

Property Information		Request Inform	ation	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.

OPRS Home Contact Us FAQs

Tax Board ▶ Sales Data

	DATE			COUNTY	DISTRICT 1352 WALL TOWNSHIP				
	10/05/05)		MONMOUTH			1352 WALL 101		
				SISTRATION				R.T.F. EXEMPT	
BOOK		PAGE	DEED DATE	DATE RECORDED					
8487 2708 07/29/05		08/18/05	1052		215000				
G R A N T O R		ARK, GERARD F., I 509 PINECROFT BRICK, NJ 08	DRIVE	G R A N T E	SCAT	1145 1	Y & MAGLARAS, .7TH AVENUE , NJ 07719	ANTONIO	
	TAX MAI	P & LIST DESCRI			F	ROPERTY CLA	SSIFICATION		
BLOCK		64		CLASS			2		
LOT	27			CL. 4 TYPE					
QUAL				CONDO	N				
			Į.	ASSESSED VALUE					
YEAR AME AS DEED		LAND		BUILDINGS			TOTA	AL	
2005		53000		69000		122000			
		PROF	PERTY LOCATION			FLC	FLOOR AREA YEAR BUILT		
		1:	145 17TH AVE				0	0	
			REMARKS:				RATI	0:	
		SALE BY GUA	ARDIAN, TRUST, EXE	C	56.74				
				TIONAL BLOCKS/LOTS					
BLOCK	LOT	QUAL	LAND			LDINGS		TOTAL	
			0			0		0	
			0			0		0	
			0			0		0	
			0			0		0	
			0			0		0	
NON	USABLE CO	DE	-			SE	RIAL NO.		
	10						605704		

