



Property Information		Request Information		Update Information
File#:	BS-X01817-9315921112	Requested Date:	12/23/2024	Update Requested:
Owner:	MCBRIDE EBONY	Branch:		Requested By:
Address 1:	910 E STAFFORD ST	Date Completed:	01/22/2025	Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	PHILADELPHIA, PA	# of Parcel(s):	1	

**Notes**

- CODE VIOLATIONS** Per City of Philadelphia Department of Zoning there are No Code Violation cases on this property.

Collector: City of Philadelphia Department of Zoning  
 Payable: 1401 John F Kennedy Blvd Philadelphia, PA 19102  
 Business# 215-686-1441
- PERMITS** Per City of Philadelphia Building Department there are no Open/Pending/ Expired Permit on this property.

Collector: City of Philadelphia Building Department  
 Payable: 1401 John F Kennedy Blvd Philadelphia, PA 19102  
 Business# 215-686-1441
- SPECIAL ASSESSMENTS** Per City of Philadelphia Treasurer Department there are Special Assessments due on the property

Collector: Philadelphia City Treasurer  
 Payable Address: 1401 John F. Kennedy Blvd, 11th Floor, Philadelphia, PA 19102  
 Business# 215- 686-2300

Comments: Special Assessments are included in Tax Bills. Please refer to the attached document for more information.
- DEMOLITION** NO



UTILITIES

WATER & SEWER

Account #: 0207424000910001

Payment Status: DELINQUENT

Status: Pvt & Lienable

Amount: \$811.23

Good Thru: NA

Account Active: Active

Collector: Philadelphia Water Department

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

Business # 215-686-6995

GAS

Account #: 0008 2460 7359

Payment Status: Final

Status: Pvt & Lienable

Amount: \$729.91

Good Thru: NA

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](#)

### 910 E STAFFORD ST

PHILADELPHIA PA 19138-1726

OPA : 591032900  
 Assessed value : \$168,200.00  
 Owner : MCBRIDE  
 EBONY

Balance

# \$2,354.46

[> Make a payment](#)

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

## Accounts

### Real Estate Tax

Balance

# \$2,354.46

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



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# Property History

Permits, licenses, violations & appeals by address

## Property address search

Search an address...

910 E STAFFORD ST

CLEAR ✕



**L&I district**

NORTH

**Owner name**

MCBRIDE EBONY

**Owner mailing address**

910 E STAFFORD ST  
PHILADELPHIA, PA 19138

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

Appeals

No Appeals

Building Certifications

No Certifications



## Property History

Permits, licenses, violations & appeals by address

Business licenses

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No business licenses

Permits

---

No permits

Violations

---

No violations

[Department of Licenses & Inspections](#)

[Terms of Use](#)

[Right to Know](#)

[Privacy Policy](#)



# 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

Property Owner Name\*: MCBRIDE EBONY

Settlement Company: Stellar Innovations

Property Address\*: 910 E STAFFORD ST PHILADELPHIA PA 19138

Settlement File No.: BS-X01817-9315921112

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

Phone: 302-261-9069

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

Fax: 407-210-3113

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

Email\*: Evan.foster@proplogix.com

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

Date of Request\*: 12-26-2024

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

Date of Settlement\*: 01-03-2025

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

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

\* 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>910 E STAFFORD ST PHILADELPHIA PA 19138</u> Account #: <u>0207424000910001</u> Last Meter Reading: <u>1219</u> Taken On: <u>November 29, 2024</u> <input type="checkbox"/> Actual <input checked="" type="checkbox"/> Estimated Dates of Last Billing Cycle: <u>October 29, 2024</u> to <u>November 29, 2024</u> Water/Sewer Balance: <u>\$811.23</u> Restore Fee (if applicable): _____ Lien Fee (if applicable): _____ Total: <u>\$811.23</u>	Discontinued Account(s) <input checked="" type="checkbox"/> None if checked #: _____ Balance: _____ #: _____ Balance: _____ #: _____ Balance: _____
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Agency/Lien Repair Bill Balance <input checked="" type="checkbox"/> None if checked	Lien #: _____ Date: _____ Total: \$ _____	Lien #: _____ Date: _____ Total: \$ _____
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HELP Loan Bill Balance <input checked="" type="checkbox"/> None if checked	HELP Loan Acct #: _____ Date: _____ Total: \$ _____
---	---

Water Code Enforcement Judgment(s)	<input checked="" type="checkbox"/> None if checked
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<b>ACCOUNT BALANCE DUE (inclusive of all amounts listed above):</b> <u>\$811.23</u>
<b>GOOD THROUGH:</b> <u>12/30/24</u>
<b>Additional Comments:</b> <u>*****Estimated Readings need to contact the meter shop/please call 215-685-3000 to schedule an appt...</u>

Philadelphia Water Department Representative's Name: C.Wilson Date: 12/27/24

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>910 E STAFFORD ST PHILADELPHIA PA 19138</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>	Jan. 22, 2025
<b>ATTN:</b>	1-407-210-3113@fax.pgworks.com
<b>FROM:</b>	"Williams, Suzette P."
<b>SUBJECT:</b>	Emailing: 010425 - 910 E Stafford St.pdf

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**Note:**

Your message is ready to be sent with the following file or link attachments:

010425 - 910 E Stafford St.pdf

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

**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 - X01817 - Date of Settlement: 1/4/2025  
 Law Firm/Title Agency: STELLAR INNOVATIONS Requestor Name (Print Clearly): Peter Watson  
 Telephone #: (302) 261-9069 Facsimile #: (407) 210-3113  
 Property Information (Please provide account numbers) Email: \_\_\_\_\_  
 Address: 910 E Stafford Street PGW Account #(s): \_\_\_\_\_  
 Owner(s): McBride, Ebony

**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#: 2083575 Meter Reading: 502 Date: 6/24/2024 Actual/Estimate/Final Final  
 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:
0008 2460 7359	Ebony McBride	10/31/2019	6/24/2024	\$ 729.91	6/24/2024 FINAL	\$ 729.91

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

**TOTAL AMOUNT DUE:**  
**\$729.91**

**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**