



Property Information		Request Information		Update Information
File#:	BS-X01693-9133130250	Requested Date:	07/17/2024	Update Requested:
Owner:	MARCINKIEWICZ MELISSA ANN	Branch:		Requested By:
Address 1:	37 CHEVERNY COURT	Date Completed:	08/02/2024	Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	HAMILTON, NJ	# of Parcel(s):	1	

Notes

- CODE VIOLATIONS** Per Town of Hamilton Department of Zoning there are no Code Violation cases on this property.
Collector: Town of Hamilton
Payable Address: 2090 Greenwood Ave Hamilton Township, NJ 08609
Business# 609-586-0311
- PERMITS** Per Town of Hamilton Building Department there are no Open/Pending/ Expired Permit on this property.
Collector: Town of Hamilton
Payable Address: 2090 Greenwood Ave Hamilton Township, NJ 08609
Business# 609-586-0311
- SPECIAL ASSESSMENTS** Per Town of Hamilton Department of Finance there are no Special Assessments/liens on the property.
Collector: Town of Hamilton
Payable Address: 2090 Greenwood Ave Hamilton Township, NJ 08609
Business# 609-586-0311
- DEMOLITION** NO



UTILITIES

Water
Account #: N/A
Payment Status: N/A
Status: Pvt & Non-Lienable
Amount: N/A
Good Thru: N/A
Account Active: Yes
Collector: Aqua
Payable Address: P.O. Box 70279, Philadelphia, PA 19176-0279
Business # 877-987-2782

UNABLE TO PROVIDE INFORMATION TO THIRD PARTIES. HOMEOWNERS AUTHORIZATION REQUIRED.

Sewer
Account #: 16632-0
Payment Status: DELINQUENT
Status: Pvt & Non-Lienable
Amount: \$397.76
Current Due: \$195.00
Past Due: \$202.76
Good Thru: 08/30/2024
Account Active: Yes
Collector: Hamilton Township
Payable: 2090 Greenwood Ave. Hamilton, NJ 08609
Business # (609) 586-0311

Garbage:
Garbage bills are included in the Real Estate Property taxes.

Utility Account:	16632-0
Block/Lot/Qual:	2167. 513.
Property Location:	37 CHEVERNY CT
Service Location:	37 CHEVERNY CT
Owner Name/Address:	MARCINKIEWICZ MELISSA ANN 37 CHEVERNY COURT HAMILTON NJ 08619



CONSTRUCTION PERMIT APPLICATION

Application Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 37 Cheveny Court

2. Name of Owner in Fee: Melissa Stoy Tel. ()

Address 37 Cheveny Court Hamilton, NJ 08619
street municipality zip code

3. Ownership in Fee: Public Private

4. Principal Contractor: EMGEN Electrical Services (609) 581-7700

Address P.O. Box 9074 Trenton, NJ 08650

License No. OR, if new home, Builder Reg. No. 19754 Exp. Date 2015

Federal Employee No. 74-3080962 FAX: (609) 581-7794

5. Architect or Engineer _____ Tel. ()

Address _____

6. Responsible Person in Charge of Work Bruno Romano

Tel. (609) 581-7700 FAX (609) 581-7794

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical	\$		
3. Plumbing	\$		
4. Fire Protection	\$		
5. Elevator Devices	\$		
6. Subtotal	\$		
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. DCA Training Fee	\$		
10. Subtotal	\$		
11. Cert. of Occupancy	\$		
12. Other	\$		
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____

2. Height of Structure _____ ft.

3. Area - Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Construction Classification _____

7. Total Land Area Disturbed _____ sq. ft.

8. Flood Hazard Zone _____

9. Base Flood Elevation _____ ft.

10. Wetlands yes no

11. Max. Live Load _____

12. Max. Occupancy Load _____

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. <input type="checkbox"/> Minor Work									
2. <input type="checkbox"/> New Building									
3. <input type="checkbox"/> Addition									
4. <input type="checkbox"/> Alteration									
5. <input type="checkbox"/> Fire Protection									
6. <input type="checkbox"/> Plumbing									
7. <input type="checkbox"/> Electrical									
8. <input type="checkbox"/> Elevator Devices									
9. <input type="checkbox"/> Asbestos Abat. Subch. 8									
10. <input type="checkbox"/> Lead Hazard Abatement									
11. <input type="checkbox"/> Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. Hotels (R-1)

