



Property Information		Request Information		Update Information
File#:	BS-X01798-3102708661	Requested Date:	11/22/2024	Update Requested:
Owner:	BLOISE IVAN	Branch:		Requested By:
Address 1:	6300 PASCHALL AVE	Date Completed:	12/06/2024	Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	PHILADELPHIA, PA	# of Parcel(s):	1	

## Notes

CODE VIOLATIONS	<p>Per Philadelphia City Department of Zoning there are No Code Violation cases on this property.</p> <p>Collector: Philadelphia City Licenses and Inspections Department Payable Address: 1401 John F. Kennedy Blvd, 11th Floor, Philadelphia, PA 19102 Business# (215) 686-1441</p>
PERMITS	<p>Per Philadelphia City Department of Building there are No Open/Pending/ Expired Permit on this property.</p> <p>Collector: Philadelphia City Licenses and Inspections Department Payable Address: 1401 John F. Kennedy Blvd, 11th Floor, Philadelphia, PA 19102 Business# (215) 686-1441</p>
SPECIAL ASSESSMENTS	<p>Per Philadelphia City Treasurer Department there are Special Assessments due on the property</p> <p>Collector: Philadelphia City Treasurer Payable Address: 1401 John F. Kennedy Blvd, 11th Floor, Philadelphia, PA 19102 Business# (215) 686-2300</p> <p>Comments: Special Assessments are included in Tax Bills. Please refer to the attached document for more information</p>
DEMOLITION	NO



UTILITIES

WATER & SEWER

Account #: 054-63180-06300-001

Payment Status: Due

Status: Pvt & Lienable

Amount: \$44.51

Good Thru: 12/20/2024

Account Active: Active

Collector: Philadelphia Water Department

Payable Address: 1101 Market Street, 5th Floor, Philadelphia, PA 19107

Business # 215-686-6995

GAS

Account #: 8117008532

Payment Status: NA

Status: Pvt & Lienable

Amount: \$138.22

Good Thru: 12/30/2024

Account Active: Yes

Collector: PGW Liens & Judgments Department

Payable Address: 800 W Montgomery Ave, 3rd floor, Philadelphia, PA 19122

Business # 215-978-1053

GARBAGE

Garbage bills are included in the real estate property taxes



< Home

### 6300 PASCHALL AVE

PHILADELPHIA PA 19142-2315

OPA : 401355500  
Assessed value : \$153,000.00  
Owner : BLOISE IVAN

Balance

**\$741.89**

> [Make a payment](#)

[Summary](#) [More options...](#)

### Accounts

#### Real Estate Tax

Balance

**\$741.89**

- > [Make a payment](#)
- > [View period balance](#)
- > [Apply for real estate assistance programs](#)
- > [View liens and debt](#)





# Water Payoff Request Form

Use this form when requesting water payoff information.  
Questions? Call (215) 686-6995 or 6987

Please follow these instructions:

1. Complete Page 1 by typing directly in the fields below. Fields marked with a star (\*) are required. Leave Pages 2 and 3 blank. Don't complete this form by hand.
2. Go to **File** > then **Save As...**
3. Choose a Folder, such as your Desktop.
4. Give your PDF a unique File Name that includes the Property Address or File No. (Example: "123MainStreet").
5. Save
6. Submit your saved form by email to: [wateramountdue@phila.gov](mailto:wateramountdue@phila.gov)

Settlement Agent Name\*: George David

Settlement Company: Stellar Innovations

Settlement File No.: BS-X01798-3102708661

Phone: 302-261-9069

Fax: 407- 210-3113

Email\*: MLS@stellaripl.com

Date of Request\*: 11/25/2024

Date of Settlement\*: 12/05/2024

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property Owner Name\*: BLOISE IVAN

Property Address\*: 6300 PASCHALL AVE PHILADELPHIA PA 19142

Property Account #: \_\_\_\_\_

Water Code Enforcement #: \_\_\_\_\_

#: \_\_\_\_\_

#: \_\_\_\_\_

Agency/Lien Repair #: \_\_\_\_\_

HELP Loan #: \_\_\_\_\_

\* Required Field

**\*\*\* This is a payoff request form. This does not serve as a lien search. Accordingly, title insurance companies should search (1) The Locality/In Rem Index and/or (2) the Philadelphia Courts Civil Dockets for existing liens.\*\*\***

If there are estimated meter readings for this account or the most recent readings on this account are estimated, the outstanding balance on this account may be higher than what is reflected here **and may result in charges being retroactively billed to this account.** The Meter Shop should be contacted immediately at (215) 685-3000 to have the meter serviced.



