



#### 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 Madelene C. Medina, City Clerk, Records Custodian



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		Payment Information
First Name Kevin	MI Last Name Smith		Maximum Authorization Cost \$
E-mail Address <u>MLS@ste</u>	llaripl.com		Select Payment Method
2005 Maitian	d Center Parkway, Suite C		Cash Check Money Order
Maining / taul 000			Fees: Letter size pages - \$0,05
City Maitland Sta	te FL Zip 32751		per page Legal size pages - \$0,07
Telephone (302) - 261 - 906	9 FAX		per page
Pick Preferred Delivery: Up US M	On-Site	E-mail X	Other materials (CD, DVD, etc) – actual cost of material Delivery: Delivery / postage fees
2C:28-3, I certify that I HAVE / HAVE NO	personal information, please circle one: U T been convicted of any indictable offense un		additional depending upon delivery type.
Jersey, any other state, or the United State Signature Kevin Smith	s. Date	7/19/2024	Extras: Special service charge dependent upon request.
Address: 371 AVE A,BAYONNE, Block 243-Lot19 Owner: DOROTHY FORGIONE & B	NJ 07002	e teurinological means an	d the integrity of the records will not
Please advise if the above permits that need attention 2. Also advise if there are a continuous continuou	re address has any OPEN/PEN	due that needs att	
A OFNOVIDE ONLY	A OFNOV LIGE ONLY		SEMANTION ONLY
AGENCY USE ONLY	AGENCY USE ONLY Disposition Notes	Tracking Information	SENCY USE ONLY on Final Cost
Est, Document Cost	Custodian: If any part of request cannot be delivered in seven business days,	Tracking #	Total
Est. Delivery Cost	detail reasons here,	Rec'd Date Ready Date	Deposit Balance Due
Est. Extras Cost		Total Pages	Balance Paid
Total Est, Cost			Records Provided
Deposit Amount			
Estimated Balance			
	In Progress Open		
Deposit Date	Denied - Closed		
	Filled - Closed		
i	Partlal - Closed	Custodian or his Assign	ee Signature Date



## **ELECTRICAL SUBCODE TECHNICAL SECTION**



Control # Permit # C. CERTIFICATION IN LIEU OF OATH
I hereby certifiy 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.

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 <b>243</b> Lot <b>19</b>	Qualification Co	nde	Applicant's Sig	nature/Con	tractor's Seal and Signature and F	Printed Name
Nork Site Location: 371 AVENUE A Bayon			Licensed El D. TECHNICAI DESCRIPTIO	SITE DAT		ont'r D Exempt Applicar
			DESCRIPTIO	N OF WOR	in.	
Owner in Fee: FORGIONE, DOROTHY R. I			— L	Office	ITEMS	FEE (Office Use Only)
Address 371A AVENUE A BAYONNE NJ 0				SIZE	Lighting Fixtures	ree (Office Ose Offig)
					Receptacles	
Contractor:					Switches	
Address NJ					Detectors	
	Email				Light Poles	
Tel.					Motors - Fract. HP	
ic No.					Emergency & Exit Lights	
Home improvment Contractor Registration No					Communication Points	
Federal Employee No.	o. or Exemption reason(to applie				Alarm Devices/F.A.C. Panel	
B. ELECTRICAL CHARACTERISTICS						
	Proposed R-5				TOTAL NUMBERS	
Pole/Pad #	·				Pool Permit/with UW Lights	***************************************
Building Occupied as					Storable Pool/Spa/Hot Tub	
Estimated Cost of Electrical Work \$500			<u> </u>		KW Elec. Range/Receptical	
JOB SUMMARY (Office Use Only)			<u> </u>		KW Oven/Surface Unit	
PLAN REVIEW Date Initial	INSPECTIONS	Dates (Month/Day)			. KW Elec. Water Heater	
No Plan Required	Type: Failure	Failure Approval Ini	tial ———		KW Elec. Dryer/Recepticle	
Partial/Underslab Approved	Rough				KW Dishwasher	***************************************
Partial Underslab Utilities Approved	Barrier-Free				HP Garbage Disposal	
Date: by:	Trench				KW Central A/C Unit	<del>,,</del>
Electrical Plans Approved	Temp. Serv.			-	HP/KW Space Heater/Air Hand	
Date:by:	Constr. Serv.		I			
Joint Plan Review Required	тсо		<u> </u>		HP Motors 1/+ HP	
☐ Building ☐ Plumbing	Other				KW Transformer/Generator	
Fire Elevator	Service		1			
SUBCODE APPROVAL for PERMIT	Fina				AMP Subpanels	
Date:	Barrer-Free			*	AMP Motor Control Center	
Approved by:  SUBCODE APPROVAL for CERTIFICATE	Temp. Carin-Car Day Issue	d		-	KW Elec. Sign/Outline Light	
CO CCO CA	Final Cut-in-Card Date ssued		1			\$80
Date:	Annual Pool Inspection				Administrative Surchar	
Approved by:	Date of Grounding and Bondin	ng			1	ee \$100
	Certification	- NA	)   O		State Permit Surcharge Fe	
U.C.(	C F120 (rev. 11/09) Applicant	t: When submitting this form to your	Local Construction Code		I TOTAL FE	EE \$101



