



Property Information		Request Information		Update Information	
File#:	BS-X01567-3353245653	Requested Date:	02/14/2024	Update Requested:	
Owner:	PAULA PEREIRA	Branch:		Requested By:	
Address 1:	1010 FALLS TERR	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 Open Code Violation case on this property. Collector: Union Township Payable Address: 1976 Morris Ave, Union, NJ 07083 Business# (908) 688-2800
PERMITS	Per Union Township Department of Building there is an Open permit on this property. 1. Permit #: 13-01723 Permit Type : Plumbing Permit Collector: Union Township Payable Address: 1976 Morris Ave, Union, NJ 07083 Business# (908) 688-2800
SPECIAL ASSESSMENTS	Per Union Township Department of Finance there are no Special Assessments/liens on the property. Collector: Union Township Payable Address: 1976 Morris Ave, Union, NJ 07083 Business# (908) 688-2800
DEMOLITION	NO



UTILITIES

Water

Account #: NA

Payment Status: NA

Status: Pvt & Non Lienable

Amount: NA

Good Thru: NA

Account Active: NA

Collector: New Jersey American Water Company

Payable Address: 1709 Union Ave, Hazlet, NJ 07730

Business # 1 800-272-1325

NOTE: UNABLE TO PROVIDE INFORMATION TO THIRD PARTIES. HOMEOWNERS
AUTHORISATION NEEDED

SEWER

Account#: Block: 4216 Lot: 16

Status: Lienable

Amount: \$0.00

Due Date: 03/04/2024

Payment Status: Paid

Account Active: Active

Collector: Township of Union

Payable Address: 1976 Morris Ave. Union, NJ 07083

Business#: 908-688-2800

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED.

Garbage:

Garbage bills are included in the real estate property taxes.



NOTICE OF VIOLATION

Township of Union
Building Department
1976 Morris Avenue
Union, NJ 07083

**PEREIRA, PAULA-PEREIRA, MARIA
1010 FALLS TERR
UNION, NJ 07083**

**Reference # 2020-10-0731
Notice Date: 10/19/2020**

The following orders are issued for correction of violations found upon inspection of the premises located at:

**Address: 1010 FALLS TER, UNION, NJ 07083
Block: 4216 Lot: 16
Building Owner: PEREIRA, PAULA-PEREIRA, MARIA
Address: 1010 FALLS TERR, UNION, NJ 07083**

**THIS ORDER MUST BE COMPLIED WITH ON OR
BEFORE THE LISTED DATES BELOW
Failure to comply will result in fines and court appearance.**

**1) Inspection Date: 10/19/2020 Comply Date: 10/29/2020
406-17 Condition of lot.**

**2) Inspection Date: 10/19/2020 Comply Date: 10/29/2020
406-15 Condition of structure.**

Further details of the cited ordinances can be viewed at www.ecode360.com/uN1023?needHash=true

**Township of Union
Housing Inspector
Troy Hutchins
(908) 810-7086**



**BUILDING SUBCODE
TECHNICAL SECTION**



Closed

Date Received
Control #

Date Issued 5/28/05
Permit #

05-933

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

Block _____ Lot _____ Qualification Code _____
 Work Site Location 1010 Falls Terrace
Union NJ 07083
 Owner In Fee Rosemarie AIRANO
 Address Castillon Environmental Contractors, LLC
377 Route 17 South, Suite 615
Hasbrouck Heights, NJ 07604
 Tel. _____ Telephone # 201-727-9001
 Contractor _____ Fax # 201-727-9108
 Address _____ 1-800-25-TANKS (1-800-258-2657)
 Tel. (____) _____ FAX (____) _____
 Contractor License No. or Builder Registration No. U900738
 Federal Emp. No. 90-0154807

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.

