



Property Information

File#: BS-X01693-870593327
Owner: DOROTHY FORGIONE
Address 1: 371 AVE A
Address 2:
City, State Zip: BAYONNE, NJ

Request Information

Requested Date: 07/17/2024
Branch:
Date Completed:
of Jurisdiction(s):
of Parcel(s): 1

Update Information

Update Requested:
Requested By:
Update Completed:

Notes

CODE VIOLATIONS Per City Of Bayonne Department of Zoning there are no Code Violation cases on this property.
Collector: City Of Bayonne
Payable: 630 AVE C ROOM #2, BAYONNE, NJ 07002
Business# 201-858-6029

PERMITS Per City Of Bayonne Building Department there are Open Permit on this property.
Permit#22-12-003
Permit Type: Furnace
Permit#22-12-003
Permit Type: Hot Air Furnace
Permit# 22-12-003+A
Permit Type: KW Central A/C Unit
Permit#22-12-003+A
Permit Type: Replacement A/C Unit
Collector: City Of Bayonne
Payable: 630 AVE C ROOM #2, BAYONNE, NJ 07002
Business# 201-858-6029

SPECIAL ASSESSMENTS Per City Of Bayonne Tax Collector Department there are no Special Assessments/liens on the property.
Collector: City Of Bayonne
Payable: 630 AVE C ROOM #2, BAYONNE, NJ 07002
Business# 201-858-6029

DEMOLITION NO



UTILITIES

WATER & SEWER

Account #: N/A

Payment Status: N/A

Status: Pvt & Lienable

Amount: N/A

Good Thru: N/A

Account Active: Active

Collector: Veolia Water New Jersey

Payable Address: 461 From Rd #400, Paramus, NJ 07652

Business # 800-422-5987

UNABLE TO PROVIDE INFORMATION TO THIRD PARTIES. HOMEOWNERS AUTHORIZATION
REQUIRED.

GARBAGE

Garbage bills are included in the Real Estate Property taxes.



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

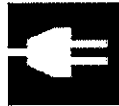
Disposition Notes: Custodian: If any part of request cannot be delivered in seven business days, detail reasons here. In Progress - Open, Denied - Closed, Filled - Closed, Partial - Closed

AGENCY USE ONLY

Tracking Information and Final Cost: Tracking #, Rec'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	Initial
<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) 748-9388

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

PLAN REVIEW:		Date	Initial	INSPECTIONS		Dates (Month/Day)		
<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	_____	_____	_____	_____
	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

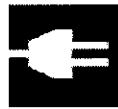
NO.	FIXTURES/EQUIPMENT	FEE (Office Use Only)
_____	Water Heater	_____
_____	Fuel Oil Piping Connections	_____
_____	Gas Piping Connections	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
<u>1</u>	Hot Air Furnace	<u>\$75</u>
_____	Oil Tank	_____
_____	LPG Tank	_____
_____	Fireplace	_____
_____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

No Plan Required

MECHANICAL PLANS APPROVED

Date: _____

Approved by: _____

Joint Plan Review Required

Building Plumbing

Electrical Elevator

Fire Mechanical

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

CA 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	_____	_____	_____	_____

Open

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

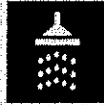
REPLACEMENT A/C UNIT, REPLACE A/C

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

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

Block 243 Lot 17 Qualification Code _____
Work Site Location 311 Ave G. Bayonne NJ 07002

Owner in Fee: Rob Niedzwinski

Tel. (_____) _____ e-mail _____

Address 311 Ave G Bayonne NJ 07002
street municipality zip code

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 \$ 4717.00

JOB SUMMARY (Office Use Only)		INSPECTIONS				
PLAN REVIEW		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	_____	_____	_____	_____
Date: _____		Fixtures	_____	_____	_____	_____
Approved by: _____		Gas Equipment	_____	_____	_____	_____
SUBCODE APPROVAL		Gas Piping	_____	_____	_____	_____
[] CO	[] CCO	LP Gas Tank	_____	_____	_____	_____
Date: _____	[] CA	Fuel Oil Piping	_____	_____	_____	_____
Approved by: _____		Solar	_____	_____	_____	_____
		TCO	_____	_____	_____	_____

C. CERTIFICATION IN LIEU OF OATH

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

William J. Guarini
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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

Administrative Surcharge \$ 1000.4108
Minimum Fee \$ _____
State Permit Surcharge Fee \$ 1.00
TOTAL FEE \$ 1001.4108

Subject: OPRA #24-1069

Importance: High

Some people who received this message don't often get email from oprarequest@baynj.org. [Learn why this is important](#)

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.

PLEASE SEE ATTACHED AND/OR COMMENT(S) BELOW. THIS CONCLUDES YOUR REQUEST.

OPEN PUBLIC RECORDS ACT
CITY OF BAYONNE
630 AVE C ROOM #2
BAYONNE, NJ 07002
OPRAREQUEST@BAYNJ.ORG
FAX 201-823-4391



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 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 their Denial of Access Complaint Form. The GRC'S website www.nj.gov/grc or by email at government.records@dca.nj.gov.

-There are no open liens on this property.

Tax Collector
City of Bayonne

- Four open permits & one closed permit

- Vanessa
Their taxes are current, see attached
The next tax qtr due by 8/12/24