# Water Payoff Request Form

Use this form when requesting water payoff information.  
Questions? Call (215) 686-6995 or 6987

Property Address: <u>6300 PASCHALL AVE PHILADELPHIA PA 19142</u> Account #: <u>054-63180-06300-001</u> Last Meter Reading: <u>1532</u> Taken On: <u>11/20/24</u> <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated Dates of Last Billing Cycle: <u>10/21/24</u> to <u>11/20/24</u> Water/Sewer Balance: <u>44.51</u> Restore Fee (if applicable): _____ Lien Fee (if applicable): _____ Total: \$ <u>44.51</u>	Discontinued Account(s) <input checked="" type="checkbox"/> <b>None if checked</b> #: _____ Balance: _____ #: _____ Balance: _____ #: _____ Balance: _____
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Agency/Lien Repair Bill Balance <input checked="" type="checkbox"/> <b>None if checked</b>	Lien #: _____ Date: _____ Total: \$ _____	Lien #: _____ Date: _____ Total: \$ _____
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HELP Loan Bill Balance <input checked="" type="checkbox"/> <b>None if checked</b>	HELP Loan Acct #: _____ Date: _____ Total: \$ _____
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Water Code Enforcement Judgment(s)	<input checked="" type="checkbox"/> <b>None if checked</b>
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<b>ACCOUNT BALANCE DUE (inclusive of all amounts listed above):</b> <u>44.51</u>
<b>GOOD THROUGH:</b> <u>12/20/24</u>
<b>Additional Comments:</b> _____ _____

Philadelphia Water Department Representative's Name: DESTINY Date: 11/29/24

Mail your completed form along with a certified check, settlement agent escrow check or money order payable to "City Of Philadelphia" to: Water Revenue Bureau, PO BOX 41496, Philadelphia, PA 19101

Should you need an updated payoff figure, please send this completed form back with your request.  
For Water Department Use Only



## Water Payoff Request Form

Use this form when requesting water payoff information.  
Questions? Call (215) 686-6995 or 6987

Property Address: <u>6300 PASCHALL AVE PHILADELPHIA PA 19142</u> Account #: _____ Last Meter Reading: _____ Taken On: _____ <input type="checkbox"/> Actual <input type="checkbox"/> Estimated Dates of Last Billing Cycle: _____ to _____ Water/Sewer Balance: _____ Restore Fee (if applicable): _____ Lien Fee (if applicable): _____ Total: \$ _____	Discontinued Account(s) <input type="checkbox"/> <b>None if checked</b> #: _____ Balance: _____ #: _____ Balance: _____ #: _____ Balance: _____	
Water Code Enforcement Judgment(s) (inclusive of costs, fines, & fees)  <input type="checkbox"/> <b>None if checked</b>	Judgment #: _____ Date: _____ Court Costs: \$ _____ Fines: \$ _____ Total: \$ _____	Judgment #: _____ Date: _____ Court Costs: \$ _____ Fines: \$ _____ Total: \$ _____
	Judgment #: _____ Date: _____ Court Costs: \$ _____ Fines: \$ _____ Total: \$ _____	Judgment #: _____ Date: _____ Court Costs: \$ _____ Fines: \$ _____ Total: \$ _____
Agency/Lien Repair Bill Balance  <input type="checkbox"/> <b>None if checked</b>	Lien #: _____ Date: _____ Total: \$ _____	Lien #: _____ Date: _____ Total: \$ _____
HELP Loan Bill Balance  <input type="checkbox"/> <b>None if checked</b>	HELP Loan Acct #: _____ Date: _____ Total: \$ _____	
<b>ACCOUNT BALANCE DUE (inclusive of all amounts listed above):</b> _____  <b>GOOD THROUGH:</b> _____  <b>Additional Comments:</b> _____ _____		

Law Department Representative's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mail your completed form along with a certified check, settlement agent escrow check or money order payable to "City Of Philadelphia" to: Philadelphia Law Department, 1401 John F. Kennedy Blvd, Room 580, Philadelphia, PA, 19102.

Should you need an updated payoff figure, please send this completed form back with your request.

For Law Department Use Only

YOUR LOGO  
**HERE!**

Your address here

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<b>DATE:</b>	Dec. 5, 2024
<b>ATTN:</b>	1-407-210-3113@FAX.PGWORKS.COM
<b>FROM:</b>	"Harmon, Stephanie C."
<b>SUBJECT:</b>	120524 - 6300 PASCHALL AVE.pdf

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**Note:**

Please find the PDF attached.

Download the free Adobe Acrobat Reader to view and comment on this PDF.

[https://www.adobe.com/go/reader\\_download](https://www.adobe.com/go/reader_download)

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Sent From Adobe Acrobat Reader

**Philadelphia Gas Works**



PGW Credit and Collections Department  
 Phone: (215) 978-1053  
 Fax: (215) 398-3352

**ACCOUNT PAY-OFF INQUIRY FORM**

**Statement of Confidentiality:** This document contains confidential information intended only for the entity named below. Any use, distribution, copying or disclosure by any other entity or person is strictly prohibited. If you have received this facsimile in error, please notify PGW immediately by telephone and return the original transmission to us by mail without making a copy.