Ricardo Dominguez (LSC)
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove 550 US1

TYPE OF WORK:

- New Building
- Addition
- Rehabilitation
- Roofing
- Siding
- Fence _____ Height (exceeds 6')
- Sign _____ Sq. Ft.
- Pool
- Asbestos Abatement Subchapter 8
- Lead Haz. Abatement NJAC 5:17
- Other _____
- Demolition

FEE (Office Use Only)

\$ _____

40

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)		
				Type:	Failure	Failure	Approval	Initial
<input checked="" type="checkbox"/>	No Plans Required	<u>5/20/05</u>		Footing	_____	_____	_____	_____
<input type="checkbox"/>	All	_____	_____	Footing Bonding	_____	_____	_____	_____
<input type="checkbox"/>	Footing	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/>	Foundation	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/>	Frame	_____	_____	Frame	_____	_____	_____	_____
<input type="checkbox"/>	Other	_____	_____	Truss Sys./Bracing	_____	_____	_____	_____
Joint Plan Review Required:				Barrier-Free	_____	_____	_____	_____
<input type="checkbox"/>	Elec.	<input type="checkbox"/>	Plumb.	Insulation	_____	_____	_____	_____
<input type="checkbox"/>	Fire	<input type="checkbox"/>	Elevator	Finishes -Base Layer	_____	_____	_____	_____
SUBCODE APPROVAL				Finishes -Final	_____	_____	_____	_____
<input type="checkbox"/>	CO	<input type="checkbox"/>	CCO	Energy	_____	_____	_____	_____
<input type="checkbox"/>	CA			Mechanical	_____	_____	_____	_____
Date: _____				TCO	_____	_____	_____	_____
Approved by: _____				Other	_____	_____	_____	_____
				Final <u>Tank</u>	_____	_____	<u>6/2/05</u>	<u>Am</u>
				Barrier-Free	_____	_____	_____	_____

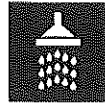
B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Est. Cost of Bldg. Work:
 Constr. Class Present _____ Proposed _____ 1. New Bldg. \$ _____
 No. of Stories _____ 2. Rehabilitation \$ _____
 Height of Structure _____ Ft. 3. Total (1+ 2) \$ 1000.00
 Area — Largest Floor _____ Sq. Ft.
 New Bldg. Area/All Floors _____ Sq. Ft.
 Volume of New Structure _____ Cu. Ft.
 Total Land Area Disturbed _____ Sq. Ft.

CK # 2228
DM



**PLUMBING SUBCODE
TECHNICAL SECTION**



Open

Date Received 8/7/2013
Control # 344249
Date Issued 8/12/2013
Permit # 13-01723

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

Block 4216 Lot 16 Qualification Code _____
Work Site Location 1010 FALLS TERR
UNION, NJ 07083
Owner in Fee: ALFANO, BARNEY A AND ROSEMARIE

Tel. _____ e-mail _____
Address 1010 FALLS TERRACE, UNION, NJ 07083
street municipality zip code

Contractor: HOFF BROTHERS, LLC Tel. (908) 301-1333
Address 2504 PLAINFIELD AVE e-mail _____
SCOTCH PLAINS, NJ 07076

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-5 Proposed R-5
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 3,000.00

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		LP Gas Tank	_____	_____	_____	_____
Date: _____ Approved by: _____		Fuel Oil Piping	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Solar _____	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		TCO _____	_____	_____	_____	_____
Date: _____ Approved by: _____		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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
EMERGENCY 1" WATER SERVICE

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
0	Gas Piping	0.00
0	LP Gas 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
1	Water Service Connection	60.00
0	Stacks	0.00
0	Other	0.00

Administrative Surcharge	\$ 0.00
Minimum Fee	\$ 60.00
State Permit Surcharge Fee	\$ 6.00
TOTAL FEE	\$ 66.00

TOWNSHIP OF UNION
Code Enforcement Agency
1976 Morris Ave.
Union, New Jersey 07083



CERTIFICATE

Permit # 05-952
Date Issued
- or -
Control #
Certificate Issued Date: JULY 13, 2005

IDENTIFICATION

Block 4216 Lot 16 Qualification Code _____
Work Site Location 1010 FALLS TERR
UNION, NEW JERSEY 07083
Owner In Fee ANTHONY ALFANO
Address _____
Tel. [REDACTED]
Contractor JOHN DUFFY FUEL CO
Address 465 MULBERRY ST.
NEWARK, NEW JERSEY 07114
Tel. (973) 613-2626 FAX (____) _____
Lic. No. or Bldrs. Reg. No. 11746
Federal Employer No. _____

Home Warranty No. _____
Type of Warranty Plan: [] State [] Private
Use Group R5
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use:

CERTIFICATE OF APPROVAL

INSTALL 330 GALLON OIL TANK IN BASEMENT

CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

~~XXXX~~ **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of the inspection.

