



Property Information		Request Information		Update Information
File#:	BS-X01693-4014038103	Requested Date:	07/17/2024	Update Requested:
Owner:	BURITICA, ROBERTO & MARIA C DAZA	Branch:		Requested By:
Address 1:	397 SAIRS AVENUE 1	Date Completed:		Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	LONG BRANCH, NJ	# of Parcel(s):	1	

Notes

CODE VIOLATIONS	Per City of Long Branch Department of Zoning there are no Code Violation cases on this property. Collector: City of Long Branch Payable Address: 344 Broadway Long Branch, NJ 07740 Business# 732-222-7000
PERMITS	Per City of Long Branch Building Department there are no Open/Pending/ Expired Permit on this property. Collector: City of Long Branch Payable Address: 344 Broadway Long Branch, NJ 07740 Business# 732-222-7000
SPECIAL ASSESSMENTS	Per City of Long Branch Department of Finance there are no Special Assessments/liens on the property. Collector: City of Long Branch Payable Address: 344 Broadway Long Branch, NJ 07740 Business# 732-222-7000
DEMOLITION	NO



UTILITIES

WATER

Account #: N/A
Payment Status: N/A
Status: Pvt & Non Lienable
Amount: N/A
Good Thru: N/A
Account Active: N/A
Collector: New Jersey American Water
Payable Address: 1 Water Street, Camden, NJ 08102
Business # 800-272-1325

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

Sewer

Account #: 3612
Payment Status: DELINQUENT
Status: Pvt & Lienable
Amount: \$865.26
Good Thru: 10/30/2024
Account Active: Yes
Collector: Long Branch Sewer Authority
Payable: 150 Joline Ave, Long Branch, NJ 07740
Business # 732-222-0500

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED.

Garbage:

Garbage bills are included in the Real Estate Property taxes.

Tax Board ▶

Sales Data

DATE		COUNTY		DISTRICT			
06/26/00		MONMOUTH		1327 LONG BRANCH			
DEED REGISTRATION							R.T.F. EXEMPT
BOOK	PAGE	DEED DATE	DATE RECORDED	R.T. FEE	PRICE		
5929	669	04/13/00	05/01/00	1.75	10		
G R A N T O R	MOREIRA, CLAUDIO & FERNANDES, JOAO 21200 GLADES CUT OFF RD PORT ST LUCIE, FL 34987			G R A N T E E	DERING, ISABEL 397 SAIRS AVE 1ST FL LONG BRANCH, NJ 07740		
TAX MAP & LIST DESCRIPTIONS				PROPERTY CLASSIFICATION			
BLOCK	153			CLASS	2		
LOT	8			CL. 4 TYPE			
QUAL				CONDO	N		
ASSESSED VALUE							
YEAR SAME AS DEED	LAND		BUILDINGS		TOTAL		
2000	54000		88200		142200		
PROPERTY LOCATION					FLOOR AREA	YEAR BUILT	
397 SAIRS AVE					2501	1920	
REMARKS:					RATIO:		
REALTY TRANSFER FEE < 100					0		
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.				
25			5826010				

Terms of Use

Rel 2022-1

**City of Long Branch Long Branch
Code Enforcement**

344 Broadway
Long Branch NJ, 07740

Date: 7-10-06

Court Disposition

Property Address: 397 Sairo Avenue

Initial Complaint: Bulk wrong day

Charge: 293

Disposition: fine 56.00 - Court 33.00

Comments:



397 Sairs Ave

7/10/06

RB

COURT I.D. PREFIX COMPLAINT NUMBER
 1325 - SC - 015908
 Municipal Court of
 Long Branch
 279 Broadway
 Long Branch, NJ 07740

The State of New Jersey
 vs.

Defendant: [Redacted] Per Infor

Address: 397 Sairs Ave Long Branch, NJ
 State: NJ Zip Code: 07974 Telephone: [Redacted]
 Birth Date: [Redacted] Mo. Day Yr. Sex: [Redacted] Eyes: [Redacted] Height: [Redacted] Restrictions: [Redacted]
 Drivers License #: [Redacted] State: [Redacted] Exp. Date: [Redacted]

STATE OF NEW JERSEY MONMOUTH COUNTY OF [Redacted] JSS:

Complaining Witness: SO Brown (Name) 822 (Badge No.)
 of 688D (Identify Dept/Agency Represented)
 Residing at 344 Morristown way (Address)

by certification or on oath, says that to the best of his/her knowledge or information and belief, the named defendant on or about the 08/12/06
 In LONG BRANCH Month Day Year County of MONMOUTH N.J.

