



## Property Information

## Request Information

## Update Information

File#:	BS-X01693-888455382	Requested Date:	07/17/2024	Update Requested:
Owner:	KNOWLES, SARAH	Branch:		Requested By:
Address 1:	8 CAIN CT	Date Completed:		Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	MONTVILLE, NJ	# of Parcel(s):	1	

## Notes

**CODE VIOLATIONS** Per Montville Township Department of Zoning there are no Code Violation cases on this property.  
Collector: Montville Township  
Payable Address: 195 Changebridge Road, Montville, NJ 07045  
Business# 973-331-3345

**PERMITS** Per Montville Township Building Department there is Open Permit on this property..  
Permit# 0900566  
Permit Type - Alteration  
Collector: Montville Township  
Payable Address: 195 Changebridge Road, Montville, NJ 07045  
Business# 973-331-3345

**SPECIAL ASSESSMENTS** Per Montville Township Department of Finance there are no Special Assessments/liens on the property.  
Collector: Montville Township  
Payable Address: 195 Changebridge Road, Montville, NJ 07045  
Business# 973-331-3345

**DEMOLITION** NO

**UTILITIES** WATER AND SEWER  
Account #: 308084  
Payment Status: DELINQUENT  
Status: Pvt & Liable  
Amount: \$788.97  
Good Thru: 08/31/2024  
Account Active: Yes  
Collector: Montville Twp Water & Sewer Dept.  
Payable Address: 195 Changebridge Road Montville, NJ 07045  
Business # 973-331-3331

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED

**GARBAGE**  
Garbage bills are included in the real estate property taxes.



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## Search Tax Records

Owner Information			
Tax Year	2024		
District	Montville Township	District Code	21
Block	00131. 01	Lot	00021. 01
Qualification Code			
Owner's Name	KNOWLES, SARAH		
Owner's Street	8 CAIN CT		
Owner's City, State	MONTVILLE, NJ		
Owner's Zip Code	07045	Bank Code	00270
Deduction Amount	\$0.00	Number of Owners	0000
Senior Citizens	0000	Veterans	0000
Widows	0000	Surviving Spouse	000
Disabled Persons	000		

  

Property Information			
Property Location	8 CAIN CT		
Land Description	.309 AC	Acreage	0.309
Property Class Code	2	Zoning	R20B
Building Description	Tax Map Page	42	
Deed Book Number	22189		
Deed Book Page	01024		
Deed Date	11/15/12	Sales Price	\$420,000.00
Year Constructed	1992	Building Square Feet	2094
Additional Lots 1			
Additional Lots 2			
Prior Block	00131.	Prior Lot	00005. 1
Prior Qualification	C021A		

  

Exempt Property Information	
Exempt Property List Code	0000000
Exempt Statute Number	
Exempt Facility Name	
Initial Filing Date	05/08/91
Further Filing Date	11/01/00

  

Assessments	
Land Value	\$160,000.00
Improvement Value	\$239,100.00
Net Taxable Value	\$399,100.00
Prior Year Taxes	\$10,396.56
Current Year Taxes	\$10,620.06

  

Sales Information					
Serial Number	Price	Deed Date	Book	Page	SR1A Detail
11813	\$420,000.00	11/15/12			

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# Permits

(All Data, Location Address Like '8 CAIN' - 2 records)

Permit Number	Permit Issue Date	Control Number	Location Address	Block	Lot	Application Status	Codes Used	Work Type	Comments	Total Paid	Close Date
1201151 ✓	10/18/2012	0113212	8 CAIN CT	131	21	CA and Close Date Issued	B	Alteration	new roof	172 09/18/2013	
0900566 ✓	07/13/2009	0065609	8 CAIN CT	131	21	Open	P	Alteration	water heater	67	
<b>Grand Totals</b>											<b>239.</b>

131.01 / 21.01



# CONSTRUCTION PERMIT

IDENTIFICATION Block 131.01 Lot 21.01 Qualifier \_\_\_\_\_

Work Site 8 CAIN CT Contractor The Accent Group  
Montville, NJ 07045 Address 104 East Centre St.  
 Owner in Fee KELLY, JOSEPH F Nutley, NJ 07110  
 Address 8 CAIN CT Telephone (973) 562-0200  
MONTVILLE, NJ 07045 Lic./Reg. No. \_\_\_\_\_  
 Telephone \_\_\_\_\_

V. FEE SUMMARY (Office Only)	
1. Building	\$161.18
2. Electrical	\$0.00
3. Plumbing	\$0.00
4. Fire Protection	\$0.00
5. Elevator	\$0.00
6. Plan Review	\$0.00
7. Subtotal	\$161.18
8. DCA State Fee	\$10.96
9. Subtotal	\$172.14
10. Certificate	\$0.00
11. Subtotal	\$172.14
12. Exemption	\$0.00
<b>TOTAL</b>	<b>\$172.00</b>

**Is hereby granted permission to perform the following work:**

- BUILDING       PLUMBING  
 ELECTRICAL       FIRE PROTECTION       LEAD HAZARD ABATEMENT  
 ELEVATOR DEVICES       ASBESTOS ABATEMENT       DEMOLITION

DESCRIPTION OF WORK:  
 New roof.

