



Property Information Request Information Update Information

File#:	BS-X01672-1218029573	Requested Date:	06/13/2024	Update Requested:
Owner:	MALDONADO OTILIO	Branch:		Requested By:
Address 1:	122 MACKENZIE DR	Date Completed:		Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	EAST STROUDSBURG, PA	# of Parcel(s):	1	

Notes

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

Collector: Middle Smithfield Township
Payable: 147 Municipal Dr, East Stroudsburg, PA, 18302
Business# 570-223-8920

PERMITS Per Middle Smithfield Township Building Department there are no Open/Pending/ Expired Permit on this property.

Collector: Middle Smithfield Township
Payable: 147 Municipal Dr, East Stroudsburg, PA, 18302
Business# 570-223-8920

SPECIAL ASSESSMENTS Per Middle Smithfield Township Tax Collector Department there are no Special Assessments/liens on the property.

Collector: Middle Smithfield Township
Payable: 147 Municipal Dr, East Stroudsburg, PA, 18302
Business# 570-223-8920

DEMOLITION NO

UTILITIES WATER & SEWER
The house is on a community water and sewer. All houses go to the shared well and septic system.

GARBAGE
GARBAGE PRIVATE HAULER WITH LIEN STATUS AND BALANCE UNKNOWN.

Parcel

Parcel ID	09.97784
Map Number	09731500755886
Property Location	122 MACKENZIE DR
Township	Middle Smithfield
Land Use	111-Household Units
Property Class	9-Taxable
Living Units	1
Land Area (acreage)	1.00
Neighborhood Code	09R15
Zoning	R3
Homestead/Farmstead Status	N/A
Legal Desc	LOT 2

Owners

Owner(s)	MALDONADO OTILIO
Mailing Address	122 MACKENZIE DRIVE EAST STROUDSBURG PA 18302

Property/Location Factors

Utilities	8-Electric 5-WELL 6-SEPTIC
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Middle Smithfield Township Supervisors

June 19, 2024

RE: Right to Know Request 2024-089 - 122 Mackenzie Drive

Dear Mr. Watson:

On or about June 17, 2024 this office received your Right-to Know Request: *permits, code violations, fees, liens, special assessments.*

Your request is **granted in part and denied in part.**

Denied in Part: Your request is denied in part pursuant to Section 705 of the Right to Know Law, the Township is not required to create a new record that does not exist and/or to compile a record in a manner in which it does not currently compile. The Township has no records responsive to your request for code violations, fees, liens, or special assessments.

Granted in Part: Your request for permits is granted. Copies of permits are attached to this correspondence.

You may request hard copies provided by the Township. Copying costs are \$0.25 per page. You may also request certification of the copies for \$1. All payments must be made before copies or certification will be provided. Payment can be made at the Township Offices or mailed to Middle Smithfield Township, Attn: Christopher Rain, 147 Municipal Drive, East Stroudsburg, PA 18302. Checks should be made out to Middle Smithfield Township.

You may appeal this response and denial with the Office of Open Records (www.openrecords.pa.gov) pursuant to the current law in Pennsylvania which states the following under Section 1101 of the Act:

...the requester may file an appeal with the Office of Open Records or judicial, legislative or other appeals officer designated under section 503(d) within 15 business days of the mailing date of the agency's response or within 15 business days of the deemed denial. The appeal shall state the grounds upon which the requester asserts that the record is a public record, legislative record or financial record and shall address any grounds stated by the agency for delaying or denying the request...

Thank you for your attention to the foregoing. Please contact my office with any questions that you may have.

Respectfully,

Christopher Rain

Christopher Rain
Open Records Officer

MIDDLE SMITHFIELD TOWNSHIP, MONROE COUNTY, PENNSYLVANIA

APPLICATION FOR CERTIFICATE OF COMPLIANCE

APPLICATION IS HEREBY MADE FOR A CERTIFICATE OF COMPLIANCE WITH THE MIDDLE SMITHFIELD TOWNSHIP ZONING PERMIT ORDINANCE.