Terms of Use Rel 2022-1



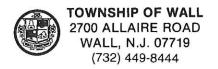
CONSTRUCTION PERMIT

Date Issued \$-2/-98 Control # Permit # 98-1322

IDENTIFICATION Block 64 Lot	27
Work Site Location 1/45 10th Ave wall. The	Contractor Benne TT's Heating A/C/Ruofin Address 150/ Meadon Rd. WALL, N.T.
	Address Sol Mendon Rd. WALL, N.T.
Owner in Fee HNN CLARK	
Address 1145 -17th Ave WALL. Tup	Tel. (<u>032</u>)
	Lic. No. or Bldrs. Reg No Fed. Emp. No.
Tel. ()	Fed. Emp. No.
Is hereby granted permission to perform the following work:	
[BUILDING [] PLUMBING [] LEA	AD HAZARD ABATEMENT PAYMENTS (Office Use Only)
	MOLITION Building 33,00
[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OT	HER KOOF Electrical
(Subchapter 8 only)	Plumbing
DESCRIPTION OF WORK:	Fire Protection
RIP - OFF	Elevator Devices
	Other
NOTE: If construction does not commence within one (1) year of date of	f issuance, or DCA Training Fee
if construction ceases for a period of six (6) months, this permit is void.	Cert. of Occupancy
Estimated Cost of Work \$ 1900 - 00	Other
Estimated Cost of Work \$ 1900 - &	Total 34.00
	Check No.
GRZG KIRK DM 8	-2/-98 Cash 34.00
Construction Official Date	Collected by
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	18-1372
	Date Received Date Issued \$-2.1-9\$
SUBCODE	Control #
TECHNICAL SECTION	Permit# 9. F 13.2.2
A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING	C. CERTIFICATION IN LIEU OF OATH
CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.	I nereby certify that I am the (agent of) owner of
Block 7 Substitute 1 Lot. 27	record and am.authorized to make this application.
Work Site Location //45 - 17th AUG- war Time	(MAY III) wall
Owner in Fee Alan or lack	Signature
Address 1:4(1-10) A 1912 Well Tie	D. TECHNICAL SITE DATA
Address Art For the Property of the Property o	
Tele. ()	DESCRIPTION OF WORK
Contractor BENNETTS: Hen tine / Ace / Rod	NTD OFF HOOF
Address 15011 Meadow RD A The The Town of the Town	
	14 505- (ma) - bullite, 2000 -
Tele. (232) Fax ()	17 365- CAP- CAP-
Lic. No. or Bidrs. Reg. No.	
Federal Emp. No.	
<u> 18 - 18 18 18 18 18 18 18 18 18 18 18 18 18 </u>	RIPOFF
JOB SUMMARY (Office Use Only)	NEW
PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day)	
[] No Plans Required Type: Failure Failure Approval Initial	
[] All Footing	FINAL.
[] Footing Foundation	The same of the sa
[] Foundation Slab	TYPE OF WORK: FEE (Office Use Only)
[] Frame Frame	[] New Building \$
Other Barrier-Free	[] Addition
	[] Alteration
Joint Plan Review Required: Insulation	
[] Elec. [] Plumb. [] Fire [] Elevator Finishes	[-/] Roofing
[] Elec. [] Plumb. [] Fire [] Elevator Finishes SUBCODE APPROVAL Energy	[] Siding
[] Elec. [] Plumb. [] Fire [] Elevator Finishes SUBCODE APPROVAL Energy [] CO [] CA Mechanical	[] Siding [] Fence Height (exceeds 6')
[] Elec. [] Plumb. [] Fire [] Elevator Finishes SUBCODE APPROVAL Energy [] CO [] CO Mechanical Date: 962100 TCO	[] Siding [] Fence Height (exceeds 6') [] Sign Sq. Ft.
[] Elec. [] Plumb. [] Fire [] Elevator Finishes SUBCODE APPROVAL Energy [] CO [] CO Mechanical Date: 9/24/00 TCO Approved by: Other	[] Siding [] Fence Height (exceeds 6') [] Sign Sq. Ft. [] Pool
[] Elec. [] Plumb. [] Fire [] Elevator Finishes SUBCODE APPROVAL Energy [] CO [] CO [] CA Mechanical: Date: 92100 TCO Approved by: Other Final 92100	[] Siding [] Fence Height (exceeds 6') [] Sign Sq. Ft. [] Pool [] Asbestos Abatement Subchapter 8
[] Elec. [] Plumb. [] Fire [] Elevator Finishes SUBCODE APPROVAL Energy [] CO [] CO Mechanical Date: 9/24/00 TCO Approved by: Other	[] Siding [] Fence Height (exceeds 6') [] Sign Sq. Ft. [] Pool [] Asbestos Abatement Subchapter 8 [] Lead Haz. Abatement NJAC 5:17
[] Elec. [] Plumb. [] Fire [] Elevator Finishes SUBCODE APPROVAL Energy [] CO [] CO [] CA Mechanical: Date: 9/2/00 TCO Approved by: Other Final Barrier-Free	[] Siding [] Fence Height (exceeds 6') [] Sign Sq. Ft. [] Pool [] Asbestos Abatement Subchapter 8 [] Lead Haz. Abatement NJAC 5:17
SUBCODE APPROVAL Energy [] CO [] CO [] CA Mechanical Date: 964/00 Other Final Barrier-Free B. BUILDING CHARACTERISTICS	[] Siding [] Fence Height (exceeds 6') [] Sign Sq. Ft. [] Pool [] Asbestos Abatement Subchapter 8 [] Lead Haz. Abatement NJAC 5:17
SUBCODE APPROVAL Energy [] CO [] CO [] CA Mechanical Date:	[] Siding [] Fence Height (exceeds 6') [] Sign Sq. Ft. [] Pool [] Asbestos Abatement Subchapter 8 [] Lead Haz. Abatement NJAC 5:17 [] Other. [] Demolition
SUBCODE APPROVAL [] CO [] CO [] CA Mechanical Date:	[] Siding [] Fence Height (exceeds 6') [] Sign Sq. Ft. [] Pool [] Asbestos Abatement Subchapter 8 [] Lead Haz. Abatement NJAC 5:17 [] Other [] Demolition Administrative Surcharge \$
SUBCODE APPROVAL [] CO [] CO [] CA Mechanical Date:	[] Siding [] Fence Height (exceeds 6') [] Sign Sq. Ft. [] Pool [] Asbestos Abatement Subchapter 8 [] Lead Haz. Abatement NJAC 5:17 [] Other. [] Demolition
SUBCODE APPROVAL Energy SUBCODE APPROVAL Energy Comparison of Stories Energy Energy Energy Comparison of Structure Energy Energy Mechanical TCO Other Final Barrier-Free Est. Cost of Bldg. Work: Constr. Class Present Proposed 1. New Bldg. \$ 2. Alteration Light of Structure Ft. 3. Total (1+ 2) \$	[] Siding [] Fence Height (exceeds 6') [] Sign Sq. Ft. [] Pool [] Asbestos Abatement Subchapter 8 [] Lead Haz. Abatement NJAC 5:17 [] Other [] Demolition Administrative Surcharge \$ Minimum Fee \$ 3.2.00
SUBCODE APPROVAL Energy [] CO [] GO [] CA Mechanical: TCO Approved by: Other Final Barrier-Free B. BUILDING CHARACTERISTICS Use Group Present Constr. Class Present Proposed 1. New Bidg. \$ No. of Stories Height of Structure Ft. 3. Total (1+ 2) \$ Area — Largest Floor SUBCODE APPROVAL Energy Mechanical: TCO Other Final Barrier-Free Est. Cost of Bidg. Work: 2. Alteration Sq. Ft.	[] Siding [] Fence
SUBCODE APPROVAL Energy [] CO [] GO [] CA Mechanical: TCO Approved by: Other Final Barrier-Free B. BUILDING CHARACTERISTICS Use Group Present Proposed Est. Cost of Bldg. Work: Constr. Class Present Proposed 1 New Bldg \$ No. of Stories Height of Structure Ft. 3. Total (1+ 2) \$ Area — Largest Floor Sq. Ft.	[] Siding [] Fence
SUBCODE APPROVAL [] CO [] CO [] CA Mechanical Date: Gray CO Other Final Barrier-Free B. BUILDING CHARACTERISTICS Use Group Present Proposed Est. Cost of Bldg. Work: Constr. Class Present Proposed 1. New Bldg. \$ No. of Stories 2. Alteration \$ Height of Structure Ft. 3. Total (1+ 2) \$ Area — Largest Floor Sq. Ft. Volume of New Structure Cu. Ft. Volume of New Structure Cu. Ft.	[] Siding [] Fence
SUBCODE APPROVAL Energy [] CO [] CO [] CA Mechanical Date: Group Present Proposed Est. Cost of Bldg. Work: Constr. Class Present Proposed 1. New Bldg. \$ No of Stories 2. Alteration \$ Height of Structure Ft. 3. Total (1+2) \$ Area — Largest Floor Sq. Ft. Volume of New Structure Cu. Ft.	[] Siding [] Fence





