

| Property Information | | Request Information | | Update Information |
|----------------------|-----------------------------|-----------------------|------------|--------------------|
| File#: | 111111111 | Requested Date: | 01/30/2025 | Update Requested: |
| Owner: | ACRo LUXURY RENOVATIONS LLC | Branch: | | Requested By: |
| Address 1: | 523 Hidden Hollow | Date Completed: | 01/30/2025 | Update Completed: |
| Address 2: | | # of Jurisdiction(s): | | |
| City, State Zip: | Scotch Plains, NJ 07076 | # of Parcel(s): | 1 | |

Notes

| | |
|---------------------|--|
| CODE VIOLATIONS | <p>Per Scotch Plains Township Department of Zoning there are No Code Violation cases on this property.</p> <p>Collector: Scotch Plains Township Payable: 430 Park Ave Scotch Plains, NJ 07076 Business# 908-322-6700</p> |
| PERMITS | <p>Per Scotch Plains Township Building Department there are Two Open Permit on this property.</p> <p>Permit #: 23-0941 Permit Type: Alteration</p> <p>Permit #: 23-0941+A Permit Type: Electrical Alteration</p> <p>Collector: Scotch Plains Township Payable: 430 Park Ave Scotch Plains, NJ 07076 Business# 908-322-6700</p> |
| SPECIAL ASSESSMENTS | <p>Per Scotch Plains Township Tax collector Office there are No Special Assessments due on the property</p> <p>Collector: Scotch Plains Township Payable: 430 Park Ave Scotch Plains, NJ 07076 Business# 908-322-6700</p> |
| DEMOLITION | NO |

UTILITIES

WATER

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

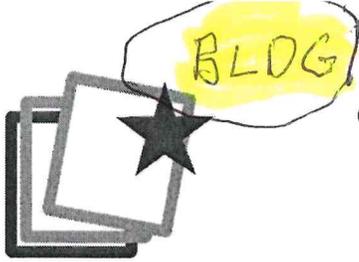
UNABLE TO PROVIDE INFO TO THIRD PARTIES. HOMEOWNER AUTHORIZATION NEEDED.

SEWER

Account #: 00313900
Payment Status: Delinquent
Status: Pvt & Lienable
Amount: \$290.12
Good Thru: 01/30/2025
Account Active: Yes
Collector: Scotch Plains Township Tax collector Office
Payable: 430 Park Ave Scotch Plains, NJ 07076
Business# 908-322-6700

GARBAGE

GARBAGE PRIVATE HAULER WITH LIEN STATUS AND BALANCE UNKNOWN



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

- I 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;
- 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

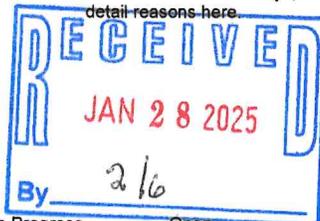
Block and Lot : 06001 / 0028 /

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

Tracking # _____
 Rec'd Date _____
 Ready Date _____
 Total Pages _____

Final Cost

Total _____
 Deposit _____
 Balance Due _____
 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:
 - 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.
 - Foundations and all walls up to grade level prior to back filling.
 - 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.
 - 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.

- Required inspections for all subcodes for one- and two-family dwellings are as follows:
- 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.
 - Foundations and all walls up to grade level prior to back filling.
 - 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.
 - 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.



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.

- 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.

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 James
Address Webster
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



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 /

No Responsive Record Exists
FOR OPEN CODE VIOLATIONS

| AGENCY USE ONLY | AGENCY USE ONLY | AGENCY USE ONLY | |
|--|--|--|--|
| Est. Document Cost _____ Est. Delivery Cost _____ Est. Extras Cost _____ Total Est. Cost _____ Deposit Amount _____ Estimated Balance _____ Deposit Date _____ | <p>Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.</p> <p>RECEIVED JAN 28 2025 By <u>2/6</u></p> In Progress - Open _____ Denied - Closed _____ Filled - Closed _____ Partial - Closed _____ | <p>Tracking Information</p> Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____ | <p>Final Cost</p> Total _____ Deposit _____ Balance Due _____ 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



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@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 X

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

- I 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;
- 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.

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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 _____

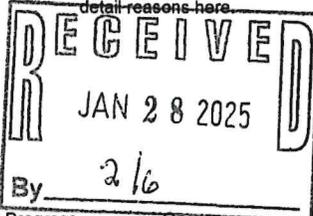
Deposit Amount _____

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 _____ | 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, JHS, 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 | 9 | NO. ROOMS | 9 |
| NO. BEDROOMS | 4 | 1977 | AGE | 1977 |
| ROW/END TOWNHOUSE NO | | CONDITION | NORMAL | |
| EFFECTIVE AGE IN YEARS | | % | | % |
| FUNC. OBSOL. | 5 | OVER IMPROVED | | |
| ECON. OBSOL. | | UNDER IMPROVED | | |
| 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 |

PLUMBING

| | | | | | |
|------------|---|------|-----|------|-------|
| 4 FIXTURES | 1 | 1050 | Q/F | 1-00 | 1-905 |
| 3 FIXTURES | 1 | 855 | Q/F | 1-00 | 855 |
| 2 FIXTURES | 1 | 625 | Q/F | 1-00 | 625 |
| 1 FIXTURE | | | | | 719 |

ROOF

TYPE: HIP PITCH: NORMAL MATERIAL: SHINGLE

FIREPLACES

TOTAL PLUMBING LESS ALLOWANCE NET PLUMBING COST 2910

BASEMENT

FOUNDATION TYPE: CON. BLOCK

| | | | | | |
|---------------------|----|-----|-----|------|-------|
| UNFINISHED | 16 | 960 | Q/F | 1.00 | 3-724 |
| FINISHED | 16 | | | | 489 |
| TOTAL BASEMENT COST | | | | | 8-724 |

