

Prop	erty 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):	

Notes

CODE VIOLATIONS Per Township of Scotch Plains Department of Zoning there are no Code Violation cases on this property.

Collector: Township of Scotch Plains

Payable Address: 430 Park Ave, Scotch Plains NJ 07076

Business# (908) 322-6700

PERMITS Per Township of Scotch Plains Department of Building there are Open permits on this property.

1. Permit #: 01-0530

Permit Type: Construction permit

2. Permit #: 05-0934

Permit Type: Constuction permit

Collector: Township of Scotch Plains

Payable Address: 430 Park Ave, Scotch Plains NJ 07076

Business# (908) 322-6700

SPECIAL ASSESSMENTS Per Township of Scotch Plains Department of Finance there are no Special Assessments/liens on the property.

Collector: Township of Scotch Plains

Payable Address: 430 Park Ave, Scotch Plains NJ 07076

Business# (908) 322-6700

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: Townhsip 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



Requestor Information - Please Print

OPEN PUBLIC RECORDS ACT REQUEST FORM

430 Park Ave, Scotch Plains NJ 07076

908-322-6700 opra@scotchplainsnj.com Bozena Lacina, RMC- Township Clerk



Payment Information

Important Notice

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

Select Payment Method Cash Check Maney Order Flos: Letter size pages - 50.05 preferred Delivery: Dip	First Name Ryan MI Last Name Williams	Maximum Authorization Cost \$		
Mailing Address 2605 Mailtand Center Pkwy suite C City Stale FL Zip 32751 Telephone 302-261-9068 FAX 407-210-3113 Preferred Delivery: Pick Up Us Mail Despet Fax Well-email Well-email Well-engliste pages - \$0.05 per page Legal size pages - \$0.05 per page Up Up Us Mail Despet Fax Well-email Mell-email Well-email Well-e		Select Payment Method		
Malling Address 2003 Intelligence 2003 I		Cash Check Money Order		
City State FL Zip 32/51 Telephone 302-261-9069 FAX 407-210-3113 Telephone 402-2024 Telephone 302-261-9069 FAX 407-210-3113 Telephone 402-2024 Telephone 302-201-9069 FAX 407-210-3113 Telephone 402-2024 Telephone 402-2024 Telephone 402-2024 Telephone 502-2024 T	Mailing Address 2605 Maitland Center Pkwy suite C	A .		
Telephone 302-281-9069 Pray Pick Proferred Delivery: Delivery I post Inspect If you are requesting records containing personal information, please circle one: Under penalty of N_JS_A Jersey, any other state, or the United States. Signature Date 02-16-2024 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 oustodian 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 Tracking information Tracking infor	City State FL Zip 32751	per page		
Preferred Delivery: Up Mail	Telephone 302-261-9069 FAX 407-210-3113			
26:28.3, locatify that I MAVE / MAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States. Signature	Preferred Delivery: Up US Mail Inspect Fax E-mail	etc) – actual cost of material Delivery: Delivery / postage fees		
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 Disposition Notes Tracking information Final Cost Tracking if informat	2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New	delivery type.		
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	Deposit Date In Progress - Open Denied - Closed			
Partial - Closed Custodian Signature Date		ure Date		

OPE N CONSTRUCTION



PERMIT

Date Issued Control # Permit #

6-14-01 A#13437 61-0530

Committee of the commit	
IDENTIFICATION Block 9602 Lot 6	
Work Site Location 1234 Maple Aul 14	Contractor William Smeltzen
// 1	Address 1050 Midwood Dr.
Owner in Fee	Rohway, ng 07065
α	Tel. (732) 387-3797
	Lic. No. or Bldrs. Reg. No.
Tel. ()	Lio. No. of Bidis. Neg. No.
Is hereby granted permission to perform the following work:	PAYMENTS (Office Use Only)
[] BUILDING [] LEA	
[] ELECTRICAL [] FIRE PROTECTION [] DEM	MOLITION Electrical
[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTH	HER Plumbing
(Subchapter 8 only)	Fire Protection
DESCRIPTION OF WORK:	Elevator Devices
DESCRIPTION OF WORK: TEST-Off Re-roof	Other
12.2011 /12.00	DCA Training Fee
	Cert. of Occupancy
NOTE: If construction does not commence within one (1) year of da	ate of issuance, or
if construction ceases for a period of six (6) months, this permit is v	oid. Other
Estimated Cost of Work \$	
6-19	(-0) Check No. 74/0
Construction Official Date	Cash
U.C.C. F170	Collected by
(rev. 5/2K) 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 F	PINK—TAX ASSESSOR 4 GOLD—APPLICANT (see reverse side)

