

BLOG VIOLATIONS / ASSESSOR / COLLECTOR

**Township of Scotch Plains
OPEN PUBLIC RECORDS ACT REQUEST FORM**

430 Park Avenue
(908) 322-6700
opra@scotchplainsnj.com
Bozena Lacina

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Kevin MI _____ Last Name Smith
 E-mail Address Praveen.immanuel@stellaripl.com
 Mailing Address 2605 Maitland Center Parkway, Suite C
 City Maitland State FL Zip 32751
 Telephone (302) 261-9069 FAX _____
 Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X
 Under penalty of N.J.S.A. 2C:28-3, I certify that
 1. I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States;
 2. I, or another person, WILL / WILL NOT use the requested government records for a commercial purpose;
 3. I AM / AM NOT seeking records in connection with a legal proceeding.
 Signature Kevin Smith Date 01/27/2025

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) – actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Note: If you confirmed above that the records sought are in connection with a legal proceeding, identification of that proceeding is required below.

Hello,

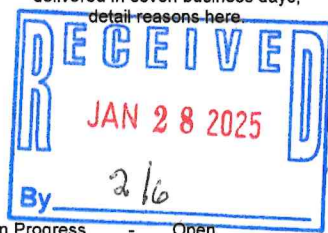
Our firm has been requested to research the referenced property for any **BUILDING PERMITS, CODE VIOLATION & SPECIAL ASSESSMENT** on record in any city, town, village, or port authority.

Property Address : **523 Hidden Hollow, Scotch Plains, NJ 07076**
 Account : 00313900
 Block and Lot : 06001 / 0028 /

AGENCY USE ONLY

Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Extras Cost _____
 Total Est. Cost _____
 Deposit Amount _____
 Estimated Balance _____
 Deposit Date _____

AGENCY USE ONLY

Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

 In Progress - Open _____
 Denied - Closed _____
 Filled - Closed _____
 Partial - Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature _____		Date _____	



CONSTRUCTION PERMIT

Date Issued 9/5/2023
Control # C-23-01308
Permit # 23-0941

IDENTIFICATION Block: 6001 Lot: 28 Qualifier _____
Work Site Location: 523 HIDDEN HOLLOW Scotch Plains Township, NJ Contractor: MASTER MASONRY LLC
Address: 827 TERNAY AVE SCOTCH PLAINS NJ 07076
Owner in Fee: ACRO LUXURY RENOVATIONS LLC
523 HIDDEN HOLLOW SCOTCH PLAINS NJ 07076 Telephone: (908) 721-1799
Telephone: (732) 715-7777 Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. 84-4222456

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:

ALTERATIONS - REMOVE KITCHEN WALLS TO CREATE AN OPEN FLOOR PLAN AND FIXX CEILING, BUILD NEW BASEMENT BATHROOM AND LAUNDRY

OPEN

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 \$176,800

PAYMENTS (Office Use Only)	
Building	\$6,250
Electrical	\$1,100
Plumbing	\$525
Fire Protection	\$200
Elevator Devices	\$0
Other	\$620.00
DCA Training Fee	\$336
CO Fee	
Other	\$0
Total	\$9,031
Check No.	1164
Cash	\$0
Credit	\$0
Collected By	Shannon Rapant

Construction Official _____ Date _____

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

- 1 WHITE - INSPECTOR
- 2 CANARY - OFFICE
- 3 PINK - TAX ASSESSOR
- 4 GOLD - APPLICANT

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.



PERMIT UPDATE

Date Update Issued 10/12/2023
 Control # C-23-01592
 Permit # 23-0941+A

IDENTIFICATION Block: 6001 Lot: 28 Qualifier _____
 Work Site Location: 523 HIDDEN HOLLOW Scotch Plains Township, NJ Contractor MASTER MASONRY LLC
 Address 827 TERNAY AVE SCOTCH PLAINS NJ 07076
 Owner in Fee ACRO LUXURY RENOVATIONS LLC
523 HIDDEN HOLLOW SCOTCH PLAINS NJ 07076 Telephone: (908) 721-1799
 Telephone: (732) 715-7777 Lic. No. or Bldrs. Reg. No. _____
 Federal Employee No. 84-4222456

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:

ELECTRICAL ALTERATIONS - REMOVE KITCHEN WALLS TO CREATE AN OPEN FLOOR PLAN AND FIXX CEILING, BUILD NEW BASEMENT BATHROOM AND LAUNDRY

OPEN

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 \$1,000


 Construction Official _____

_____ Date

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	\$250
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$2
CO Fee	\$0
Other	\$0
Total	\$252
Check No.	1168
Cash	\$0
Credit	\$0
Collected By	Shannon Rapant

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.