PROPERTY LOCATION:

Property identification (tax) number 09 431500755886
Subdivision or Road Name Crystal Creek Estates
Lot / Block / Section number or location Lot 2

NAME AND ADDRESS OF PROPERTY OWNER(S):

Name Gregory & Victoria Valentine Telephone 917-650-4441

Address 218-29 101st Ave. Queens Village NY 11429

Signature of Applicant William J Evans

Print Name William J Evans

*****CERTIFICATE OF COMPLIANCE*****

IT IS HEREBY CERTIFIED THAT THE FOLLOWING ITEMS HAVE BEEN SUBMITTED, ISSUED AND/OR COMPLIED WITH AS REQUIRED BY THE MIDDLE SMITHFIELD TOWNSHIP ZONING PERMIT ORDINANCE.

- AFFIDAVIT OF COMPLIANCE HAS BEEN SUBMITTED.
- CERTIFIED BUILDING LOCATION DRAWING HAS BEEN SUBMITTED.
- ZONING PERMIT (NO.) 05-394 HAS BEEN ISSUED.
- WATER SUPPLY AND SEWAGE DISPOSAL IS OPERATIONAL.

Date of inspection 5/7/06 Permit Number 06-299

Comments: OK #3036/ SD -
NS Built-OK

Date of Issuance: 5/4/06 W. J. Evans
Zoning Officer

THIS CERTIFICATE ONLY CERTIFIES AS TO THE COMPLIANCE OF SUBJECT BUILDING WITH THE REQUIREMENTS OF THE MIDDLE SMITHFIELD TOWNSHIP ZONING PERMIT ORDINANCE AND CANNOT BE TAKEN TO CERTIFY THAT THE ZONING COMPLIES WITH THE SUBMITTED ZONING PLANS IN ANY WAY.

MIDDLE SMITHFIELD TOWNSHIP **ZONING PERMIT APPLICATION**
25 MUNICIPAL DRIVE EAST STROUDSBURG PA 18301
570-223-8920

ZONING DISTRICT LOR PERMIT NUMBER 05-394

APPLICATION IS HEREBY MADE FOR A PERMIT IN ACCORDANCE WITH THE REQUIREMENTS OF MIDDLE SMITHFIELD TOWNSHIP ZONING PERMIT ORDINANCE AND ANY AND ALL AMENDMENTS THERETO.

PROPERTY LOCATION:
Property identification number 09 431500755886
Subdivision or road name lot/block no/section or location lot 2 Crystal Creek Estates Cuckenzie Lane

NAME AND ADDRESS OF PROPERTY OWNER (S):
Name: Gregory R. Valentine + Victoria Lewis Valentine Phone 917-650-4471
Address: 218-27 101 Avenue Queens Village NY 11429

THE UNDERSIGNED APPLICANT HEREBY APPLIES FOR A PERMIT TO:

ERECT A STRUCTURE X ALTER A STRUCTURE _____ ERECT A SIGN _____ ESTABLISH A USE _____
TEMPORARY PERMIT (expiration date) _____ ESTIMATED COST: 08,900-

TOTAL LIVING SQ. FT. 3,454 BLDG. LENGTH: 64' BLDG. WIDTH: 34' BLDG. HEIGHT 30'

BASEMENT SQ. FT. (FINISHED) _____ 1ST FLOOR SQ. FT. 1400 2ND FLOOR SQ. FT. 1400

DESCRIPTION OF WORK: New Construction, single family, 4 bedrooms 2 1/2 Baths with attached two car garage

*CONDITIONS OF APPROVAL:

ALL PLANS AND DATA SUBMITTED SUPPORTING THIS APPLICATION SHALL BECOME A PART OF THE MIDDLE SMITHFIELD TOWNSHIP RECORDS AND CANNOT BE RETURNED TO THE APPLICANT EXCEPT AS PROVIDED BY THE APPLICABLE ORDINANCE. THE HOMEOWNER MUST RECEIVE A WRITTEN WARRANTY FROM THE BUILDER CERTIFYING THAT THE HOME IS IN COMPLIANCE WITH ACT 222, OF 1980 WHICH SETS MINIMAL ENERGY CONSERVATION STANDARDS. BY ISSUANCE OF THIS PERMIT THE TOWNSHIP OF MIDDLE SMITHFIELD HAS NEITHER CONFIRMED NOR DENIED THE EXISTENCE AND/OR EXTENT OF ANY WETLAND AREAS WHETHER OR NOT DELINEATED ON THE PLAN AND ANY ENCROACHMENT THEREON FOR ANY REASON WHATSOEVER SHALL BE THE SOLE RESPONSIBILITY OF THE LANDOWNER. HIS HEIRS OR ASSIGNS AND SHALL BE SUBJECT TO THE JURISDICTION OF THE ARMY CORPS OF ENGINEERS AND/OR THE PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES AND THE SAID ENCROACHMENT SHALL CONFORM TO THE RULES AND REGULATIONS OF THE JURISDICTIONAL AGENCIES. THIS PERMIT WILL BECOME NULL AND VOID IF CONSTRUCTION IS NOT COMMENCED WITHIN SIX (6) MONTHS OF THE DATE OF ISSUANCE AND DOES NOT RELEASE THE HOMEOWNER FROM THE RESPONSIBILITY OF OBTAINING ADDITIONAL PERMITS AS MAY BE REQUIRED BY ANY AND ALL OTHER APPLICABLE ORDINANCES AND REGULATIONS. BY ACCEPTING THIS PERMIT THE HOMEOWNER DOES ACCEPT ALL OF THE ABOVE CONDITIONS AND AGREES TO COMPLY THEREWITH AND FURTHER AGREES THAT FAILURE TO COMPLY WITH THE SAID CONDITIONS WILL RESULT IN AN IMMEDIATE AND COMPLETE NULLIFICATION AND VOIDANCE OF THE SAID PERMIT AS ISSUED WITH NO FURTHER ACTION BY MIDDLE SMITHFIELD TOWNSHIP. A DRIVEWAY PERMIT MAY BE REQUIRED.

DATE: 6/28/05 SIGNATURE OF HOMEOWNER OR AUTHORIZED REPRESENTATIVE William Evans

CONTRACTOR Broadmoor Construction PHONE 570-421-6603
ADDRESS P.O. Box 445 Bartonsville Pa 18321

(All Items In This Section To Be Completed By Township)

DATE OF SUBMITAL: 7/6/05
DATE OF ACTION: 7/19/05
APPLICATION GRANTED: ✓ DENIED _____

TOTAL PERMIT FEES: \$2192.60 CHECK NO. - 2842
98.10 2853

SPECIAL CONDITIONS
Bestical party
parking and
Completed dwelling
as must required
CERTIFICATE OF COMPLIANCE REQUIRED yes
Bill Raden
ZONING ENFORCEMENT OFFICER

Chapter 73.11
an appointment

Rev. 4/95

SEE REVERSE SIDE FOR IMPORTANT INFORMATION PERMIT

for INSTALLATION OF SEWAGE DISPOSAL SYSTEM

In pursuant to Application for Sewage Disposal System number X 016780
 permit is hereby issued to

Gregory & Victoria Valentine
 NAME OF APPLICANT

218-27 101st Ave
 ADDRESS OF APPLICANT

Queens Village NY 11429
 TELEPHONE NUMBER

Lot 2 Crystal Creek
 PROPERTY ADDRESS OF SITE FOR SEWAGE DISPOSAL SYSTEM

This Permit issued under the provisions of the "Pennsylvania Sewage Facilities Act," the Act of January 24, 1966 (P.L. 1535), as amended, is subject to the following conditions:

1. Except as otherwise provided by the Act or regulations of the Pennsylvania Department of Environmental Resources, no part of the installation shall be covered until inspected by the approving body and approval to cover is granted in writing below.
2. This Permit may be revoked for the reasons set forth in Section 7(b)(6) of the Act.
3. If construction or installation of an individual sewage system or community sewage system and of any building or structure for which such system is to be installed has not commenced within three years after the issuance of a permit for such system, the said permit shall expire, and a new permit shall be obtained prior to the commencement of said construction or installation.

ADDITIONAL CONDITIONS:

ALL ISOLATION DISTANCES WILL BE THE RESPONSIBILITY OF THE APPLICANT AND/OR HIS/HER CONTRACTOR.