CONSTRUCTION



PERMIT

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

IDENTIFICATION Block 9602 Lot	6
Work Site Location 1234 MARCE HACE PA	Contractor FROTES STOURS
Owner in Fee RATA LAVEDS	Address 107 MonRof ST
12-11/10	PAHWAY NT DZOGS
Address 1334 MARCE HELL CO	Tel. (732) 381-848
SON STORMS NO OTOX	Lic. No. or Bldrs. Reg. No
Tel. ()	Fed. Emp. No
Is hereby granted permission to perform the following work:	0001101
[] BUILDING [] PLUMBING	LEAD HAZARD ABATEMENT PAYMENTS (Office Use Only)
[] ELECTRICAL [] FIRE PROTECTION []	LEAD HAZARD ABATEMENT PAYMENTS (Office Use Only) DEMOLITION Building
I LEIEVATOR DEVICES I LAGRESTOS	OTHER Electrical 65
(Subchapter 8 only)	
DESCRIPTION OF WORK:	Plumbing / 80
\mathcal{L}	Fire Protection 50
Furnace/f	Flevator Devices
NOTE: If construction does not commence within any (4)	Other
NOTE: If construction does not commence within one (1) year of dail if construction ceases for a period of six (6) months, this permit is very	te of issuance/or DCA Training Fee
of a period of six (b) months, this permit is vi	Cert. of Occupancy
Estimated Cost of Work \$ 2700	Other A
	Total #307-110
11. heelle leglieste	Check No.
Construction Official	Cash C
U C C F170	Collected by
(rev 3/96)	Solicotica by
1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY	3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY (see reverse side)



OPEN PUBLIC RECORDS ACT REQUEST FORM

430 Park Ave, Scotch Plains NJ 07076

908-322-6700

opra@scotchplainsnj.com Bozena Lacina, RMC- Township Clerk



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

Requestor Information – Please Print	Payment Information
First Name Ryan MI Last Name Williams	Maximum Authorization Cost \$
E-mail Address MLS@stellaripl.com	Select Payment Method
Mailing Address 2605 Maitland Center Pkwy suite C	Cash Check Money Order
City State <u>FL</u> Zip <u>32751</u>	Fees: Letter size pages - \$0.05 per page Legal size pages - \$0.07
Telephone 302-261-9069 FAX 407-210-3113 Preferred Delivery: Up US Mail Inspect Fax E-mail	per page Other materials (CD, DVD, etc) – actual cost of material
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.	Delivery: Delivery / postage fees additional depending upon delivery type.
Signature Date 02-16-2024	Extras: Special service charge dependent upon request.
Record Request Information: Please be as specific as possible in describing the records being requested preferred method of delivery will only be accommodated if the custodian has the technological means and be jeopardized by such method of delivery.	ed. Also, please note that your I the integrity of the records will not
We are currently working with closing on this property scheduled and would nee verified. Please provide the requested below info at the earliest.	d the below records
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Denied - Closed Filled - Closed	
Partial - Closed Custodian Signature	e Date

Blog / Violations Collector / assessor

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Requestor Information – Plea	ase Print		Payment Information
- Dues	14.000		Maximum Authorization Cost \$
First Name Ryan E-mail Address MLS@stellaripl.c	MI Last Name Williams		Select Payment Method
Mailing Address 2605 Maitland Cent			Cash Check Money Order
City \$ Telephone 302-261-9069 Pick	State FL Zip 32751 FAX 407-210-3113 On-Site		Fees: Letter size pages - \$0.05 per page Legal size pages - \$0.07 per page Other materials (CD, DVD,
If you are requesting records contain 2C:28-3, I certify that I HAVE / HAVE Jersey, any other state, or the United St		der the laws of New	etc) – actual cost of material Delivery: Delivery / postage fees additional depending upon delivery type. Extras: Special service charge
Signature	Date <u>02</u> -	16-2024	dependent upon request.
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Total Est, Cost		Total Pages	Balance Paid
-	FEB 1 6 2024	Rec	ords Provided
Deposit Amount			
Estimated Balance Deposit Date	By		
	Filled - Closed		
	Partial - Closed	Custodian Signature	Date

Blog / Violations

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Requestor Information – Please Print	Payment Information
	Maximum Authorization Cost \$
First Name Ryan MI Last Name Williams E-mail Address MLS@stellaripl.com	Select Payment Method
Mailing Address 2605 Maitland Center Pkwy suite C	Cash Check Money Order
CityState FLZip 32751 Telephone 302-261-9069	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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