COMPLAINT

did commit the following offense:
 (DESCRIPTION OF OFFENSE)
 In violation of (one charge only) 293 (Statute, Regulation or Ordinance Number)
 LOCATION OF OFFENSE 1325 397 Sairs (Describe Location)

OATH: Subscribed and sworn to before me this ___ day of ___, yr ____
 CERTIFICATION: I certify that the foregoing statements made by me are true, I am aware that if any of the foregoing statements made by me are willfully false, OR I am subject to punishment.
 (Signature of Complaining Witness) 7/12/06 (Date)

(Signature of Person Administering Oath) (Signature of Complaining Witness)

PROBABLE CAUSE DETERMINATION FOR ISSUANCE OF PROCESS:
 COURT USE ONLY LAW ENFORCEMENT USE ONLY

Probable cause is found for the issuance of this Complaint-Summons.
 YES
 NO (Signature of Judicial Officer)
 YES
 NO (Signature of Judge)
 The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS

YOU ARE HEREBY SUMMONED TO APPEAR BEFORE THIS COURT TO ANSWER THIS COMPLAINT IF YOU FAIL TO APPEAR ON THE DATE AND AT THE TIME STATED. A WARRANT MAY BE ISSUED FOR YOUR ARREST.

NOTICE TO APPEAR
 COURT APPEARANCE REQUIRED
 COURT DATE: 07/25/06 8:15 AM
 Year Day Month Day Year Time

(Date Summons Issued) (Signature of Person Issuing Summons)

WARNING NOTICE OF VIOLATION



386
done
9/2/13

City of Long Branch
Department of Public Safety
Fire Marshal's Office/Police Department
344 Broadway
Long Branch, N.J. 07740
Phone 732-571-5651
Fax 732-222-4493

TO: THE OWNER/OCCUPANT

RE: ADDRESS: 297 Suis Cottage A

YOU ARE IN VIOLATION OF CITY ORDINANCE:
125-1

- () Overgrown grass. Grass cut to a height of not more than 12 inches on any property in the city.
- () Grass clippings, mulch, sod and/or dirt are not considered brush and will not be collected.
- () Branches/brush, leaves, garbage, bulk, recycling, etc. must be separated.
- () Trash and debris, must be cleaned and properly disposed of.
- () Garbage/Recycling/Bulk placed out late or wrong day.
 1. South of Broadway: Garbage - Mon. & Thurs.
Recycling on Thursdays.
 2. North of Broadway: Garbage - Tues. & Fri.
Recycling on Fridays.
 3. Bulk pick up on Wednesday (no more than 8 items & no construction debris).
- () Improper disposal of solid waste.
- () Newspapers must be tied.
- () Cardboard must be flattened and tied.
- () Garbage, trash, etc. placed for collection, must be stored in a manner so as not to create a nuisance to neighbors or passer's by.
- () Parked a vehicle on the lawn or any other place not designated for parking.

Other Tree branches obstructing view
of stop sign on Cottage Pl

YOU HAVE 72 HRS. TO COMPLY- AT WHICH TIME A
RE-INSPECTION WILL BE MADE. IF THE ABOVE LISTED
ISSUE IS NOT CORRECTED, A SUMMONS WILL BE ISSUED.

Inspector/Officer: 806 Date: 9/2/13 Time 9:46am

CITY OF LONG BRANCH
CODE ENFORCEMENT
344 BROADWAY
LONG BRANCH, NJ 07740

Date: 6-12-2019

COURT DISPOSITION

Property Address: 397 Sairs ave

Initial Complaint: Bulk out wrong wk.

Charge: 293-3m

Disposition: ~~\$~~ 100⁰⁰ + \$ 33⁰⁰

Comments:

COURT I.D. PREFIX COMPLAINT NUMBER
1325 SC 038876

LONG BRANCH MUNICIPAL COURT
 279 Broadway
 Long Branch, NJ 07740

Complaint

The State of New Jersey

(Please Print) **VS.**

Defendant's Name: [Redacted] Last

Address: 347 Seaside Ave City: Long Branch

State: NJ Zip Code: 07740 Telephone:

Birth Date: Mo. Day Yr. Sex Eyes Height Restrictions

DL # State Exp. Date

STATE OF NEW JERSEY }
 COUNTY OF **MONMOUTH** } SS:

COMPLAINT

COMPLAINT

Complaining Witness: B. Miller (Name)
 of LA PD # 26 (Identify Dept./Agency Represented) (Badge No.)
 Residing at _____
 by certification or on oath, says that to the best of his/her knowledge or information and belief, the named defendant on or about the _____
 in **LONG BRANCH** **1325** County of **MONMOUTH** NJ
 did commit the following offense:

B. K. out wrong work
 (DESCRIPTION OF OFFENSE)

in violation of (one charge only) 29:27-3m
 (Statute, Regulation or Ordinance Number)

LOCATION OF OFFENSE	CODE	Describe Location
		347 Seaside Ave

OATH: Subscribed and sworn to before me this _____ day of _____, yr. _____
 (Signature of Complaining Witness) **OR** _____ (Date)
 (Signature of Person Administering Oath) (Signature of Complaining Witness)

PROBABLE CAUSE DETERMINATION FOR ISSUANCE OF PROCESS:

COURT USE ONLY	LAW / CODE ENFORCEMENT USE ONLY
Probable cause is found for the issuance of this Complaint-Summons <input type="checkbox"/> Yes <input type="checkbox"/> No (Signature of Judicial Officer) <input type="checkbox"/> Yes <input type="checkbox"/> No (Signature of Judge)	<input checked="" type="checkbox"/> The complaining witness is a law enforcement officer or a code enforcement officer with territorial and subject matter jurisdiction and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS

SUMMONS

YOU ARE HEREBY SUMMONED TO APPEAR

BEFORE THIS COURT TO ANSWER THIS COMPLAINT. IF YOU FAIL TO APPEAR ON THE DATE AND AT THE TIME STATED, A WARRANT MAY BE ISSUED FOR YOUR ARREST.

NOTICE TO APPEAR

<input checked="" type="checkbox"/> COURT APPEARANCE REQUIRED	COURT DATE	Month	Day	Year	Time	AM	PM
		7	3	19	7		

Miller (Date Summons Issued) _____ (Signature of Person Issuing Summons)



Redaction Log

Reason	Page (# of occurrences)	Description
Personal Information	2 (1) 3 (9)	Redacted



CONSTRUCTION PERMIT

In mail

Date Issued 7-3-01
Control #
Permit # 01-547

IDENTIFICATION Block 153 Lot 8
 Work Site Location 397 Sairs Avenue Contractor States Heating & Cooling
Long Branch, NJ 07764 Address 81 White Road
 Owner in Fee Personal Information Shrewsbury, NJ 07702
 Address 397 Sairs Ave. Tel. (732) 224-9196
Long Branch, NJ 07740 Lic. No. or Bids Reg No.
 Tel. Personal Information Fed. Emp. No. 22 3237479

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:

Install 36,000 BTU AC system

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 \$ 2,600.00

[Signature]
 Construction Official
 Date 6/15/01

PAYMENTS (Office Use Only)	
Building	
Electrical	<u>46.00</u>
Plumbing	<u>40.00</u>
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	<u>2.00</u>
Cert. of Occupancy	
Other	
Total	<u>88.00</u>
Check No.	<u>1055</u>
Cash	
Collected by	<i>[Signature]</i>



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received 6/11/01
Date Issued 7-3-01
Control #
Permit # 01-547

In mail

01-547

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

Block 153 Lot 8
Work Site Location 397 Sairs Avenue
Long Branch, NJ 07764
Owner in Fee Personal Information
Address 397 Sairs Avenue
Long Branch, NJ 07764
Tele Personal Information
Contractor Alex Caprio
Address 314 Dock St.
Union Beach, NJ 07735
Tele. (732) 264-6024 Fax ()
Lic. No. 117 XXXX 4047
Federal Emp. No. Personal Information

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 2600.090

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	\$ _____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
1	36,000 BTUs Other <u>AC system</u>	<u>20</u>
_____	Other <u>Condensate line</u>	<u>20</u>

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)			
		Failure	Failure	Approval	Initial
<input checked="" type="checkbox"/> No Plans Required	Type:	_____	_____	_____	_____
Joint Plan Review Required:	Slab	_____	_____	_____	_____
<input type="checkbox"/> Building <input type="checkbox"/> Electric	Rough	_____	_____	_____	_____
<input type="checkbox"/> Fire <input type="checkbox"/> Elevator	Water	_____	_____	_____	_____
<input type="checkbox"/> Plumbing Plans Approved	Sewer	_____	_____	_____	_____
Date: <u>6-12-01</u>	Fixtures	_____	_____	_____	_____
Approved by: _____	Gas Equipment	_____	_____	_____	_____
	Gas Piping	_____	_____	_____	_____
	Solar	_____	_____	_____	_____
	TCO _____	_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ 40.00

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.

Alex Caprio
Signature — Contractor's Seal

Licensed Plumbing Contractor Exempt Applicant

#1655

Redaction Log

Reason	Page (# of occurrences)	Description
Personal Information	1 (2) 2 (3) 3 (2)	Redacted