



Property Information		Request Information		Update Information	
File#:	BS-X01693-9490820445	Requested Date:	07/17/2024	Update Requested:	
Owner:	SCATURRO,JEFFREY & MAGLARAS,ANTONIO	Branch:		Requested By:	
Address 1:	1145 17TH AVENUE	Date Completed:	07/30/2024	Update Completed:	
Address 2:		# of Jurisdiction(s):			
City, State Zip:	BELMAR, NJ	# of Parcel(s):	1		

Notes

- CODE VIOLATIONS** Per Town of Wall Department of Zoning there are no Code Violation cases on this property.
- Collector: Town of Wall
Payable Address: 2700 Allaire Road Wall, NJ 07719
Business# (732)449-8444 ext. 2262
- PERMITS** Per Town of Wall Building Department there are no Open/Pending/ Expired Permit on this property.
- Collector: Town of Wall
Payable Address: 2700 Allaire Road Wall, NJ 07719
Business# (732)449-8444 ext. 2262
- SPECIAL ASSESSMENTS** Per Town of Wall Department of Finance there are no Special Assessments/liens on the property.
- Collector: Town of Wall
Payable Address: 2700 Allaire Road Wall, NJ 07719
Business# (732)449-8444 ext. 2262
- DEMOLITION** NO
- UTILITIES** Water & Sewer
Account #: 4901824-0
Payment Status: DELINQUENT
Status: Pvt & Non-Lienable
Amount: \$250.87
Good Thru: 08/15/2024
Account Active: Yes
Collector: Township of Wall
Payable: 2700 Allaire Road Wall, NJ 07719
Business # 732-449-8444 ext 2600
- Garbage:
Garbage bills are included in the Real Estate Property taxes.

Tax Board ▶

Sales Data

DATE		COUNTY		DISTRICT			
10/05/05		MONMOUTH		1352 WALL TOWNSHIP			
DEED REGISTRATION							R.T.F. EXEMPT
BOOK	PAGE	DEED DATE	DATE RECORDED	R.T. FEE	PRICE		
8487	2708	07/29/05	08/18/05	1052	215000		
G R A N T O R	CLARK, GERARD F., EXECUTOR 509 PINECROFT DRIVE BRICK, NJ 08723			G R A N T E E	SCATURRO,JEFFREY & MAGLARAS,ANTONIO 1145 17TH AVENUE WALL, NJ 07719		
TAX MAP & LIST DESCRIPTIONS				PROPERTY CLASSIFICATION			
BLOCK	64			CLASS	2		
LOT	27			CL. 4 TYPE			
QUAL				CONDO	N		
ASSESSED VALUE							
YEAR SAME AS DEED	LAND		BUILDINGS		TOTAL		
2005	53000		69000		122000		
PROPERTY LOCATION					FLOOR AREA	YEAR BUILT	
1145 17TH AVE					0	0	
REMARKS:					RATIO:		
SALE BY GUARDIAN, TRUST, EXEC....					56.74		
ADDITIONAL BLOCKS/LOTS							
BLOCK	LOT	QUAL	LAND	BUILDINGS	TOTAL		
			0	0	0		
			0	0	0		
			0	0	0		
			0	0	0		
			0	0	0		
NONUSABLE CODE			SERIAL NO.				
10			8695294				

Terms of Use

Rel 2022-1



CONSTRUCTION PERMIT

Date Issued 8-21-98
Control #
Permit # 98-1322

IDENTIFICATION Block 64 Lot 27
Work Site Location 1145 17th Ave Wall. Twp Contractor Bennett's Heating/A/C/Roofing
Address 1501 Meadow Rd. Wall. N.J.
Owner in Fee ANN CLARK
Address 1145 - 17th Ave Wall. Twp Tel. (232) _____
Tel. (____) _____ Lic. No. or Bldrs. Reg No _____
Fed. Emp. No. 1- _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