Approved by:\_\_\_

## MECHANICAL SUBCODE TECHNICAL SECTION



A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000 \_\_\_ 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: \_\_\_\_\_\_Email\_\_\_\_\_\_ Tel. Fax. Contractor License No. Expiration Date: Home improvment Contractor Registration No. or Exemption Reason(is applicable): Federal Emp. ID No. **B. MECHANICAL CHARACTERISTICS** Proposed \_\_\_\_ Use Group Heating System New New ☐ Modification to Existing ☐ Conversion Type: ☐ Hot Air Hydronic Fuel: ☐ Oil Electric Gas | | Solar Other — Estimated Cost of Mechanical Work \$5.000 JOB SUMMARY (Office Use Only) Initial PLAN REVIEW: Date INSPECTIONS Dates (Month/Day) No Plan Required Type: Failure Failure Approval Initial ☐ MECHANICAL PLANS APPROVED Gas Piping Date: Appliance Approved by:\_\_\_\_\_ Chimnet/Vent Joint Plan Review Required Plumbing Piping Building Tank ☐ Elevator ☐ Electrical Mechanical Cook ☐ Fire SUBCODE APPROVAL for PERMIT Gene Firep Approved by: Chim SUBCODE APPROVAL for CERTIFICATE Other ☐ CA Other Date: Final

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

#### C. CERTIFICATION IN LIEU OF OATH

nake this applic		
	Signat	ure
rint Name Her	e	
. TECHNICAL	SITE DATA	
DESCRIPTION	N OF WORK	
NO.	FIXTURES/EQUIPMENT	FEE (Office Use Only)
110.	Water Heater	TEE (Onice ose only)
	Fuel Oil Piping Connections	***************************************
	Gas Piping Connections	
	Steam Boiler	
***************************************	Hot Water Boiler	
1	Hot Air Furnace	\$75
	Oil Tank	
	LPG Tank	
***************************************	Fireplace	PARK PARK PARK PARK PARK PARK PARK PARK
	Generator	<u></u>
	Other	
	Administrative Surcharg	e
	_	e\$100
	State Permit Surcharge Fe	
	_	E\$110

I hereby certifiy that I am the (agent of) owner of record and am authorized to

U.C.C F145 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.



## **ELECTRICAL SUBCODE TECHNICAL SECTION**



Date Received <u>12/1/2022</u>

TOTAL FEE

\$104

Date Issued

Control #

Permit#

I hereby certifiy 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.