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- A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



CONSTRUCTION PERMIT

Date Issued 12/1/2020
 Control # C-20-01808
 Permit # 20-1236

IDENTIFICATION Block: 6001 Lot: 28 Qualifier _____
 Work Site Location: 523 HIDDEN HOLLOW Scotch Plains Township, NJ Contractor A STAR PLUMBING
 Address P.O. BOX 4123 LONG BRANCH NJ 07740
 Owner in Fee HALL WEBSTER
523 HIDDEN HOLLOW SCOTCH PLAINS NJ Telephone: (732) 222-7146
 Telephone: _____ Lic. No. or Bldrs. Reg. No. 12503
 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

CLOSED

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 \$900

[Signature]
 Construction Official

_____ Date

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	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$100.00
DCA Training Fee	\$2
CO Fee	\$0
Other	\$0
Total	\$102
Check No. <u>1812</u>	
Cash	\$0
Credit	\$0
Collected By <u>Sara Fwaska</u>	

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.

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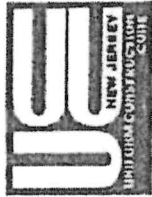
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- A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

CLOSED

A15392
Date Issued 7-7-04
Control #
Permit # 04-0815



CONSTRUCTION PERMIT

IDENTIFICATION Block 600 / Lot 28
 Work Site Location 583 Newberry Hollow Contractor Total Remodeling
Scotch Plains Address
 Owner in Fee Walter
 Address Jane
 Tel. ())
 Lic. No. or Bldrs. Reg. No. 50 32132
22 3140137

I hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Re roof

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.

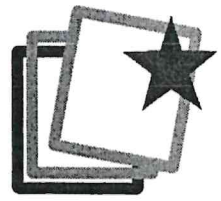
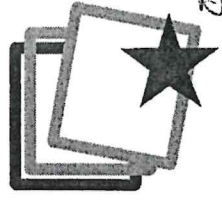
Estimated Cost of Work \$ 5000

Construction Official Charles Melake Date _____
 U.C.C. F170
 (rev. 5/2K)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT
 (see reverse side)

PAYMENTS (Office Use Only)	
Building	<u>150</u>
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	<u>7</u>
Cert. of Occupancy	
Other	<u>157</u>
Total	<u>1636</u>
Check No.	<u>1636</u>
Cash	
Collected by	<u>amd</u>

BLDG VIOLATIONS ASSESSOR
Township of Scotch Plains



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Bozena Lacina

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Requestor Information – Please Print

First Name Kevin MI _____ Last Name Smith
 E-mail Address Praveen.immanuel@stellaripl.com
 Mailing Address 2605 Maitland Center Parkway, Suite C
 City Maitland State FL Zip 32751
 Telephone (302) 261-9069 FAX _____
 Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail
 Under penalty of N.J.S.A. 2C:28-3, I certify that
 1. I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States;
 2. I, or another person, WILL / WILL NOT use the requested government records for a commercial purpose;
 3. I AM / AM NOT seeking records in connection with a legal proceeding.
 Signature Kevin Smith Date 01/27/2025

Payment Information

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
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Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Note: If you confirmed above that the records sought are in connection with a legal proceeding, identification of that proceeding is required below.

Hello,

Our firm has been requested to research the referenced property for any BUILDING PERMITS, **CODE VIOLATION** & SPECIAL ASSESSMENT on record in any city, town, village, or port authority.