RIP - OFF

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 \$ \$1900.⁰⁰/_{xx}

GREG KIRK DM
Construction Official

8-21-98
Date

PAYMENTS (Office Use Only)	
Building	<u>33.00</u>
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA Training Fee	<u>1.00</u>
Cert. of Occupancy	_____
Other	_____
Total	<u>34.00</u>
Check No.	_____
Cash	<u>34.00</u>
Collected by	<u>DM</u>

U.C.C. F170 (rev. 3/96)

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



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued 8-21-98
Control #
Permit # 98-1322

17-1322 64
27

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

Block 64 Lot 27

Work Site Location 1145-17th Ave - small Tract

Owner in Fee Don Clark

Address 1145-17th Ave - small Tract

Tele. ()

Contractor Bennetts Heating / AC / Roofing

Address 1501 Meadowcroft - small Tract

Tele. (932) Fax ()

Lic. No. of Bldrs. Ren No.

Federal Emp. No.

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.

Signature Don Clark

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

RIP-OFF- ROOF
14 56.5- GAF- White, 20yr-
RIP OFF
NEW
FINAL.

TYPE OF WORK:

- New Building
- Addition
- Alteration
 - Roofing
 - Siding
 - Fence _____ Height (exceeds 6')
 - Sign _____ Sq. Ft.
 - Pool
 - Asbestos Abatement Subchapter 8
 - Lead Haz. Abatement NJAC 5:17
 - Other _____
- Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____
Minimum Fee \$ 33.00
DCA Training Fee \$ 1.00
TOTAL FEE \$ 34.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
<input type="checkbox"/> No Plans Required	_____	_____	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> All	_____	_____	Footing	_____	_____	_____	_____
<input type="checkbox"/> Footing	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/> Foundation	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/> Frame	_____	_____	Frame	_____	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	Barrier-Free	_____	_____	_____	_____
Joint Plan Review Required:			Insulation	_____	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Finishes	_____	_____	_____	_____
SUBCODE APPROVAL			Energy	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA			Mechanical	_____	_____	_____	_____
Date: <u>9/21/00</u>			TCO	_____	_____	_____	_____
Approved by: <u>[Signature]</u>			Other	_____	_____	_____	_____
			Final	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____

9320 Don

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
 Constr. Class Present _____ Proposed _____
 No. of Stories _____
 Height of Structure _____ Ft.
 Area — Largest Floor _____ Sq. Ft.
 New Bldg. Area/All Floors _____ Sq. Ft.
 Volume of New Structure _____ Cu. Ft.
 Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Alteration \$ 1500.00
3. Total (1+ 2) \$ _____

OK

U.C.C: F110
(rev. 3/98)

- 1 White = Inspector Copy
- 2 Canary = Office Copy
- 3 Pink = Office Copy
- 4 Hard = Applicant Copy

00-1043



TOWNSHIP OF WALL
 2700 ALLAIRE ROAD
 WALL, N.J. 07719
 (732) 449-8444



CERTIFICATE OF OCCUPANCY/APPROVAL

Date Issued 9-25-00 Building Permit No. 98-1322

Control # _____ Zoning Permit No. N/A

IDENTIFICATION Block 64 Lot 27

Work Site Location 1145 17th Ave Contractor Bennetts Heating / AC / Roof
Wall NJ Address 1501 Meadow Rd.

Owner in Fee Ann Clark Wall NJ

Address _____ Tele. (_____) _____

_____ Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Tele. (_____) _____ Federal Emp. No. _____

or Social Security No. _____

- CERTIFICATE OF OCCUPANCY**
 This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, all applicable land use ordinances and Township approvals, and that the property is approved for use and/or occupancy.
- CERTIFICATE OF APPROVAL**
 This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.
- CERTIFICATE OF CONTINUED OCCUPANCY**
 This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.
- TEMPORARY CERTIFICATE OF OCCUPANCY**
 If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Type of Warranty Plan: [] State [] Private
 Construction Classification _____
 Maximum Occupancy Load _____
 Zone _____
 Land Use Designation Single family dwelling
 ESTIMATED COST \$ 1900.-
 Home Warranty No. _____ N/A
 Use Group R-3
 Maximum Live Load _____
 Description of Work/Use: Rip off / Reroof