C. CERTIFICATION IN LIEU OF OATH

12/12/2022

C22-12-2899

22-12-003+A

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

Block <u>243</u> Lot <u>19</u>			Aı	oplicant's Sign	ature/Con	ractor's Seal and Signature and I	Printed Name
Work Site Location: 371 AVENUE A Bayon						Certifd Landscape Irrigation C	ont'r 🔲 Exempt Applicar
VOIR One Location.	IIII VI VI VV			TECHNICAL DESCRIPTION	OF WOR	<u>A</u> K	
Owner in Fee: FORGIONE, DOROTHY R	FTAI					IIT, REPLACE A/C	
Address 371A AVENUE A BAYONNE NJ 0				QTY.	SIZE	ITEMS	FEE (Office Use Only)
<u> </u>	Email					Lighting Fixtures	, , , , , , , , , , , , , , , , , , , ,
						Receptacles	
Contractor:						Switches	
Address NJ						Detectors	
						Light Poles	
Tel.						Motors - Fract. HP	
Lic No.						Emergency & Exit Lights	
Home improvment Contractor Registration No	<del>-</del>					Communication Points	
Federal Employee No.				·····		Alarm Devices/F.A.C. Panel	
B. ELECTRICAL CHARACTERISTICS				******			
Use Group Present	Proposed R-5					TOTAL NUMBERS	
Pole/Pad #				***************************************		Pool Permit/with UW Lights	
Building Occupied as						Storable Pool/Spa/Hot Tub	
Estimated Cost of Electrical Work \$2,350				***************************************		KW Elec. Range/Receptical	
JOB SUMMARY (Office Use Only)						KW Oven/Surface Unit	***************************************
PLAN REVIEW Date Initial	INSPECTIONS	Dates (Month/Day)		***************************************		KW Elec. Water Heater	
■ No Plan Required	Type: Failure	Failure Approval	Initial			KW Elec. Dryer/Recepticle	
Partial/Underslab Approved	Rough					KW Dishwasher	
Partial Underslab Utilities Approved	Barrier-Free					HP Garbage Disposal	
Date:by:	Trench			1	2.5	KW Central A/C Unit	\$60
Electrical Plans Approved	Temp. Serv.		<del> </del>			•	
Date:by:	Constr. Serv.		<b>^</b>				<u></u>
Joint Plan Review Required	TCO					HP Motors 1/+ HP	
☐ Building ☐ Plumbing	Other					KW Transformer/Generator	
Fire Elevator	Service					AMP Service	
SUBCODE APPROVAL for PERMIT	Final					AMP Subpanels	
Date:	Barrier-Free					AMP Motor Control Center	
Approved by:SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-in-Card Date Issued	1		***************************************		KW Elec. Sign/Outline Light	
CO CCO CA	Final Cut-in-Card Date Issued			***************************************	······································	· -	J ———
Date:	Annual Pool Inspection					Administrative Surchar	=
Approved by:	Date of Grounding and Bondin Certification	g				Minimum F State Permit Surcharge Fe	ee \$100 ee \$4

U.C.C F120 (rev. 11/09)



# MECHANICAL SUBCODE TECHNICAL SECTION



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

Block 243
Owner in Fee: FORGIONE, DOROTHY R. ETAL  Address 371A AVENUE A BAYONNE NJ 07002  Email  Tel. Contractor:  Address NJ  Email  Tel. Fax. Expiration Date: Home improvment 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
Address 371A AVENUE A BAYONNE NJ 07002  Email  Tel. Contractor:  Address NJ  Email  Tel. Fax.  Contractor License No. Expiration Date:  Home improvment 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
Address 371A AVENUE A BAYONNE NJ 07002  Email  Tel. Contractor:  Address NJ  Email  Tel. Fax.  Contractor License No. Expiration Date:  Home improvment 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
Tel
Tel
Contractor:  Address NJ  Email  Tel Fax.  Contractor License No Expiration Date:  Home improvment 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
AddressNJ Email
Email  TelFax
TelFax
Contractor License NoExpiration Date:  Home improvment 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
Home improvment Contractor Registration No. or Exemption Reason(is applicable):  Federal Emp. ID No.  B. MECHANICAL CHARACTERISTICS  Use Group Present Proposed Present Conversion Replacement
Federal Emp. ID No.  B. MECHANICAL CHARACTERISTICS  Use Group Present Proposed Proposed Proposed Replacement
B. MECHANICAL CHARACTERISTICS  Use Group Present Proposed  Heating System New Modification to Existing Conversion Replacement
Use Group Present Proposed  Heating System New Modification to Existing Conversion Replacement
Heating System New Modification to Existing Conversion Replacement
Hydronic Hot Air
Fuel: Gas Gold Gelectric Gelec
Gas Gold Gold Gold
□ Other ———— Estimated Cost of Mechanical Work \$2.350
JOB SUMMARY (Office Use Only)
PLAN REVIEW: Date INSPECTIONS Dates (Month/Day)  No Plan Required
Type: Failure Failure Approval Initial
Date: Gas Piping
Approved by: Appliance
Joint Plan Review Required Chimnet/Vent
☐ Building ☐ Plumbing ☐ Piping ☐
☐ Electrical ☐ Elevator Tank
☐ Fire ☐ Mechanical Cooling/JC
Fire
Fire
Fire
Fire Mechanical Cooling//C — — — — — — — — — — — — — — — — — —