Property Address : **523 Hidden Hollow**, Scotch Plains, NJ 07076
 Account : 00313900
 Block and Lot : 06001 / 0028 /

No Responsive Record Exists
FOR OPEN CODE VIOLATIONS

AGENCY USE ONLY

Est. Document Cost _____
 Est. Delivery Cost _____
 Est. Extras Cost _____
 Total Est. Cost _____
 Deposit Amount _____
 Estimated Balance _____
 Deposit Date _____

AGENCY USE ONLY

Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

RECEIVED
 JAN 28 2025
 By 2/6

In Progress - Open _____
 Denied - Closed _____
 Filled - Closed _____
 Partial - Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	_____	Balance Paid	_____
Records Provided			
Custodian Signature _____		Date _____	

BLOG/VIOLATIONS ASSESSOR

Township of Scotch Plains

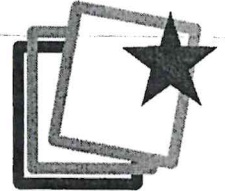
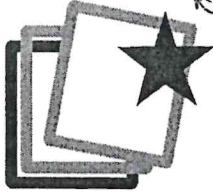
OPEN PUBLIC RECORDS ACT REQUEST FORM

430 Park Avenue

(908) 322-6700

opra@scotchplainsnj.com

Bozena Lacina



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Requestor Information – Please Print

First Name Kevin MI _____ Last Name Smith

E-mail Address Praveen.immanuel@stellarip.com

Mailing Address 2605 Maitland Center Parkway, Suite C

City Maitland State FL Zip 32751

Telephone (302) 261-9069 FAX _____

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail

Under penalty of N.J.S.A. 2C:28-3, I certify that

- HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States;
- I, or another person, WILL / WILL NOT use the requested government records for a commercial purpose;
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Signature Kevin Smith Date 01/27/2025

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
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Property Address : **523 Hidden Hollow, Scotch Plains, NJ 07076**

Account : 00313900

Block and Lot : 06001 / 0028 /

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

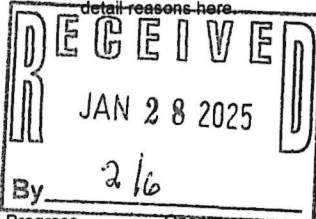
Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

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Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

AGENCY USE ONLY

Tracking Information		Final Cost	
Tracking # _____	Total _____	Deposit _____	Balance Due _____
Rec'd Date _____	Ready Date _____	Balance Paid _____	
Total Pages _____	Records Provided _____		
Custodian Signature _____		Date _____	

Handwritten notes: 1/29/25, NU SPECIAL ASSESSMENT AS CO, JTHS 01/28, MASS, KESSIN

TOWNNAME: SCPLAINS
 BLOCK: 06001
 LOT: 00028
 QUALIFIER:

OWNERNAME: [REDACTED]
 ADDRESS: [REDACTED]
 LOCATION: 523 HIDDEN HOLLOW

APPRaisal CO.: CERTIFIED VALUATIONS INC
 REVALDATE: 10-01-83 MAP PAGE
 L 26,200 B 98,000 T 124,200
 SEQ NO. 3074 PROPERTY CLASS 2

RESIDENTIAL DESCRIPTION

RESIDENCE CLASS	46	17	NO. UNIT	1
NO. STORIES	2.0	NO. ROOMS	9	
NO. BEDROOMS	4	AGE	1977	
ROW/END TOWNHOUSE NO		CONDITION	NORMAL	
EFFECTIVE AGE IN YEARS		% OVER IMPROVED	%	
FUNC. OBSOL.	5	% UNDER IMPROVED	%	
ECON. OBSOL. REASON		FINAL NET CONDITION	.921	%

HEATING & COOLING

SOURCE: GAS
 HEAT SYS.: FORCED HOT AIR
 A/C: ADD DUCT
 2878 1/15 3012

HEATING	16	2688	.91	1-00	2-450
COOLING	16	2688	.56	1-00	1-506
TOTAL HEAT & COOL COSTS					3,956

ROOF

TYPE: HIP PITCH: NORMAL MATERIAL: SHINGLE

BASEMENT

FOUNDATION TYPE: CON. BLOCK

UNFINISHED	16	960	3.87	1.00	3-724
FINISHED	16				4-89
TOTAL BASEMENT COST					8-724

GARAGES, CARPORTS & CANOPIES

BSMT. GARAGE	1.00	161	8.89	1.00	1,432
ATT. GARAGE					
CARPOT					
CANOPY					
TOTAL GARAGE CARPORT CANOPY COST					1,432

PLUMBING

4 FIXTURES	1	1050	1-00	1-050
3 FIXTURES	1	855	1-00	855
2 FIXTURES	1	625	1-15	719
1 FIXTURE				
TOTAL PLUMBING LESS ALLOWANCE NET PLUMBING COST			2-910	1-905