Dates: 9-25-00

Yung Kuk
 Construction Official, Township of Wall

Dated: 9-25-00

[Signature]
 Land Use Officer, Township of Wall

C.O. No. 00-1043



CONSTRUCTION PERMIT

Date Issued 10/4/05
Permit # 05-01280

IDENTIFICATION Block 64 Lot 27 Qualification Code _____
 Work Site Location 1145 17th AVE Contractor FATHER AND SONS CONST.
WALL NJ 07719 Address 1-25 37th ST
 Owner in Fee JEFFREY SPATURRO FANLAWN NJ 07410
 Address P.O. BOX 114044 Tel. (973) _____
STATEN ISLAND NY 10314 Lic. No. or Bldrs. Reg. No. 540227
 Tel. (917) _____

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:
ROOF Tear off Re-Roof

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 \$ 2,500.00
Construction Official [Signature]

Date 10/4/05

PAYMENTS (Office Use Only)	
Building	<u>43-</u>
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA State Permit Fee	<u>3-</u>
Cert. of Occupancy	_____
Other	_____
Total	<u>46-</u>
Check No.	<u>1486</u>
Cash	_____
Collected by	<u>[Signature]</u>

(see reverse side)

U.C.C. F170 (rev. 01/04)

- 1 WHITE-INSPECTOR
- 2 CANARY-OFFICE
- 3 PINK-TAX ASSESSOR
- 4 GOLD-APPLICANT



**BUILDING SUBCODE
TECHNICAL SECTION**



Date Received
Control # 10/4/05
Date Issued
Permit # 05-01280

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

Block 64 Lot 27 Qualification Code _____
 Work Site Location 1145 12th Ave
WALL NJ 07719
 Owner in Fee JEFFREY SAGTURDO
 Address 10 ROYLINDING
STATEN ISLAND NY 10314
 Tel. (917) _____
 Contractor FATHER AND SONS CONST.
 Address 1-25 24th ST
FAIR HAVEN NJ 07410
 Tel. (973) _____ FAX (_____) _____
 Contractor License No. or Builder Registration No. 540027
 Federal Emp. No. _____

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.

Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ROOF
Tear off
Re-Roof

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
<input type="checkbox"/> No Plans Required	_____	_____	Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/> All	_____	_____	Footing	_____	_____	_____	_____
<input type="checkbox"/> Footing	_____	_____	Footing Bonding	_____	_____	_____	_____
<input type="checkbox"/> Foundation	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/> Frame	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	Frame	_____	_____	_____	_____
			Truss Sys./Bracing	_____	_____	_____	_____
Joint Plan Review Required:			Barrier-Free	_____	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator			Insulation	_____	_____	_____	_____
			Finishes -Base Layer	_____	_____	_____	_____
			Finishes -Final	_____	_____	_____	_____
SUBCODE APPROVAL			Energy	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input checked="" type="checkbox"/> CA			Mechanical	_____	_____	_____	_____
Date: <u>3-13-06</u>			TCO	_____	_____	_____	_____
Approved by: <u>[Signature]</u>			Other	_____	_____	_____	_____
			Final	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____

TYPE OF WORK:

- New Building
- Addition
- Rehabilitation
- Roofing
- Siding
- Fence _____ Height (exceeds 6')
- Sign _____ Sq. Ft.
- Pool
- Asbestos Abatement Subchapter 8
- Lead Haz. Abatement NJAC 5:17
- Other _____
- Demolition

FEE (Office Use Only)

\$ _____

43.-

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Est. Cost of Bldg. Work:
 Constr. Class Present _____ Proposed _____ 1. New Bldg. \$ _____
 No. of Stories _____ 2. Rehabilitation \$ _____
 Height of Structure _____ Ft. 3. Total (1+2) \$ 2500.
 Area - Largest Floor _____ Sq. Ft.
 New Bldg. Area/All Floors _____ Sq. Ft.
 Volume of New Structure _____ Cu. Ft.
 Total Land Area Disturbed _____ Sq. Ft.