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate:

CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

- [] Total removal of lead-based paint hazards in scope of work
- [] Partial or limited time period (____ years); see file

CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____.

Richard Palanda / mek
CONSTRUCTION OFFICIAL DATE

Fee \$ -0-
Paid [] Check No. _____
Collected by: MD



**BUILDING SUBCODE
TECHNICAL SECTION**

Cloned



TOWNSHIP OF UNION
Code Enforcement Agency
1976 Morris Ave.
Union, New Jersey 07083

Date Received Control # 5-25-2005
Date Issued Permit # 05-952

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

Block _____ Lot _____ Qualification Code _____
Work Site Location 1010 FALLS TERR.
UNION N.J. 07083
Owner in Fee MR. ANTHONY ALFANO
Address 1010 FALLS TERR.
UNION N.J. 07083
Tel. _____
Contractor JOHN DUFFY P&L Co.
Address 465 MULBERRY ST.
NEWARK N.J. 07114
Tel. (973) 623-2626 FAX _____
Contractor License No. or Builder Registration No. 11746
Federal Emp. No. 221-860-121

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.
John Duffy
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install new Beantly 330 gallon special coated oil tank in basement and run new oil line to burner.

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
[X] No Plans Required		<u>5/25/05</u>	<u>[Signature]</u>	Type:	Failure	Failure	Approval
[] All				Footing			
[] Footing				Footing Bonding			
[] Foundation				Foundation			
[] Frame				Slab			
[] Other				Frame			
Joint Plan Review Required:				Truss Sys./Bracing			
[] Elec.	[] Plumb.	[] Fire	[] Elevator	Barrier-Free			
SUBCODE APPROVAL				Insulation			
[] CO	[] CCO	[] CA		Finishes -Base Layer			
Date: _____				Finishes -Final			
Approved by: _____				Energy			
				Mechanical			
				TCO			
				Other <i>Inside Tank</i>			<u>5/31/05</u>
				Final			<u>Am</u>
				Barrier-Free			

TYPE OF WORK:

- [] New Building
- [] Addition
- [] Rehabilitation
- [] Roofing
- [] Siding
- [] Fence _____ Height (exceeds 6')
- [] Sign _____ Sq. Ft.
- [] Pool
- [] Asbestos Abatement Subchapter 8
- [] Lead Haz. Abatement NJAC 5:17
- [X] Other Tank
- [] Demolition

FEE (Office Use Only)

\$ _____

30

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Rehabilitation \$ _____
3. Total (1+ 2) \$ _____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ 30
TOTAL FEE \$ _____

TOWNSHIP OF UNION
Code Enforcement Agency
1976 Morris Ave.
Union, New Jersey 07083



CERTIFICATE

Permit # 05-933
Date Issued
- or -
Control #

Certificate Issued Date: **JULY 13, 2005**

IDENTIFICATION

Block 4216 Lot 16 Qualification Code _____
Work Site Location 1010 FALLS TERR
UNION, NEW JERSEY 07083
Owner In Fee ROSEMARIE ALFANO
Address SAME
Tel. _____
Contractor CASTLETON ENVIRONMENTAL CONTRACTORS
Address 377 ROUTE 17 SOUTH, SUITE 615
HASBROUCK HEIGHTS, NEW JERSEY 07604
Tel. (201) 727-9001 FAX (_____) _____
Lic. No. or Bldrs. Reg. No. U800738
Federal Employer No. _____

Home Warranty No. _____
Type of Warranty Plan: [] State [] Private
Use Group R5
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use: _____

CERTIFICATE OF APPROVAL

TANK REMOVAL

CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of the inspection.

TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or will be subject to fine or order to vacate:

CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

- [] Total removal of lead-based paint hazards in scope of work
- [] Partial or limited time period (_____ years); see file

CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____.

Richard Malanda / me
CONSTRUCTION OFFICIAL DATE

Fee \$ -0-
Paid [] Check No. _____
Collected by: MD