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

C	CFRI	CIFICA	MOIT	IN I	IFII	ΩF	OATH

I hereby certifiy that make this applicati	t I am the (agent of) owner of record and am authorized to on.				
	Signat	ure			
Print Name Here					
D. TECHNICAL SI	TE DATA				
DESCRIPTION C	F WORK				
REPLACEMEN <sup>1</sup>	T A/C UNIT, REPLACE A/C				
		We - We - We			
		Prior to the Control of the Control			
		W			
NO.	FIXTURES/EQUIPMENT	FEE (Office Use Only)			
	Water Heater				
***************************************	Fuel Oil Piping Connections				
	Gas Piping Connections				
	Steam Boiler				
	Hot Water Boiler	l i			
	Hot Air Furnace				
	Oil Tank				
<del></del>	LPG Tank				
	Fireplace	ļ ———— ļ			
- <u></u>	Generator				
1	OtherA/C	\$75			
	Administrative Surcharg	e			
	Minimum Fe	e\$100			
	State Permit Surcharge Fe	e <u>\$4</u>			
	TOTAL FE	E\$104			

U.C.C F145 (rev. 11/09)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.



### **PLUMBING SUBCODE TECHNICAL SECTION**



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING

Block Lor	. 17	
Nork Site Location <u>ペロール</u>	<u> </u>	
Owner in Fee: 1	All Cos	Niedzinski
Tel. (	mail	
Address 1 Luc (V 1)	7	1773
street	municipality	Zip code
Contractor: William J. Guarini Inc.		Tel, ( <u>201 _) _656-1530 _</u>
Address 506 Palisade Ave., Jers		
Contractor License No. 9961		Exp. Date
Home Improvement Contractor Registrati		
Federal Emp. ID No:		FAX: (_201)656-0293
B. PLUMBING CHARACTERISTICS		
Jse Group Present 11(3)	Public Sewer	
Suilding Sewer Size  Vater Service Size  Est. Cost of Plumbing Work \$	Public Water	Private Well
st. Cost of Plumbing Work \$	4777	
renta i terra ejegi Britandari te ega lab bijibbi balagi.		
JOB SUMMARY (Office Use Only) PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
[ ] No Plans Required	Type;	Failure Failure Approval Initial
Joint Plan Review Required:	Slab	
[ ] Building [ ] Electric	Rough	
[ ] Fire [ ] Elevator	Water	
[ ] Plumbing Plans Approved	Sewer Fixtures	
Date:	Sax Equipment	
Approved by:	Gas Piping	
SUBCODE APPROVAL	LPGas Tark	
[] CO [] CCO [] CA	Fuel CarPiping	
Date:	Solar	
Approved by:	_ TCO	карын арымын артуун аруулган аруулган арын арын арын арын арын арын арын ар
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and the state of the state of	22 - 12 Control 200 Sept 200 Sept 200	-22/20	(b) (c)	
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L LATE	TIFICATION		L LITA	
	28	300	to with it is	W

[V] Licensed Plumbing Contractor

Applicant's Signature/Contractor's Seal and Signature

			1 2 11 1 10 10 10		
C 11		1			icant
	2000			I MEND	16 24131

Date Received
Control #

Date Issued
Permit #

Permit #

#### D. TECHNICAL SITE DATA

(	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	<b>\$</b>
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater イリ	
	Fuel Oil Piping	
	Gas Piping LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
7	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
700	Stacks	
	Other	The Contract Contract
	Other	

U.C.C. F130 (rev. 10/06) Reorder from OCS Printing 609-390-1400

1 White = Inspector Copy

3 Pink = Office Copy

2 Canary = Office Copy ( ) 4 Gold = Applicant Copy