U.C.C. F110
(rev. 07/03)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Hard = Applicant Copy

06-085



TOWNSHIP OF WALL
 2700 ALLAIRE ROAD
 WALL, N.J. 07719
 (732) 449-8444



CERTIFICATE OF OCCUPANCY/APPROVAL

Building Permit No. 05-01280

Control # _____

Zoning Permit No. N/A

IDENTIFICATION Block 64 Lot 27

Work Site Location _____ Contractor Father + Son Const.

1145 17th Ave Address 1-25 37th St.

Owner in Fee Santoro Fairbawn, NJ 07410

Address PO Box 1410449 Tele. (973) _____

Staten Island, NJ 10314 Lic. No. or Bldrs. Reg. No. 540227 Exp. Date _____

Tele. (917) _____ Federal Emp. No. _____

or Social Security No. _____

- CERTIFICATE OF OCCUPANCY**
 This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, all applicable land use ordinances and Township approvals, and that the property is approved for use and/or occupancy.
- CERTIFICATE OF CONTINUED OCCUPANCY**
 This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.
- TEMPORARY CERTIFICATE OF OCCUPANCY**
 If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 20____ or the owner will be subject to a fine or order to vacate:

CERTIFICATE OF APPROVAL

Type of Warranty Plan: [] State [] Private

Construction Classification _____

Maximum Occupancy Load _____

Zone _____

Land Use Designation 3FD

ESTIMATED COST \$ 2500

Home Warranty No. N/A

Use Group R-5

Maximum Live Load _____

Description of Work/Use: Roof

[Signature]
 Construction Official, Township of Wall

 Land Use Officer, Township of Wall

Dated: 3-16-06

C.O. No. 06-185



CONSTRUCTION PERMIT

Date Issued 11/15/05
Permit # 05-01480

IDENTIFICATION Block 64 Lot 27 Qualification Code _____
Work Site Location 1145 17th Ave Contractor HOMEOWNER
Address _____
Owner in Fee JEFFREY SCATURRO
Address 104 ARDMORE AVE
Tel. (917) _____ Lic. No. or Bldrs. 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:

ELECTRICAL WORK | STREETWORK

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 \$ 1800.00
Paul Ralva
Construction Official

11.15.05
Date

PAYMENTS (Office Use Only)	
Building	<u>33-</u>
Electrical	<u>33-</u>
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA State Permit Fee	<u>2-</u>
Cert. of Occupancy	_____
Other	<u>68</u> 300
Total	<u>153</u>
Check No.	<u>15361</u> (34)
Cash	<u>+ 34</u> (asa)
Collected by	<u>PR</u>

(see reverse side)

U.C.C. F170 (rev. 01/04)

- 1 WHITE-INSPECTOR
- 2 CANARY-OFFICE
- 3 PINK-TAX ASSESSOR
- 4 GOLD-APPLICANT



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received 11/15/05
Date Issued _____
Control # OS-01480
Permit # _____

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

Block 64 Lot 27
Work Site Location 1145 17th Ave
JEFFREY SCATURRO
Owner in Fee 104 ARDMORE AVE
Address STATEN ISLAND NY 10314
Tele. (917) _____
Contractor OWNER
Address _____
Tele. (_____) _____ Fax (_____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

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.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Sheetrock

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
[] No Plans Required	_____	_____	Type:	Failure	Failure	Approval	Initial
[] All	_____	_____	Footing	_____	_____	_____	_____
[] Footing	_____	_____	Foundation	_____	_____	_____	_____
[] Foundation	_____	_____	Slab	_____	_____	_____	_____
[] Frame	_____	_____	Frame	_____	_____	_____	_____
[] Other	_____	_____	Barrier-Free	_____	_____	_____	_____
Joint Plan Review Required:			Insulation	_____	_____	_____	_____
[] Elec. [] Plumb [] Fire [] Elevator			Finishes	_____	_____	_____	_____
SUBCODE APPROVAL			Energy	_____	_____	_____	_____
[] CO [] CCO [] CA			Mechanical	_____	_____	_____	_____
Date: <u>3-13-06</u>			TCO	_____	_____	_____	_____
Approved by: <u>Bf</u>			Other	_____	_____	_____	_____
			Final	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____