STRUCTURE

STYLE: COLONIAL CONVERSION: NONE EXT. WALL: FRAME

GROUND FLOOR	2080	19-33	1.00	40-242
UPPER FLOOR	1120	930	13-58	12-687
HALF STORIES				
STRUCTURE BASE COST				52-849
ROW/END UNIT FACTOR				1.00
TOTAL BASE COST				52-849

OTHER PRINCIPAL STRUCTURES

TYPE: DET GAR
 POOL
 SHED
 983

AREA	RATE	COND.	VALUE
			NET

FIREPLACES

TOTAL PLUMBING LESS ALLOWANCE NET PLUMBING COST 2-910

ATTIC/DORMERS

2 STORY STACK	1	1600	1.00	1,600
TOTAL FIREPLACE COST				1,600

ATTIC FINISH: %

QL AREA	RATE	Q/F	COST

BASE COST ADJUSTMENTS

BRICK FACING(+)	200	3.20	1.00	640
STONE FACING(+)				
UNF. STORIES(-)	322	9.00	1.00	2,898
CONCRETE SLAB(-)	322	1.25	1.00	405
CONVERSION				
TOTAL ADJUSTMENTS				-2,663

ASSESSMENT SUMMARY

TOTAL BASEMENT COST	3-724
TOTAL ADJ. BASE COST	50-186
TOTAL HT & COOL COST	3-956
NET PLUMBING COST	1-950
TOTAL FIREPLACE COST	1-600
TOTAL ATTIC/DORMER	6-75
TOTAL PCH, DK, PATIO	1-482
TOTAL GAR, CPT, CAN.	
TOTAL B/I APP. COST	
TOTAL BASE REPLACEMENT	76068
COST CONVERSION FACTOR	.62
REPLACEMENT COST NEW	1.70
FINAL NET CONDITION	106-459
STRUCTURE APPRAISED VALUE	92-4
OTHER PRINCIPAL STR	98-048
TOTAL BLDG. APPRAISED VALUE	193-800
TOTAL LAND VALUE	26,200
TOTAL APPRAISED VALUE	124,200

NOTES

DECK/PATIO 17 16 140 2-17 1-00 804
 OPEN PORCH 16 63 5.88 1.00 371
 GLAZED PORCH
 ENCLOSED PORCH
 TOTAL PCH, DK, PATIO, COST 985 675-

TOTAL ADJUSTED BASE STRUCTURE COST 50-186
 59957

BATH 0 2 0 KITCHEN 0 1 0

BLDG/VIOLATIONS / ASSESSOR / COLLECTOR

Township of Scotch Plains

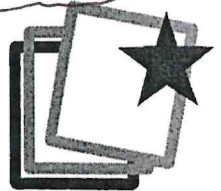
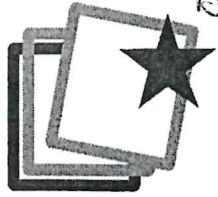
OPEN PUBLIC RECORDS ACT REQUEST FORM

430 Park Avenue

(908) 322-6700

opra@scotchplainsnj.com

Bozena Lacina



Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information – Please Print

First Name Kevin MI _____ Last Name Smith

E-mail Address Praveen.immanuel@stellaripl.com

Mailing Address 2605 Maitland Center Parkway, Suite C

City Maitland State FL Zip 32751

Telephone (302) 261-9069 FAX _____

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X

Under penalty of N.J.S.A. 2C:28-3, I certify that

- HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States;
- I, or another person, WILL / WILL NOT use the requested government records for a commercial purpose;
- AM / AM NOT seeking records in connection with a legal proceeding.

Signature Kevin Smith Date 01/27/2025

Payment Information

Maximum Authorization Cost \$ _____

Select Payment Method

Cash _____ Check _____ Money Order _____

Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Note: If you confirmed above that the records sought are in connection with a legal proceeding, identification of that proceeding is required below.

Hello,

Our firm has been requested to research the referenced property for any BUILDING PERMITS, CODE VIOLATION & SPECIAL ASSESSMENT on record in any city, town, village, or port authority.

Property Address : 523 Hidden Hollow, Scotch Plains, NJ 07076

Account : 00313900

Block and Lot : 06001 / 0028 /

2024 Sewer not paid
 \$270.00 base
 \$290.12 due
 as of 1/30/25

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes
 Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

RECEIVED

JAN 28 2025

By 2/6

In Progress - Open _____

Denied - Closed _____

Filled - Closed _____

Partial - Closed _____