STRUCTURE

STYLE: COLONIAL CONVERSION: NONE EXT. WALL: FRAME

| | | | | |
|---------------------|------|-------|------|---------|
| GROUND FLOOR | 2080 | 19-33 | 1.00 | 40-2-42 |
| UPPER FLOOR | 1120 | 13-58 | 1.00 | 12-687 |
| HALF STORIES | | | | 15-08 |
| STRUCTURE BASE COST | | | | 52-849 |
| ROW/END UNIT FACTOR | | | | 1.00 |
| TOTAL BASE COST | | | | 52-849 |

ATTIC/DORMERS

TOTAL ATTIC/DORMER COST 1,600

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 |

OTHER PRINCIPAL STRUCTURES

TYPE: DET GAR POOL SHED 983

| | | | | | |
|---------|--|--|--|--|-----|
| DET GAR | | | | | |
| POOL | | | | | |
| SHED | | | | | 983 |

ATTIC FINISH: %

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

BASE COST ADJUSTMENTS

| | | | | |
|-------------------|-----|------|------|--------|
| AREA | 200 | 3.20 | 1.00 | 640 |
| AREA | 322 | 9.00 | 1.00 | 2,898 |
| AREA | 322 | 1.25 | 1.00 | 405 |
| TOTAL ADJUSTMENTS | | | | -2,663 |

TOTAL OTHER STRUCTURES

ASSESSMENT SUMMARY

| | |
|----------------------|--------|
| TOTAL BASEMENT COST | 3-724 |
| TOTAL ADJ. BASE COST | 50-186 |
| TOTAL HT & COOL COST | 3-956 |
| NET PLUMBING COST | 1-050 |
| TOTAL FIREPLACE COST | 1-600 |
| TOTAL ATTIC/DORMER | 1-600 |
| TOTAL PCH, DK, PATIO | 675- |
| TOTAL GAR, CPT, CAN. | 1-482 |
| TOTAL B/I APP. COST | |

PORCHES, DECKS, PATIOS

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

TOTAL ADJUSTED BASE STRUCTURE COST

59957

GARAGES, CARPORTS & CANOPIES

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

ASSESSMENT SUMMARY

| | |
|-----------------------------|---------|
| TOTAL BASE REPLACEMENT | 76068 |
| COST CONVERSION FACTOR | .62 |
| REPLACEMENT COST NEW | 1.70 |
| FINAL NET CONDITION | 106-459 |
| STRUCTURE APPRAISED VALUE | 924 |
| OTHER PRINCIPAL STR | 98,048 |
| TOTAL BLDG. APPRAISED VALUE | 124,200 |
| TOTAL LAND VALUE | 26,200 |
| TOTAL APPRAISED VALUE | 149,900 |

TOTAL ADJUSTED BASE STRUCTURE COST

59957

RESIDENTIAL DESCRIPTION

RESIDENCE CLASS 46 17 NO. UNIT 1
 NO. STORIES 2.0 9 NO. ROOMS 9
 NO. BEDROOMS 4 1977 AGE 1977
 ROW/END TOWNHOUSE NO CONDITION NORMAL
 EFFECTIVE AGE IN YEARS %
 FUNC. OBSOL. 5 OVER IMPROVED %
 ECON. OBSOL. UNDER IMPROVED %
 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 4865 3,956

BASEMENT

FOUNDATION TYPE: CON. BLOCK
 UNFINISHED 16 960 Q/F 1.00 3-724
 FINISHED 16 489
 TOTAL BASEMENT COST 8-724

STRUCTURE

STYLE: COLONIAL CONVERSION: NONE EXT. WALL: FRAME
 GROUND FLOOR 2080 19-33 1.00 40-2-42
 UPPER FLOOR 1120 13-58 1.00 12-687
 HALF STORIES 15-08
 STRUCTURE BASE COST 52-849
 ROW/END UNIT FACTOR 1.00
 TOTAL BASE COST 52-849

ATTIC/DORMERS

TOTAL ATTIC/DORMER COST 1,600

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 |

TOTAL ADJUSTED BASE STRUCTURE COST

59957

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

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

- I 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;
- 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 /

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 _____

Township of Scotch Plains

Tax Inquiry

Property Information

| | |
|--|-----------------------------------|
| Account No.: 00313900 | Property Class: 2 |
| Block/Lot/Qual: 06001 / 0028 / | Land Value: 26,200 |
| Muni. Code: 2016 | Improvement: 87,000 |
| Location: 523 HIDDEN HO | Net Value: 113,200 |
| | Deductions: |
| | Status: |
| | Interest To: 01/30/2025 |

[Tax](#) [SEWER](#) [Tax Rates](#)

SEWER Account Number: 00313900

[Pay Your Bill](#)

| | |
|--------------------------|------------|
| Year | 2024 |
| Qtr | 3 |
| Special | SEWER |
| Bill Date | 09/01/2024 |
| Bill Amt. | 270.00 |
| Payment Date Paid | 0.00 |
| Balance | 270.00 |
| Interest | 20.12 |
| Amt. Due | 290.12 |
| Message | Delinquent |

| | |
|---------------------|-------------------|
| Year | 2024 |
| Qtr | |
| Special | SEWER |
| Bill Date | Total-2024 |
| Bill Amt. | 270.00 |
| Payment Date | Total-2024 |
| Paid | 0.00 |
| Balance | 270.00 |
| Interest | 20.12 |
| Amt. Due | 290.12 |
| Message | |

 All information provided herein is subject to verification by the tax collector's office.