



Property Information		Request Information		Update Information	
File#:	BS-X01567-9643278366	Requested Date:	02/14/2024	Update Requested:	
Owner:	RITA LINDER LAVERY	Branch:		Requested By:	
Address 1:	1234 MAPLE HILL ROAD	Date Completed:		Update Completed:	
Address 2:		# of Jurisdiction(s):			
City, State Zip:	SCOTCH PLAINS, NJ	# of Parcel(s):	1		

Notes

CODE VIOLATIONS	<p>Per Township of Scotch Plains Department of Zoning there are no Code Violation cases on this property.</p> <p>Collector: Township of Scotch Plains Payable Address: 430 Park Ave, Scotch Plains NJ 07076 Business# (908) 322-6700</p>
PERMITS	<p>Per Township of Scotch Plains Department of Building there are Open permits on this property.</p> <p>1. Permit #: 01-0530 Permit Type: Construction permit</p> <p>2. Permit #: 05-0934 Permit Type: Constuction permit</p> <p>Collector: Township of Scotch Plains Payable Address: 430 Park Ave, Scotch Plains NJ 07076 Business# (908) 322-6700</p>
SPECIAL ASSESSMENTS	<p>Per Township of Scotch Plains Department of Finance there are no Special Assessments/liens on the property.</p> <p>Collector: Township of Scotch Plains Payable Address: 430 Park Ave, Scotch Plains NJ 07076 Business# (908) 322-6700</p>
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#: 00476500

Status: Pvt & Lienable

Amount: \$0.00

Due Date: 06/01/2024

Payment Status: Paid

Account Active: Active

Collector: Township of Scotch Plains Sewer Utility

Payable Address: 430 Park Avenue, Scotch Plains, NJ 07076.

Business#: (908) 322-6700

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

Garbage

GARBAGE PRIVATE HAULER WITH LIEN STATUS AND BALANCE UNKNOWN

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) 388-3797
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
Owner in Fee RITA LAVERDY
Address 1234 MAPLE HILL RD
SCOTCH PLAINS NJ 07076
Tel. (908) [redacted]
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)

Bldg Violations Collector/Assessor

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Payment Information

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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 Inspect Fax E-mail

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Signature _____ Date 02-16-2024

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No Responsive Record Exists

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Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

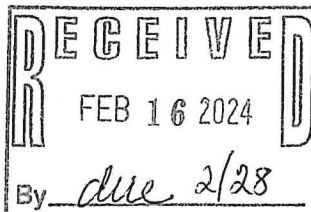
Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

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Filled - Closed _____

Partial - Closed _____

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Rec'd Date	_____	Deposit	_____
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Bldg / Violations Collector / Assessor

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Bozena Lacina, RMC- Township Clerk



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Requestor Information - Please Print

Form fields for Requestor Information: 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 (CD, DVD, etc) - actual cost of material), Delivery (Delivery / postage fees additional depending upon delivery type), Extras (Special service charge dependent upon request).

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AGENCY USE ONLY

Agency Use Only - Cost fields: Est. Document Cost, Est. Delivery Cost, Est. Extras Cost, Total Est. Cost, Deposit Amount, Estimated Balance, Deposit Date.

AGENCY USE ONLY

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. Legend: In Progress - Open, Denied - Closed, Filled - Closed, Partial - Closed.

AGENCY USE ONLY

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.