



# 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.**

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

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Further details of the cited ordinances can be viewed at [www.ecode360.com/uN1023?needHash=true](http://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. U000738  
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 UST

**JOB SUMMARY (Office Use Only)**

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

**FEE (Office Use Only)**

\$ \_\_\_\_\_  
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40

**B. BUILDING CHARACTERISTICS**

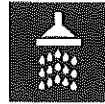
Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_ Est. Cost of Bldg. Work:  
Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_ 1. New Bldg. \$ \_\_\_\_\_  
No. of Stories \_\_\_\_\_ 2. Rehabilitation \$ \_\_\_\_\_  
Height of Structure \_\_\_\_\_ Ft. 3. Total (1+ 2) \$ 1000.00  
Area — Largest Floor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

CK # 2228  
DM

Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
State Permit Surcharge Fee \$ 200  
TOTAL FEE \$ \_\_\_\_\_



**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

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)		
<input type="checkbox"/>	No Plans Required	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/>	Partial -Underslab Utilities Approved	Slab	_____	_____	_____	_____
Date: _____	Approved by: _____	Rough	_____	_____	_____	_____
<input type="checkbox"/>	Plumbing Plans Approved	Water	_____	_____	_____	_____
Date: _____	Approved by: _____	Sewer	_____	_____	_____	_____
Joint Plan Review Required:		Fixtures	_____	_____	_____	_____
<input type="checkbox"/>	Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.	Gas Equipment	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Gas Piping	_____	_____	_____	_____
Date: _____	Approved by: _____	LP Gas Tank	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Fuel Oil Piping	_____	_____	_____	_____
<input type="checkbox"/>	CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Solar _____	_____	_____	_____	_____
Date: _____	Approved by: _____	TCO _____	_____	_____	_____	_____
		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
<b>TOTAL FEE</b>	<b>\$ 66.00</b>

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 5-25-2005  
Control # \_\_\_\_\_  
Date Issued 05-952  
Permit # \_\_\_\_\_

**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 PUBL 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 Beantley 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>5/23/05</u>	<u>[Signature]</u>	Type:	Failure	Failure	Approval	Initial
[ ] 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>	<u>Am</u>
				Final				
				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)**

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**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. [REDACTED]  
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

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TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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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