2. Multi-Family (R-2)

3. Two-Family (R-3) BOCA

4. Two-Family (R-4) CABO

5. One-Family (R-3) BOCA

6. One-Family (R-4) CABO

No. of dwelling units:

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks

2. High Pressure Boilers

3. Pressure Vessels

4. Refrigeration Systems

5. Cross-Connections/Backflow Preventers

6. Hazardous Uses/Places of Assembly

7. Sprinklers

8. Smoke Control Systems in Open Wells

9. Underground Storage Tanks

III. DO YOU WANT: (optional)

1. Partial Releases

2. Prototype Processing

OCCUPANCY LOAD
 USE GROUP
 Plan Approval
 Fire
 Bldg.
 Elec.
 Plbg.

APPROVAL PRIOR TO ISSUING A CERTIFICATE OF OCCUPANCY - RESIDENTIAL AND COMMERCIAL

Application for C of O given when calling for final inspections

All technicals signed by prospective inspectors

Homeowner's Warranty Form with Buyer's name on it

Mercer County Soil Approval, except for land disturbed under 5,000 square feet Temp. Clear

Reason _____

Authorized by _____

Public Works Approval (copy sent to Engineering) Temp. Clear

Reason _____

Authorized by _____

Septic System and/or water approval from Health Dept.

Final Asuilt approved by Engineering or memo stating posting of bond

C of O Typed after all approvals are given

Other

SIGN _____ DATE _____

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. () I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. () I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. () I further certify that I will perform or supervise the following work:

- C.1. () Building
- C.2. () Fire Protection

I further certify that I will perform the following work:

- C.3. () Electrical
- C.4. () Plumbing

D. () I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Check if contractor.

Agent Name EMBEU Electrical Services, LLC
 Address P.O. Box 9074
Trenton, NJ 08650
 Telephone (609) 581-7700
 Signature [Signature]

III. () LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	
<input type="checkbox"/> Zoning Officer									
<input type="checkbox"/> Planning Board									
<input type="checkbox"/> Zoning Board									
<input type="checkbox"/> Sewer Authority									
<input type="checkbox"/> Water Authority									
<input type="checkbox"/> Police Department									
<input type="checkbox"/> Health Department									
<input type="checkbox"/> Soil Conservation									
<input type="checkbox"/> N.J. Department of Community Affairs									
<input type="checkbox"/> N.J. Department of Transportation									
<input type="checkbox"/> N.J. Department of Environmental Protection									
<input type="checkbox"/> Utility Dig No.									
<input type="checkbox"/>									
<input type="checkbox"/>									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)		Name of Code & Edition	
Building	_____	Energy	_____
Electrical	_____	Barrier Free	_____
Plumbing	_____	Flood Hazard	_____
Fire Protection	_____	As Built Elevation Cert.	_____
Mechanical	_____	Other	_____

X. CERTIFICATES ISSUED (office use only)	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
<input type="checkbox"/> Temporary Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Temporary Certificate of Compliance	No. _____	_____	_____	_____
<input type="checkbox"/> Continued Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Compliance	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Occupancy	No. _____	_____	_____	_____
<input type="checkbox"/> Certificate of Approval	No. _____	_____	_____	_____
<input type="checkbox"/> Lead Abatement Clearance Certificate	No. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued 11-20-14
 Control # C-14-280389
 Permit # _____

20144393

IDENTIFICATION Block: 2167 Lot: 513 Qualifier _____
 Work Site Location: 37 CHEVERNY CT Hamilton Township, NJ Contractor EMGEN Electrical Services LLC
 Address P.O. BOX 9074 Hamilton NJ 08620
 Owner in Fee STOY MELISSA ANN
37 CHEVERNY COURT HAMILTON NJ 08619 Telephone: (609) 510-7014
 Telephone: _____ Lic. No. or Bldrs. Reg. No. 14754
 Federal Employee No. 74-3080962

Is hereby granted permission to perform the following work:

- BUILDING
- ELECTRICAL
- ELEVATOR DEVICES
- PLUMBING
- FIRE PROTECTION
- ASBESTOS ABATEMENT (Subchapter 8 only)
- LEAD HAZARD ABATEMENT
- DEMOLITION
- OTHER

