NO.	FIXTURES/EQUIPMENT	FEE (Office Use Only)
_____	Water Heater	_____
_____	Fuel Oil Piping Connections	_____
_____	Gas Piping Connections	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Hot Air Furnace	_____
_____	Oil Tank	_____
_____	LPG Tank	_____
_____	Fireplace	_____
_____	Generator	_____
<u>1</u>	Other <u>A/C</u>	<u>\$75</u>

Administrative Surcharge	_____
Minimum Fee	<u>\$100</u>
State Permit Surcharge Fee	<u>\$4</u>
TOTAL FEE	<u>\$104</u>



PLUMBING SUBCODE TECHNICAL SECTION



Date Received Control # 1/23/08
Date Issued Permit # 08-01-160

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

Block 243 Lot 19 Qualification Code
Work Site Location 371 Ave Q, Jersey City, NJ 07307

Owner in Fee: Ros Niedzwinski

Tel. () e-mail

Address 371 Ave Q, Jersey City, NJ 07307

Contractor: William J. Guarini Inc. Tel. (201) 656-1530

Address 506 Palisade Ave., Jersey City, NJ 07307 e-mail

Contractor License No. 9961 Exp. Date

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

Federal Emp. ID No. FAX: (201) 656-0293

B. PLUMBING CHARACTERISTICS

Use Group Present 1 Family Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work \$ 44107.00

Table with columns: PLAN REVIEW, SUBCODE APPROVAL, INSPECTIONS, Dates (Month/Day). Includes handwritten 'NOSED' and various checkboxes.

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's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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

Administrative Surcharge \$ 1004108
Minimum Fee \$
State Permit Surcharge Fee \$ 1 each
TOTAL FEE \$ 101