CERTIFICATE OF OCCUPANCY/APPROVAL

Date Issued_ 9-15-60	Building Permit No. 4 1322
Control #	Zoning Permit No. 1/A
Work Site Location 1/45 174 ave	27 Contractor Bennetto Scating AC//2 Address1501 Meadow PD.
Owner in Fee Sun Clauk	Wall NJ
Address	
	Lic. No. or Bldrs. Reg. NoExp. Date
Tele. ()	Federal Emp. No
	or Social Security No
in accordance with the New Jersey U	cture, or equipment has been constructed or installed niform Construction Code, all applicable land use that the property is approved for use and/or occupancy.
CERTIFICATE OF CONTINUED OCCUPATION This serves notice that based on a generate no imminent hazards and the building	al inspection of the visible parts of the building there
☐ TEMPORARY CERTIFICATE OF OCCUPATION If this is a Temporary Certificate of Occupation,19	ANCY upancy the following conditions must be met no later 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	gle family divelling
ESTIMATED COST \$ 1960	<u>-</u> / ()
Home Warranty No	N/A
Use Group	<u> </u>
Maximum Live Load	
Description of Work/Use:	ip of / Keroof
Dates: 9-25-00	Construction Official Township of Wall
Dated: 92500	Land Use Officer, Yownship of Wall