DESCRIPTION OF WORK:

SPLICE EXTENDED SERVICE CABLE

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 \$2,500

[Signature]
 Construction Official

11/18/14
 Date

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$100
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$5
CO Fee	_____
Other	\$0
Total	\$105
Check No.	<u>062853</u>
Cash	\$0
Credit	\$0
Collected By	_____

U.C.C. F170
 equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

Required inspections for all subcodes for one- and two-family dwellings are as follows:

- The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
- Foundations and all walls up to grade level prior to back filling.
- All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
- Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 11-20-11
Control #
Date Issued
Permit # 00144393



A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____ Qualification Code _____
Work Site Location 37 Cheverny Court
Hampton NJ 08619
Owner in Fee: Melissa Stoy
Tel. (_____) _____ e-mail _____
Address 37 Cheverny Court Hampton, NJ 08619
Contractor: EMGEN Electrical Services, LLC Tel. (609) 581-7700
Address P.O. Box 9074 Trenton, NJ 08650 e-mail emgen@optonline.net
Contractor License No. 14754 Exp. Date 2015
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 74-3080962 FAX: (609) 581-7794

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Built/occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 2,500.00

JOB SUMMARY (Office Use Only)

Table with columns: PLAN REVIEW, INSPECTIONS, Dates (Month/Day). Includes rows for No Plans Required, Partial -Underslab Utilities Approved, Electric Plans Approved, Joint Plan Review Required, SUBCODE APPROVAL, and SUBCODE APPROVAL for CERTIFICATION.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent or) owner of record and authorize to make this application and perform the work listed on this application.
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr' [] Exempt Applicant

D. TECHNICAL SITE DATA

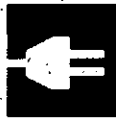
DESCRIPTION OF WORK
Replace splice & extend service cable.

Table with columns: QTY., SIZE, ITEMS, FEE (Office Use Only). Lists items like Lighting Fixtures, Receptacles, Switches, Detectors, Light Poles, Motors-Fract. HP, Emergency & Exit Lights, Communications Points, Alarm Devices/F.A.C. Panel, and various KW units.

Administrative Surcharge \$ 100
Minimum Fee \$ 5
State Permit Surcharge Fee \$
TOTAL FEE \$



**ELECTRICAL SUBCODE
TECHNICAL SECTION**



37 Cheeverny

Date Received
Control #
Date Issued
Permit #

11-2
10044393



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 2167 Lot 513 Qualification Code _____

Work Site Location _____

Owner in Fee: Hann. Hon. NJ 08109

Tel. (____) _____ e-mail _____

Address 37 Cheeverny Court municipality Lincolnton, NJ zip code 28119

Contractor: EMIGEN Electrical Services LLC Tel. 609 581-1700

Address P.O. Box 9074 e-mail EMIGEN@optonline.net

Contractor License No. 14154 Exp. Date 2012

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 380962 FAX: (____) 609 581-1794

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Failure	Approval	Initial
[] No Plans Required	Rough	_____	_____	_____	_____
[] Partial - Underslab Utilities Approved	Barrier-Free	_____	_____	_____	_____
Date: _____ Approved by: _____	Trench	_____	_____	_____	_____
[] Electric Plans Approved	Temp. Serv.	_____	_____	_____	_____
Date: _____ Approved by: _____	Constr. Serv.	_____	_____	_____	_____
Joint Plan Review Required:	TCO	_____	_____	_____	_____
[] Bldg. [] Plumb. [] Fire. [] Elev.	Other	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	Service	_____	_____	_____	_____
Date: <u>11/17/14</u>	Final	_____	_____	_____	_____
Approved by: _____	Barrier-Free	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-in-Card Date Issued	_____	_____	_____	_____
[] CO [] CCO []	Final Cut-in-Card Date Issued	_____	_____	_____	_____
Date: _____	Annual Pool Inspection	_____	_____	_____	_____
Approved by: _____	Date of Grounding and Bonding Certification	_____	_____	_____	_____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature 1475

[] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace splice & extend service cable.