Site disturbance prior to construction will result in permit revocation

KEEP THIS PERMIT FOR FUTURE REFERENCE

Approval to Cover _____ Date of issuance of Permit 7-5-05

Signature of Enforcement Officer _____ Middle Smithfield Twp
 Approving Body

Date _____ D. A. De Mingo
 Signature of Enforcement Officer

The basis for the issuance of this Permit is the information supplied in the Application for Sewage Disposal System and other pertinent data concerning soil absorption tests, topography, lot size, and sub-soil groundwater table elevations. The permit only indicates that the issuing authority is satisfied that the installation of the Sewage Disposal System is in accordance with the Rules, Regulations and standards adopted by the Pennsylvania Department of Environmental Resources under the provisions of the Pennsylvania Sewage Facilities Act, the Act of January 24, 1966 (P.L. 1535), as amended. The issuance of a Permit shall not preclude the enforcement of other health laws, ordinances or regulations in the case of malfunctioning of the system.

TO BE POSTED AT THE BUILDING SITE



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

X 016780

APPLICATION FOR AN ONLOT SEWAGE DISPOSAL SYSTEM PERMIT

PART I APPLICANT AND SITE INFORMATION

1. Applicant Name <u>McCormick, Victoria VALENTINE</u> Address <u>218-270 JACOBI AVE</u> <u>Queen Village Apt 11429</u> Telephone No. Day (917) <u>650-4471</u> Evening () _____	2. Site Address <u>Lot #2</u> Street, RR, Box No. _____ Post Office <u>Crystal Creek State</u> State <u>2</u> Zip _____ Subdivision Name <u>Millersburg Hotel</u> Lot No. _____ Municipality _____ County <u>Madison</u>
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Directions to the Site: 209 to CRACK RD to Madison CRACK STATE MT RT

3. Lot Size <u>1.0</u> sq. ft./acres	4. Type of Facility to be Served by this System <input checked="" type="checkbox"/> Single Family Residential No. of Bedrooms <u>7</u> <input type="checkbox"/> Multifamily Residential <input type="checkbox"/> Commercial/Nonresidential gal/day _____
5. Type of Onlot System Activity <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification <input type="checkbox"/> Repair <input type="checkbox"/> BTG (Use Only With Repair)	6. Facility Water Supply: Public <input type="checkbox"/> Well <input type="checkbox"/> Spring <input type="checkbox"/> Cistern <input type="checkbox"/> Surface <input type="checkbox"/>
7. Distance to the nearest existing or proposed Private Water Supply (on or off the property) _____ ft.	

PART II LOCAL AGENCY USE ONLY

SEWAGE PLANNING	SITE SUITABILITY	APPLICATION STATUS
<input type="checkbox"/> Approved Planning Mod. DEP Code No. _____ (date) _____ <input type="checkbox"/> Area Not Planned (lot created before May 15, 1972) <input type="checkbox"/> Limitations in Effect	Soil Series <u>MAB</u> Slope <u>6 %</u> Type of Limiting Zone <u>SHWT</u> Depth of Limiting Zone <u>22</u> inches Type of Cover <u>Ag. Grass, Forest</u>	Percolation Rate Not conducted <u>26</u> min/in. Site is: <input type="checkbox"/> Suitable for inground system. <input checked="" type="checkbox"/> Suitable for elevated system. <input type="checkbox"/> Suitable for IRSIS <input type="checkbox"/> Unsuitable
NO FEES PAID 2921 Application Testing \$ <u>300.00</u> Inspection(s) _____ Other _____ Total \$ _____		ACTION DATE <input type="checkbox"/> Complete Application <input type="checkbox"/> Received <input checked="" type="checkbox"/> Permit Issued <u>7/5/05</u> <input type="checkbox"/> Permit Denied <input type="checkbox"/> Interim Inspection <input type="checkbox"/> Interim Inspection <input type="checkbox"/> Final Inspection <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Revoked Permit SEO Initials _____

