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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** 

Maximum Authorization Cost \$

### **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	Select Payment Method
Mailing Address 2605 Maitland Center Pkwy suite C	Cash Check Money Order
City Maitland State FL Zip 32751	Fees: Letter size pages - \$0.05 per page
Telephone 302-261-9069 FAX 407-210-3113	Legal size pages - \$0.07
Pick On-Site	per page Other materials (CD, DVD, etc) – actual cost of material
Tax Land	Delivery: Delivery / postage fees additional depending upon
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	delivery type.
Jersey, any other state, or the United States.  Signature  Date  02-16-2024	Extras: Special service charge dependent upon request.
	dopondon apon request.
<b>Record Request Information:</b> Please be as specific as possible in describing the records being request 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 d the integrity of the records will not
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verified. Please provide the requested below info at the earliest.	
Address: 225 WILLOW AVE SCOTCH PLAINS NJ 07076	
Parcel: Block: 704 Lot: 5	
Owner: JOSEPH ARTUSO	
Please advise if the below address has any OPEN/PENDING/EXPIRED Permits	s 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 cur	rently Any unrecorded
liens/fines/special assessments due.	rondy. Any amedoraea
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Kindly reply us back through Fax: 407-210-3113 or Email: MLS@stellaripl.com.	
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Est. Extras Cost	Balance Due Balance Paid
Total Est. Cost	Records Provided
Deposit Amount FEB 2 0 2024	
Estimated Balance	
By_due 2/29	
Deposit Date In Progress - Open Denied - Closed	-
Filled - Closed	
Partial - Closed Custodian Signate	ure Date



# OPEN CONSTRUCTION

7/31/03	
Date Issued Control # A# 1475	
Permit # 03 0740	

CONE			
IDENTIFICATION Block Work Site Location 225	704 Lot	Contractor CREATI	VE DESIGN CONCEPTS
SCO	ITCH PLAINS		BOX 4646
Owner in FeeAR	Tulo	WARRE	en, na
Address	me	Tel. ( <u>9°8</u> )	754-6521
Tel. (2024)		Lic. No. or Bldrs. Reg. No.	
Is hereby granted permission to			PAYMENTS (Office Use Only)
[X] BUILDING [X]	PLUMBING [ ]	LEAD HAZARD ABATEMENT	Building 641.00
	FIRE PROTECTION [ ]		Electrical 50. —
[ ] ELEVATOR DEVICES [ ]	ASBESTOS ABATEMENT [ ]	OTHER	Plumbing 75.
	(Subchapter 8 only)		Fire Protection
DESCRIPTION OF WORK:	1		Elevator Devices
NA.	dditro / Alteral		Other
14	accino / / viscos	200	DCA Training Fee 33
			Cert. of Occupancy
NOTE: If construction does not	commence within one (1) year of	of date of issuance, or	Other
if construction ceases for a period	CLUST THE THE PROPERTY OF THE	is void.	Total 931
Estimated Cost of Work \$ 10		1-1-	Check No. 2074
- Cell 22x	J MARION	7/31/03	Cash
Construction Official	<sup>a</sup> Da	ite	Collected by (10)
Ú.C.C. F170 (rev. 5/2K)			
1 WHITE—INSPECTOR	2 CANARY—OFFICE	3 PINK—TAX ASSESSOR 4 G	(see reverse side) GOLD—APPLICANT



First Name Ryan

E-mail Address

Requestor Information - Please Print

MLS@stellaripl.com



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**Payment Information** 

Select Payment Method

Money Order

Maximum Authorization Cost \$

Check

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MI Last Name Williams

Mailing Address 2605 Maitland Center Pkwy suite C	_	
City Maitland State FL Zip 32751	Fees:	Letter size pages - \$0.05 per page
Telephone 302-261-9069 FAX 407-210-3113		Legal size pages - \$0.07 per page
Preferred Delivery: Pick Up US Mail On-Site Inspect Fax Fax E-mail	Delivery:	Other materials (CD, DVD, etc) – actual cost of material Delivery / postage fees
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.		additional depending upon delivery type.
Signature Date 02-16-2024	Extras:	Special service charge dependent upon request.
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Owner: JOSEPH ARTUSO  Please advise if the below 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.	Requestor Information – Please Print	Payment Information
E-mail Address MLS@stellaripl.com  Mailing Address 2605 Maltland Center Pkwy suite C  City Maitland State FL Zip 32751  Telephone 302-261-9069 FAX 407-210-3113  Preferred Delivery: Pick Us Mail Inspect Inspect  If you are requesting records containing personal information, please circle one: Under panalty of N_JS_A 262-263-3, Leaft Water Payment Address Address and the leave of New Jarsey, 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 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: 225 WILLOW AVE SCOTCH PLAINS NJ 07076  Parcel: Block: 704 Lot: 5  Owner: JOSEPH ARTUSO  Please 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(  Cash Check Money Order Fees: Leters ocot Fees: Leters ocot Telephone 302-261-9039  Legistize pages - 90.07  Doubternaterial pages - 90.07  Delivery: Depart of Pages - 90.07  Delivery: Depart - 90	First Name Ryan MI Last Name Williams	Maximum Authorization Cost \$
Mailtand   State FL   Zip 32751   Zip 32		Select Payment Method
City Maittand   State PL   Zip 32/51   Telephone   302-261-9069   FAX   407-210-3113   Telephone   302-261-9069   T	Mailing Address 2605 Maitland Center Pkwy suite C	Cash Check Money Order
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Requestor Information - Please Print

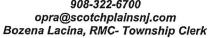


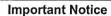
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