4 GOLD-APPLICANT

	LOUND NOT 07410
Is hereby granted permission to perform the following work: BUILDING	PAYMENTS (Office Use Only) Building
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 \$ 0.500.00 Construction Official Date	Cert. of Occupancy Other Total Check No Cash Collected by
U.C.C. F170 (rev. 01/04) 1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-TAX ASSESSOR	(see reverse side)

3 PINK-TAX ASSESSOR



Volume of New Structure

Total Land Area Disturbed

BUILDING SUBCODE

Cu. Ft.



Date Issued Permit # A IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING C. CERTIFICATION IN LIEU OF OATH CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. I hereby certify that I am the (agent of) owner of Qualification Code record and am authorized to make this application. Work Site Location _ LIMEL Signature TEFFOR SOUTHERDED Owner in Fee POVINGUUS D. TECHNICAL SITE DATA DESCRIPTION OF WORK Tel. (9/7) Contractor - - - - - C Address -Contractor License No. or Bullaer Registration No. ____ Federal Emp. No JOB SUMMARY (Office Use Only) PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day) [] No Plans Required Type: Failure Failure Approval -Initial Footing Footing Bonding] Footing Foundation -[] Foundation Slab TYPE OF WORK: [] Frame FEE (Office Use Only Frame [,] Other]. New Building Truss Sys./Bracing] Addition Barrier-Free Joint Plan Review Required: Rehabilitation Insulation [] Elec. [] Plumb. [] Fire [] Elevator Roofing Finishes -Base Lave SUBCODE APPROVAL Finishes -Final [] CO 1 CCO Fence Energy Height (exceeds 6') Mechanical # .. Sian Date: Pool ' Approved by: Asbestos Abatement Subchapter 8 . Lead Haz. Abatement NJAC 5:17. Barrier-Free Demolition B. BUILDING CHARACTERISTICS Use Group Proposed Est. Cost of Bldg. Work: Constr. Class Present Administrative Surcharge Proposed 1. New Bldg. No. of Stories 2. Rehabilitation Height of Structure State Permit Surcharge Fee \$ 3. Total (1+2) Area - Largest Floor TOTAL FEE \$ New Bldg. Area/All Floors

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

1 White = Inspector Copy 3 Pink = Office Copy

Date Received
Control #*

2 Canary = Office Copy 4 Hard = Applicant Copy NG-185





CERTIFICATE OF OCCUPANCY/APPROVAL

	Building Permit No. 00 -01280
Control #	Zoning Permit No. NA
Owner in Fee Santorro Address PO BOX 140449	Contractor Father & Son Const. Address 1-25 37th St. For hwn, NS 07410 Tele. (973) Lic. No. or Bldrs. Reg. No. 5402 Exp. Date Federal Emp. No.
	or Social Security No
in accordance with the New Jersey Ur	CERTIFICATE OF APPROVAL cture, or equipment has been constructed or installed niform Construction Code, all applicable land use hat the property is approved for use and/or occupancy.
CERTIFICATE OF CONTINUED OCCUPA This serves notice that based on a general are no imminent hazards and the building	al inspection of the visible parts of the building there
than,20 c	pancy the following conditions must be met no later or the owner will be subject to a fine or order to vacate:
Type of Warranty Plan: [] S	State [] Private
Zone	
Land Use Designation	
ESTIMATED COST \$ 2500 Home Warranty No	
Use Group	<u> </u>
Maximum Live Load Description of Work/Use:	Coos Mhan
Dated: 3-16-06	Construction Official Township of Wall Land Use Officer, Township of Wall

C.O. No. 06-185



Date Issued [1][5]07
Permit#05-01980

Work Site Location 1145 174 Ave Owner in Fee JEFFREY SCATURRO Address 104 ARDMORE AVE Tel. (917)	Contractor Tomeowner Address Tel. ()	
ELECTRICAL [] FIRE PROTECTION [] DE		
NOTE: If construction does not commence within one (1) year of date of if construction ceases for a period of six (6) months, this permit is void. Estimated Cost of Work \$ 1800.00 Construction Official Date	Cert. of Occupancy Other Total Check No. Cash Collected by Csee reverse side)L