**A. TITLE AGENCY/LAW FIRM INFORMATION (FILL OUT THIS SECTION ONLY)**

**Authorization:** By submitting this form to PGW, you represent and certify (i) that you are authorized by the owner of the below property to request payoff and account information for this property, and (ii) that all information you submit is to the best of your knowledge true, correct and complete.

Title/Lawyer Agency File #: BS X01798 3102708661 Date of Settlement: 12/5/2024  
 Law Firm/Title Agency: STELLAR INNOVATIONS Requestor Name (Print Clearly): \_\_\_\_\_  
 Telephone #: (302) 261-9069 Facsimile #: (407) 210-3113  
 Property Information (Please provide account numbers) Email: \_\_\_\_\_  
 Address: 6300 PASCHALL AVE PGW Account #(s): \_\_\_\_\_  
 Owner(s): IVAN BLOISE

**Please Check All Applicable Boxes:**

Purpose:  Sale  Refinance  Foreclosure  
 Type:  Commercial Rental  Mixed Use Rental  Residential Rental  Owner Occupied  Unknown

If Sheriff Sale, Defendant Name: \_\_\_\_\_ Book/Writ # \_\_\_\_\_

Judgment/Lien \_\_\_\_\_ Docket #: \_\_\_\_\_ File Date: \_\_\_\_\_  
 Judgment/Lien \_\_\_\_\_ Docket #: \_\_\_\_\_ File Date: \_\_\_\_\_  
 Judgment/Lien \_\_\_\_\_ Docket #: \_\_\_\_\_ File Date: \_\_\_\_\_

**B. PGW ONLY**

**DISCLAIMER:** The pay-off information provided by PGW below is based on the property and owner information provided by the law firm/title agency. Failure to provide accurate information could affect the accuracy of the information reported by PGW. The information provided in this form is valid as of the date PGW faxes it to you. This statement is not a final bill which means that additional charges may be imposed for additional metered usage.

No Record of Account-(i) Verify type and status of services with owner, and (ii) re-contact PGW  
 Record of Account:

Meter#: 1879367 Meter Reading: 9770 Date: 11/26/2024 Actual/Estimate/Final Actual  
 Meter#: \_\_\_\_\_ Meter Reading: \_\_\_\_\_ Date: \_\_\_\_\_ Actual/Estimate/Final \_\_\_\_\_  
 Meter#: \_\_\_\_\_ Meter Reading: \_\_\_\_\_ Date: \_\_\_\_\_ Actual/Estimate/Final \_\_\_\_\_

LCP COOPERATIVE (Property Not Liable for Tenant Debt)  LCP NON-COOPERATIVE

List of All Debt

Account#:	Customer of Record:	Start Date:	End Date:	Amount:	Paid Through Date:	Amount Due:
8117008532	IVAN BLOISE	10/10/2000			12/30/2024	\$ 138.22

Judgment/Lien \_\_\_\_\_ Docket #: \_\_\_\_\_ File Date: \_\_\_\_\_  
 Judgment/Lien \_\_\_\_\_ Docket #: \_\_\_\_\_ File Date: \_\_\_\_\_  
 Judgment/Lien \_\_\_\_\_ Docket #: \_\_\_\_\_ File Date: \_\_\_\_\_

**TOTAL AMOUNT DUE:**  
**\$ 138.22**

**C. TITLE COMPANY/LAW FIRM PAYMENT INSTRUCTIONS**

Make checks payable for the "TOTAL AMOUNT DUE" as stated above to PGW and return this form. Forward with payment to:

**PGW – Collection Department**  
 800 W. Montgomery Avenue, 3<sup>rd</sup> floor  
 Philadelphia, PA 19122  
 Attn: Liens & Judgments

**FAILURE TO RETURN THIS FORM ALONG WITH YOUR PAYMENT MAY RESULT IN A DELAY OR INCORRECT PROCESSING OF PAYMENT.**

The "Paid Through Date" listed above may not include the final bill.  
 If the owner is terminating service as of the settlement date,  
 please provide the owner's mailing address for the final bill:

\_\_\_\_\_  
 \_\_\_\_\_  
**ADDRESS**

PREPARED BY: SHARMON DATE: 12/5/2024 PAGE \_\_\_\_ OF \_\_\_\_





# Property History

Permits, licenses, violations & appeals by address

## Property address search

Search an address...

6300 PASCHALL AVE

CLEAR ✕



**L&I district**

SOUTH

**Owner name**

BLOISE IVAN

**Owner mailing address**

6300 PASCHALL AVE  
PHILADELPHIA, PA 19142

To report corrections, [submit an official inquiry](#).

Appeals

No Appeals

Building Certifications

No Certifications

Investigations

No investigations

Business licenses

No business licenses

Permits

No permits

Violations

No violations