TYPE OF WORK:

- New Building
- Addition
- Alteration
- Roofing
- Siding
- Fence _____ Height (exceeds 6')
- Sign _____ Sq. Ft.
- Pool
- Asbestos Abatement Subchapter B
- Lead Haz. Abatement NJAC 5:17
- Other _____
- Demolition

FEE (Office Use Only)

\$ _____

B. BUILDING CHARACTERISTICS

Use Group Present RS Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

- New Bldg. \$ 1,000.00
- Alteration \$ 1,000.00
- Total (1+2) \$ _____

OK

Administrative Surcharge \$ _____
Minimum Fee \$ 33
DCA Training Fee \$ _____
TOTAL FEE \$ 6

U.C.C. F110 (rev. 3/96)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Hard = Applicant Copy

66-208



TOWNSHIP OF WALL
 2700 ALLAIRE ROAD
 WALL, N.J. 07719
 (732) 449-8444



CERTIFICATE OF OCCUPANCY/APPROVAL

Building Permit No. 05-01480

Zoning Permit No. N/A

Control # _____

IDENTIFICATION Block 64 Lot 27

Work Site Location _____ Contractor Owner
1145 17th Ave Address _____

Owner in Fee Scaturro _____

Address 104 Ardmore Ave. Tele. (_____) _____

Staten Island, NJ 10314 Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Tele. (_____) Federal Emp. No. _____

or Social Security No. _____

- CERTIFICATE OF OCCUPANCY**
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- TEMPORARY CERTIFICATE OF OCCUPANCY**
 If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 20____ or the owner will be subject to a fine or order to vacate:

CERTIFICATE OF APPROVAL

Type of Warranty Plan: [] State [] Private

Construction Classification _____

Maximum Occupancy Load _____

Zone _____

Land Use Designation SFD

ESTIMATED COST \$ 1,000

Home Warranty No. N/A

Use Group R-5

Maximum Live Load _____

Description of Work/Use: sheetrock

[Signature]
 Construction Official, Township of Wall

[Signature]
 Land Use Officer, Township of Wall

Dated: 3-27-06

C.O. No. 06-218

Township of Wall, NJ Taxpayer/Utility Information

Utility Account:	4901824-0
Block/Lot/Qual:	64. 27.
Property Location:	1145 17TH AVE
Service Location:	1145 17TH AVE
Owner Name:	ANTONIO

Projected Interest Thru 08/15/2024

Interest Due: \$4.38
Principal Due: \$246.49
Total Due: \$250.87

[Close](#)

Water/Sewer

[Make a Payment](#)

[View Current Bill](#)

[Project Interest](#)

Last Payment: 03/07/24

Delinquent Charges:

Service	Due Date	Billed	Balance	Interest	Total Due	Status	Reading	Read Date	Usage
Water	05/25/2024	128.28	128.28	1.82	130.10	OPEN	32	04/25/2024	18
Sewer	05/25/2024	118.21	118.21	1.68	119.89	OPEN	32	04/25/2024	18
Total		246.49	246.49	3.50	249.99				

Prior Paid Charges:

Service	Due Date	Billed	Balance	Interest	Total Due	Status	Reading	Read Date	Usage
Water	02/25/2024	48.61	0.00	0.00	0.00	PAID	14	10/14/2023	1
Sewer	02/25/2024	118.21	0.00	0.00	0.00	PAID	14	10/14/2023	1
Water	11/25/2023	90.33	0.00	0.00	0.00	PAID	13	10/10/2023	13 ***
Sewer	11/25/2023	118.21	0.00	0.00	0.00	PAID	13	10/10/2023	13 ***
Water	08/25/2023	90.33	0.00	0.00	0.00	PAID	1328	08/08/2023	13
Sewer	08/25/2023	118.21	0.00	0.00	0.00	PAID	1328	08/08/2023	13
Total		583.90	0.00	0.00	0.00				

* Meter Rolled, ** Final Reading, *** Meter Changed/Reset

[Return to Home](#)