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT



BUILDING	Date Received 15/05 Date Issued
UC SUBCODE	Control # OS-DIU80
TECHNICAL SECTION	Permit# 05 1480
A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING	C. CERTIFICATION IN LIEU OF OATH
CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.	Linereby certify that I am the (agent of) owner of
Block 64 Work Site Location 1145 7 744 AVP	record and am authorized to make this application.
Work Site Location 1145 1745 AVE TEFFREN SCATUERO	
Owner in Fee 104 Arthmore Ave	Signature
Address	D. TECHNICAL SITE DATA
Address	
Tele. (9/7)	DESCRIPTION OF WORK
Contractor ON/WFR	Sheeteock
Address	
English to the second of the s	[전 시민준이 " 다리 보다" 보고 말했다. (19 ¹⁹ 1912년 - 1911년 - 1
Tele: () Fax ()	Light the property of Silver and Silver
Lic. No. or Bidrs. Reg. No.	
Federal Emp. No.	
JOB SUMMARY (Office Use Only)	[2] 타양시티, 시청시티 하는 19 - 그리고 있다고 [4] 요?
PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day)	
J. N. Diene Barrier	
Type: Failure Failure Approval Initial	
[] Footing Foundation	
[] Foundation Slab	. TYPE OF WORK: FEE (Office Use Only)
Frame Frame	[] New Building
[] Other Barrier-Free	[] Addition
Joint Plan Review Required: Insulation	Alteration
[4] Elec. [] Plumb. [] Fire [] Elevator Finishes	[] Roofing
SUBCODE APPROVAL Energy	[] Siding Height (exceeds 6')
(A) CO [] CA Mechanical	
Date: 3/3'6 Q / TCO	Sq. Ft.
Approved by: Other	[] Pool
Final 3-10-76 18	[] Asbestos Abatement Subchapter 8
Barrier-Free	Lead Haz. Abatement NJAC 5:17
D. DIVI DIVID OLUMBASSIONES	[] Other
B. BUILDING CHARACTERISTICS	[] Demolition
Use Group Present C Proposed Est. Cost of Bldg. Work:	Administrative Curshaves 6
Constr. Class Present Proposed 1. New Bldg. \$ 1.000.000.0000.0000.0000.0000.0000.0	Administrative Surcharge \$ Minimum Fee \$ \$ 3
2. Anteration 1 1 000.	DCA Training Fee \$
	TOTAL FEE® \$ 6
	Ojas Certa
New Bidg. Area/All Floors Sq. Ft.	U.C.C. F110 1 White = Inspector Copy 2 Copyr - Office Copy