QTY. SIZE ITEMS

- Lighting Fixtures
- Receptacles
- Switches
- Detectors
- Light Poles
- Motors—Fract. HP
- Emergency & Exit Lights
- Communications Points
- Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

- Pool Permit/with UW Lights
- Storable Pool/Spa/Hot Tub
- KW Elec. Range/Receptacle
- KW Oven/Surface Unit
- KW Elec. Water Heater
- KW Elec. Dryer/Receptacle
- KW Dishwasher
- HP Garbage Disposal
- KW Central A/C Unit
- HP/KW Space Heater/Air Handler
- KW Baseboard Heat
- HP Motors 1/+ HP
- KW Transformer/Generator
- AMP Service
- AMP Subpanels
- AMP Motor Control Center
- KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ _____

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
State Permit Surcharge Fee	\$ _____
TOTAL FEE	\$ _____

1604 service cable

*100
5*

1 White = OFFICE COPY
2 Canary = APPLICANT COPY
3 Tag = INSPECTOR COPY



CUT-IN-CARD

LOCATION _____ UTILITY CO _____
37 Cheverney BLK 2167 LOT 513

OWNER _____ OCCUPANT _____

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

FINAL TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE 100 A 1/2 SW - Re-introduction

INSTALLED BY Enger LICENSE NO 14759

DATE 11/20/14 PERMIT # 144393 INSPECTOR Paul [Signature]

CALLED IN /// Lic. No: 7137

* * Transmit Confirmation Report * *



P1

11/20/2014 21:09

TTI:Hamilton Twp Insp

TTI Number:6098904026

Distant Station	Resolution	Start Time	Time	Page	Kind	Result	Error Code	Message
609 716 8599	Normal	11/20 21:09	00:07"	1		# OK		

CUT-IN-CARD

LOCATION 37 Choverney UTILITY CO _____
 BLK 2161 LOT 513

OWNER _____ OCCUPANT _____

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

FINAL TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE 100 Amp SW - Re-Installation

INSTALLED BY F. Meyer LICENSE NO 14459

DATE 11/20/14 PERMIT # 14-4573 INSPECTOR [Signature]

CALLED IN / / Lic. No: 7121

U.C.C. Form F-35GD 1 White - OFFICE COPY 2 Tag - UTILITY COPY



1. Permits

(All Data, Block/Lot = '2167 513' - 3 records)

Permit Number	Control Number	Block	Lot	Application Date	Location Address	Permit Issue Date	Application Status	Subcodes Used	Work Description Comments	Total Due	Tenant Name	Agent Name
20231862	C2302769	2167	513	04/28/2023	37 CHEVERNY CT	05/15/2023	CO and Close Date Issued	B	DECK REPLACEMENT	230		KPI 2 ENTERPRISES, INC
2014-4393	C-14-280389	2167	513	11/13/2014	37 CHEVERNY CT	11/20/2014	CA and Close Date Issued	E	SPLICE EXTENDED SERVICE CABLE	105		EMGEN Electrical Services LLC
20233421	C2304944	2167	513	08/22/2023	37 CHEVERNY CT	09/14/2023	CA and Close Date Issued	P F	REPLACE WATER HEATER	159		DELHAGEN PLUMBING & HEATING & A/C, LLC.
Grand Totals										494.		



Hamilton Township

Mercer County, New Jersey

Utility Account:	16632-0
Block/Lot/Qual:	2167. 513.
Property Location:	37 CHEVERNY CT
Service Location:	37 CHEVERNY CT
Owner Name/Address:	MARCINKIEWICZ MELISSA ANN 37 CHEVERNY COURT

Projected Interest Thru 08/30/2024

Interest Due:	\$7.76
Principal Due:	\$390.00
Total Due:	\$397.76

Close

Sewer

Make a Payment

Project Interest

Close

Delinquent Charges:

Service	Due Date	Billed	Balance	Interest	Total Due	Status
Sewer	03/01/2024	195.00	195.00	6.54	201.54	OPEN
Total		195.00	195.00	6.54	201.54	

Current Charges:

Service	Due Date	Billed	Balance	Interest	Total Due	Status
Sewer	10/01/2024	195.00	195.00	0.00	195.00	OPEN
Total		195.00	195.00	0.00	195.00	

Prior Paid Charges:

Service	Due Date	Billed	Balance	Interest	Total Due	Status
Sewer	10/01/2023	195.00	0.00	0.00	0.00	PAID
Sewer	03/01/2023	195.00	0.00	0.00	0.00	PAID
Total		390.00	0.00	0.00	0.00	