PART III PLOT PLAN AND SYSTEM DESIGN

1. System Classification <input checked="" type="checkbox"/> Conventional <input type="checkbox"/> Alternate <input type="checkbox"/> Experimental	2. Treatment/Tankage Total Tank Capacity <u>1250</u> gal. <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Aerobic Tank <input type="checkbox"/> Holding Tank <input type="checkbox"/> Vault Privy <input type="checkbox"/> Denitrification <input type="checkbox"/> Other _____	3. Type of Filter <input checked="" type="checkbox"/> Buried Sand <input type="checkbox"/> Free Access Sand <input type="checkbox"/> Other Media _____ <input type="checkbox"/> Effluent
4. Type of Disinfection <input type="checkbox"/> CL Erosion <input type="checkbox"/> CL Hypo <input type="checkbox"/> UV	5. Distribution <input checked="" type="checkbox"/> Pressure <input type="checkbox"/> Gravity <input checked="" type="checkbox"/> Pump (Electric) <input type="checkbox"/> Pump (Pneumatic) <input type="checkbox"/> Siphon	6. Absorption Total Absorption Area <u>750</u> sq. ft. <input type="checkbox"/> Std. Trench <input type="checkbox"/> Std. Bed <input checked="" type="checkbox"/> Elev. Sand Mound <input type="checkbox"/> Elev. Sand Trench <input type="checkbox"/> IRSIS <input type="checkbox"/> Drip Dispersal <input type="checkbox"/> At-Grade <input type="checkbox"/> Other _____
7. Other <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Incinerating Toilet <input type="checkbox"/> Composting Toilet <input type="checkbox"/> Recycling Toilet	8. Attach the Following Documentation a. A copy of the Form 3800-FM-WSWM290A (and B when required) or a morphological evaluation report (See Part II). b. A detailed plot plan and sewage system design (including cross sections plan reviews and comments). See instructions on reverse side for required details. Indicate the number of attached sheets _____	

PART IV SIGNATURES

I am the owner of record (or the authorized agent of the owner) of the lot described in Part I of this application. I intend to install an onlot sewage system on this property. The information provided as part of this application is true and correct to the best of my knowledge. I understand that providing false information on this application is subject to the penalties of 18 PA C.S.A. §4904, relating to unsworn falsification to authorities. Submission of this form grants authorized representatives from the local agency and/or DEP access to the lot to inspect and conduct tests of 1) the site; 2) the system and structures under construction; 3) the completed sewage system; and, 4) the operational status of the system.

Property Owner's Signature Michael McCormick Date 5/26/2005
The information in this application is true and correct to the best of my knowledge.
SEO Signature D. A. De Gerge Date 7-5-05 Certification No. 03183

APPLICANT

PERMIT

ZONING PERMIT

PERMIT NUMBER 05-394

NAME VALENTINE

LOCATION LOT #2 CRYSTAL CRK

DESCRIPTION SINGLE FAM. HSE

DATE OF ISSUE 7/19/05

"CERTIFICATE OF COMPLIANCE" is Required...

"PRIOR TO OCCUPANCY" YES NO

MIDDLE SMITHFIELD TOWNSHIP

Neil Quinn
CODES OFFICER

THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED ON
SITE DURING ALL PHASES OF CONSTRUCTION.



MIDDLE SMITHFIELD TWP
147 MUNICIPAL DR EAST STROUDSBURG, PA 18302
Ph: (570) 223-8920 Fax: (570) 223-8935

CHAPTER 179 OCCUPANCY CERTIFICATE

Temporary U&O

Permit No: 218318
Applicant: MCLAUGHLIN JUDE
BARIO REAL ESTATE 3160 ROUTE 611
BARTONSVILLE, PA 18321

Property Location: 122 MACKENZIE DR

Parcel ID: 09731500755886 **Account:** 09.97784

Description of Work: Temporary Occupancy Certificate
For clear C/O to be issued, the stipulations below must be met within 12 months. This Temporary Certificate of Occupancy may be revoked if conditions are not met within 12 months.

If any permits are required they must be applied for and obtained within 30 days of the date of this certificate to avoid enforcement action.

Constr Code Edition: N/A **Sprinkler:** N/A

Construction Type: N/A

Use Group: R-3

Issue Date: 9/20/2021 **Expire Date:** 9/2/2022

Inspection: 9/2/2021

Special Stipulations:

1. Professional evaluation of the septic system & proof of pumping within 1 year must be provided.

This certificate issued in accordance with Chapter 179 of the Middle Smithfield Township Code of Ordinances.

Rolando G Acosta, SFM Consulting, LLC