ELECTRICAL SUBCODE TECHNICAL SECTION



5-01480 A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING C. CERTIFICATION IN LIEU OF OATH CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. I hereby certify that I am the (agent of) owner of record and am authorized to make this Qualification Code application and perform the work listed on this application. 174 AVP Work Site Location Applicant's Signature/Contractor's Seal and Signature Owner in Fee TIFFREY & SCATUREDS [] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr [] Exempt Applicant Address 104 ARTMORE 1 D. TECHNICAL SITE DATA SIZE **ITEMS** FEE (Office Use Only) Lighting Fixtures Contractor Home Owner Receptacles Address Switches Detectors Light Poles Contractor License No. Motors-Fract, HP Federal Emp. No. Emergency & Exit Lights **B. ELECTRICAL CHARACTERISTICS** Communications Points Use Group Present Alarm Devices/F.A.C. Panel Proposed [] Pole/Pad # [] Temporary [] Other Building Occupied as TOTAL NUMBERS Utility Co. Est. Cost of Elec. Work - \$ **850.00** Pool Permit/with UW Lights Storable Pool/Spa/Hot Tub ' KW Elec. Range/Receptacle JOB SUMMARY (Office Use Only) KW Oven/Surface Unit-PLAN REVIEW INSPECTIONS Dates (Month/Day) Date Initial KW Elec. Water Heater [] No Plans Required Type: Failure -Failure · Approval Initial KW Elec. Dryer/Receptacle Rough Joint Plan Review Required: KW-Dishwasher ... Barrier-Free HP Garbage Disposal [] Building [] Plumbing Trench KW Central A/C Unit [-] "Fire" [-] Elevator Temp. Serv. HP/KW Space Heater/Air Handler [] Elec. Plans Approved Constr. Serv. KW Baseboard Heat TCO Date: 4 HP Motors 1/+ HP Other Approved by: KW Transformer/Generator Service AMP Service Final AMP Subpanels Barrier-Free SUBCODE APPROVAL AMP Motor Control Center [] co Temp. Cut-in-Card Date Issued KW Elec. Sign/Outline Light. Final Cut-in-Card Date Issued Date: 3:114 104 Annual Pool Inspection Approved by: Date of Grounding and Bonding Administrative Surcharge \$ Certification . Minimum Fee. State Permit Surcharge Fee \$ White = Inspector Copy .2 Canary = Office Copy 3 Pink = Office Copy

U.C.C. F120 (rev. 07/03)

TOTAL FEE

Date Received Control #

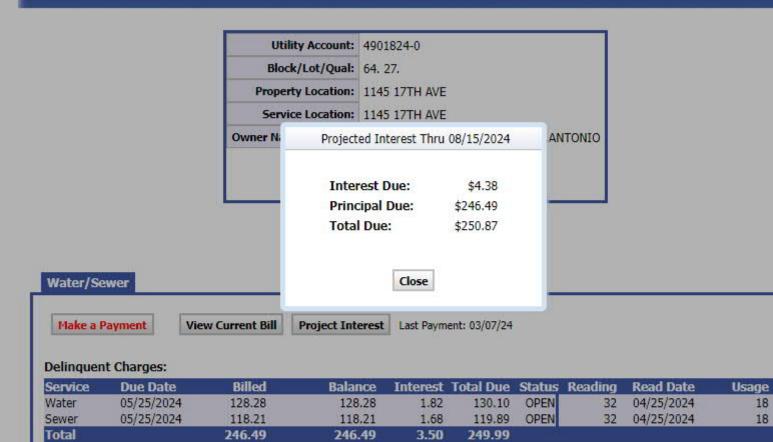




CERTIFICATE OF OCCUPANCY/APPROVAL

	Building Permit No. 05 01480
Control #	Zoning Permit No. NA
IDENTIFICATION Block 64 Lot 2	7
	Contractor Owner
	Address
	*
Address 104 Ardmore Ave.	Tele. ()
Staten Island, NY 10314	Lic. No. or Bldrs. Reg. NoExp. Date
Tele. (.	Federal Emp. No
	or Social Security No
in accordance with the New Jersey Unit	CERTIFICATE OF APPROVAL ure, or equipment has been constructed or installed form Construction Code, all applicable land use at the property is approved for use and/or occupancy.
CERTIFICATE OF CONTINUED OCCUPANT This serves notice that based on a general are no imminent hazards and the building	inspection of the visible parts of the building there
	ICY ancy the following conditions must be met no later the owner will be subject to a fine or order to vacate:
Type of Warranty Plan: [] St	ate [] Private
Construction Classification	·
Maximum Occupancy Load	
Land Use Designation_SED	
ESTIMATED COST \$ 1,000	
Home Warranty No	DIA
Use Group	<u>2-5</u>
Maximum Live Load	
Description of Work/Use: She	etrock //
Dated: 3 - 27 - 06	Construction Official, Township of Wall Land Use Officer, Township of Wall

Township of Wall, NJ Taxpayer/Utility Information



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	AND AND ADDRESS OF THE PARTY OF	583.90	0.00	0.00	0.00			CHANGE SALES OF THE SALES	

18

18

Return to Home

^{*} Meter Rolled, ** Final Reading, *** Meter Changed/Reset