*closed - NO C.A. found*

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 for Selected Subcode(s) \$6,447

Construction Official \_\_\_\_\_ Date \_\_\_\_\_

## REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulation 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 work installed conforms to 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 given.

- Required inspections for all subcodes for one and two family dwellings are the following:
  1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. Utility services, including septic.
  4. 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.
- 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 any other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provisions 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.



# CONSTRUCTION PERMIT

Date Issued 7/13/2009  
 Control # 0065609  
 Permit # 0900566

IDENTIFICATION Block: 131 Lot: 21 Qualifier \_\_\_\_\_  
 Work Site Location: 8 CAIN CT Montville, NJ 07045 Contractor: P and L Plumbing  
 Address: 300 Columbus Circle Edison NJ 08837  
 Owner in Fee: KELLY, JOSEPH F Telephone: (732) 417-0099  
8 CAIN CT MONTVILLE NJ 07045 Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Federal Employee. No. \_\_\_\_\_

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

water heater      open - need final plumbing inspection

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 \$1,082

Construction Official \_\_\_\_\_ Date 7/13/2009

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)	
Building	\$0
Electrical	\$0
Plumbing	\$65
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$2
CO Fee	
Other	\$0
Total	\$67
Check No.	111145
Cash	\$0
Credit	\$0
Collected By	

## 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:

1. 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.
2. Foundations and all walls up to grade level prior to back filling.
3. 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.
4. 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.



# CERTIFICATE

Date Issued \_\_\_\_\_  
Control # \_\_\_\_\_  
Permit # \_\_\_\_\_

IDENTIFICATION

0021A

Block \_\_\_\_\_ Lot \_\_\_\_\_  
 Work Site Location \_\_\_\_\_  
 Owner in Fee \_\_\_\_\_  
 Address \_\_\_\_\_  
 State \_\_\_\_\_  
 NJSA 47:1A-1 phone \_\_\_\_\_  
 Contractor \_\_\_\_\_  
 Address \_\_\_\_\_  
 Tele. (\_\_\_\_) \_\_\_\_\_  
 Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
 Federal Emp. No. \_\_\_\_\_  
 or Social Security No. \_\_\_\_\_

Home Warrantly No. \_\_\_\_\_  
 Type of Warranty Plan: [ ] State [ ] Private  
 Use Group \_\_\_\_\_  
 Maximum Live Load \_\_\_\_\_  
 Construction Classification \_\_\_\_\_  
 Maximum Occupancy Load \_\_\_\_\_  
 Description of Work/Use: \_\_\_\_\_

704  
796  
108 SF FT. 200

ADDITION TO EXISTING CODE

close

### CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

### CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

### TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than \_\_\_\_\_, 19\_\_\_\_ or the owner will be subject to fine or order to vacate:

FINAL COST OF CONSTRUCTION: \$ \_\_\_\_\_

CONSTRUCTION OFFICIAL

### CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

### CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until \_\_\_\_\_.

Fee \$ \_\_\_\_\_  
Paid [ ] Check No. \_\_\_\_\_  
Collected by: \_\_\_\_\_



# CERTIFICATE

Date Issued \_\_\_\_\_  
 Control # \_\_\_\_\_  
 Permit # 95-077

### IDENTIFICATION

Block \_\_\_\_\_ Lot \_\_\_\_\_  
 Work Site Location \_\_\_\_\_  
 Owner in Fee \_\_\_\_\_  
 Address \_\_\_\_\_  
 Tele. (\_\_\_\_) \_\_\_\_\_  
 Contractor \_\_\_\_\_  
 Address \_\_\_\_\_  
 Tele. (\_\_\_\_) \_\_\_\_\_  
 Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
 Federal Emp. No. \_\_\_\_\_  
 or Social Security No. \_\_\_\_\_

Home Warranty No. \_\_\_\_\_  
 Type of Warranty Plan: [ ] State [ ] Private  
 Use Group \_\_\_\_\_  
 Maximum Live Load \_\_\_\_\_  
 Construction Classification \_\_\_\_\_  
 Maximum Occupancy Load \_\_\_\_\_  
 Description of Work/Use: \_\_\_\_\_

*closed*

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**CERTIFICATE OF COMPLIANCE**

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FINAL COST OF CONSTRUCTION: \$ \_\_\_\_\_

RECUSSION OFFICIAL \_\_\_\_\_

Fee \$ \_\_\_\_\_  
 Paid [ ] Check No. \_\_\_\_\_  
 Collected by: \_\_\_\_\_