



Property Information

File#: BS-X01567-3353619588
Owner: JOSEPH ARTUSO
Address 1: 225 WILLOW AVE
Address 2:
City, State Zip: SCOTCH PLAINS, NJ

Request Information

Requested Date: 02/15/2024
Branch:
Date Completed:
of Jurisdiction(s):
of Parcel(s): 1

Update Information

Update Requested:
Requested By:
Update Completed:

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 is an Open permit on this property.
1. Permit #: 03-0740
Permit Type: Construction 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
Comments: Per Township of Scotch Plains Department of Finance there is a balance remains on 2023 Sewer in the amount of \$10.67 with interest. Please contact Township of Scotch Plains Department of Finance for further queries.

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.

Account#: 00043200

Status: Pvt & Lienable

Amount: \$11.36

Due Date: 03/29/2024

Payment Status: Due

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



Block 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 Maitland State FL Zip 32751

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

Preferred Delivery: Pick Up US Mail On-Site Inspect 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: 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 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 20 2024
By due 2/29

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 #

7/31/03
A# 14751
03 0740

IDENTIFICATION Block 704 Lot 5
 Work Site Location 225 WILLOW ME SCOTCH PLAINS Contractor CREATIVE DESIGN CONCEPTS
 Owner in Fee ARTULO Address P.O. BOX 4646
 Address SAME WARREN, NJ
 Tel. (908) 754-0521
 Lic. No. or Bids. Reg. No. _____

- 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:
Addition / Alteration

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 \$ 671,000
[Signature] 7/31/03
 Construction Official Date

PAYMENTS (Office Use Only)	
Building	<u>641.00</u>
Electrical	<u>50.-</u>
Plumbing	<u>75.-</u>
Fire Protection	<u>50.-</u>
Elevator Devices	_____
Other	_____
DCA Training Fee	<u>33.-</u>
Cert. of Occupancy	<u>82.-</u>
Other	_____
Total	<u>931.-</u>
Check No.	<u>2074</u>
Cash	_____
Collected by	<u>[Signature]</u>

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

- 1 WHITE—INSPECTOR
 - 2 CANARY—OFFICE
 - 3 PINK—TAX ASSESSOR
 - 4 GOLD—APPLICANT
- (see reverse side)

Bldg Violations Collector Assessor
TOWNSHIP OF SCOTCH PLAINS



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E-mail Address MLS@stellaripl.com

Mailing Address 2605 Maitland Center Pkwy suite C

City Maitland 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

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

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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. Extras Cost _____

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Estimated Balance _____

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Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature _____		Date _____	

Bldg / Violations / Collector / Assessor

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No liens
A balance remains on 2023 sewer \$10.67 plus interest
Eileen Tax Office

Bldg / Violations / Collector / Assessor

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Tracking # _____ Total _____

Rec'd Date _____ Deposit _____

Ready Date _____ Balance-Due _____

Total Pages _____ Balance Paid _____

Records Provided

3/21/24
NO SPECIFIC ASSESSMENTS AS OF THIS DATE.
MLSS
Assessor

Custodian Signature _____ Date _____