

Bldg/ Violations/ Collector/ Assessor

TOWNSHIP OF SCOTCH PLAINS

OPEN PUBLIC RECORDS ACT REQUEST FORM

430 Park Ave, Scotch Plains NJ 07076

908-322-6700

opra@scotchplainsnj.com

Bozena Lacina, RMC- Township Clerk



Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Ryan MI _____ Last Name Williams

E-mail Address MLS@stellaripl.com

Mailing Address 2605 Maitland Center Pkwy suite C

City _____ State FL Zip 32751

Telephone 302-261-9069 FAX 407-210-3113

Preferred Delivery: Pick Up US Mail On-Site Fax E-mail

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I **HAVE / HAVE NOT** been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 02-16-2024

Payment Information

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.

We are currently working with closing on this property scheduled and would need the below records verified. Please provide the requested below info at the earliest.

Address: 1234 MAPLE HILL ROAD SCOTCH PLAINS NJ 07076
 Parcel: Block: 9602 Lot: 6
 Owner: RITA LINDER LAVERY

Please advise if the above address has any **OPEN/PENDING/EXPIRED** Permits and demolition permits that needs attention and any fees due currently.

Also advise if there are any Code Violation or fines due that needs attention currently. Any unrecorded liens/fines/special assessments due.

Kindly reply us back through Fax: 407-210-3113 or Email: MLS@stellaripl.com.

AGENCY USE ONLY

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.

RECEIVED
 FEB 16 2024
 By due 2/28

In Progress - Open _____
 Denied - Closed _____
 Filled - Closed _____
 Partial - Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature _____		Date _____	

OPEN



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

6-14-01
A# 13437
01-0530

IDENTIFICATION Block 9602 Lot 6
Work Site Location 1234 Maple Hill Rd
South Plain
Owner in Fee _____
Address same
Tel. (____) _____

Contractor William Smeltzer
Address 1050 Midwood Dr.
Rahway, NJ 07065
Tel. (732) 384-3797
Lic. No. or Bldrs. Reg. No. _____

Is hereby granted permission to perform the following work:

- [x] BUILDING [] PLUMBING [] LEAD HAZARD ABATEMENT
 - [] ELECTRICAL [] FIRE PROTECTION [] DEMOLITION
 - [] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER _____
- (Subchapter 8 only)

DESCRIPTION OF WORK:

Tear-off / Re-roof

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ Robert B. Costa
6-14-01

Construction Official

Date

PAYMENTS (Office Use Only)

Building 200.00
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA Training Fee 6.00
Cert. of Occupancy _____
Other _____
Total 206.00
Check No. 7410
Cash _____
Collected by (signature)

U.C.C. F170 (rev. 5/2K)

1 WHITE—INSPECTOR

2 CANARY—OFFICE

3 PINK—TAX ASSESSOR

4 GOLD—APPLICANT

(see reverse side)

OPEN



CONSTRUCTION PERMIT

Date Issued 8-26-05
Control #
Permit # 05-0934

IDENTIFICATION Block 9602 Lot 6
Work Site Location 1234 MAPLE HILL RD
Contractor SERVICE PROFESSIONALS
Address 107 MONROE ST
RAHWAY NJ 07065
Tel. (732) 381-8118
Lic. No. or Bldrs. Reg. No. 1897
Fed. Emp. No. 22-327157

Is hereby granted permission to perform the following work:

- [] BUILDING [] PLUMBING [] LEAD HAZARD ABATEMENT
[] ELECTRICAL [] FIRE PROTECTION [] DEMOLITION
[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:

Furnace/AC Replace

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 8700.00

Construction Official [Signature] Date

PAYMENTS (Office Use Only)
Building
Electrical 65
Plumbing 180
Fire Protection 50
Elevator Devices
Other
DCA Training Fee 12
Cert. of Occupancy
Other \$307
Total \$307-14205
Check No. 14205
Cash CA
Collected by CA

UCC F170 (rev 3/96)

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No Responsive Record Exists

Kindly reply us back through Fax: 407-210-3113 or Email: MLS@stellaripl.com.

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Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

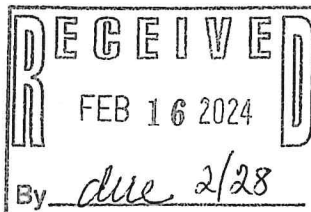
Deposit Amount _____

Estimated Balance _____

Deposit Date _____

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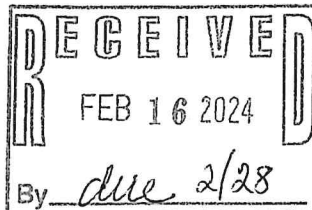
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Requestor Information - Please Print

Requestor information fields: First Name (Ryan), MI, Last Name (Williams), E-mail Address (MLS@stellaripl.com), Mailing Address (2605 Maitland Center Pkwy suite C), City, State (FL), Zip (32751), Telephone (302-261-9069), FAX (407-210-3113), Preferred Delivery (E-mail checked), Signature, Date (02-16-2024).

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 - actual cost), Delivery (Delivery/postage fees), Extras (Special service charge).

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

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Disposition Notes: Custodian: If any part of request cannot be delivered in seven business days, detail reasons here. RECEIVED FEB 16 2024 By due 2/28. Legend: 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. Handwritten notes: 2/20/24, NO SPECIAL ASSESSMENTS AS OF THIS DATE, M. Ross, Assessor.