



Property Information		Request Information		Update Information
File#:	302901392	Requested Date:	07/26/2023	Update Requested:
Owner:		Branch:		Requested By:
Address 1:		Date Completed:		Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	Silver Spring, MD	# of Parcel(s):	1	

## Notes

CODE VIOLATIONS	<p>Per Thurston Township Department of Zoning there are No Open Violations on this property.</p> <p>Collector: Thurston Township Code &amp; Inspections Division Payable Address: 7578 County Route 333, Campbell, NY 14821 Business# (607) 968-5175 (607)527-4494</p>
PERMITS	<p>Per Thurston Township Department of Building there are no Open/Expired/Pending Permits on this property.</p> <p>Collector: Thurston Township Code &amp; Inspections Division Payable Address: 7578 County Route 333, Campbell, NY 14821 Business# (607) 968-5175 (607)527-4494</p>
SPECIAL ASSESSMENTS	<p>Per Steuben County Department of Finance there are no Special Assessments/liens on the property.</p> <p>Collector: Steuben County Finance Payable Address: 3 E Pulteney Square, Room 301, Bath, NY 14810 Business# 607-664-2488</p>
DEMOLITION	NO
UTILITIES	<p>WATER &amp; SEWER</p> <p>Account #: 014?47780?05634?001 Pvt &amp; Lienable Service Status: Active Amount Due #: \$1,714.39 Due Date: N/A Payment Status: Delinquent</p> <p>Collector: Philadelphia Water Department Make Checks Payable to: 1101 Market Street, 5th Floor, Philadelphia, PA 19107 Business: (215) 685-6300</p> <p>GARBAGE BILLED WITH TAXES</p>



## Property History

Permits, licenses, violations & appeals by address

[L&I dashboard](#) / [Property history](#) / [5634 KINGSESSING AVE](#) / Violation: CF-2022-036359

STANDARD

IN VIOLATION

CASE NUMBER: **CF-2022-036359**

[Applicable codes index](#)

**L&I District: SOUTH**

**OPA Account #: 514250600**

5634 KINGSESSING AVE

Philadelphia, PA 19143-5339

Case number	CF-2022-036359
-------------	----------------

Priority	STANDARD
----------	----------

Date added	Apr. 27, 2022
------------	---------------

Date updated	Mar. 23, 2023
--------------	---------------

Resolution date	Not Available
-----------------	---------------



Violation number: VI-2022-028098 - PM15-301



Code	PM15-301
------	----------

Type	VACANT STRUCTURE & LAND
------	-------------------------

Date	Apr. 27, 2022
------	---------------

Status	OPEN
--------	------



Violation number: VI-2022-028099 - PM15-302.1





## Property History

Permits, licenses, violations & appeals by address

Date	Apr. 27, 2022
------	---------------

Status	OPEN
--------	------



Violation number: VI-2022-028100 - PM15-302.4



Code	PM15-302.4 
------	--

Type	EXTERIOR AREA WEEDS
------	---------------------

Date	Apr. 27, 2022
------	---------------

Status	OPEN
--------	------



Violation number: VI-2022-028101 - PM15-304.19V



Code	PM15-304.19V 
------	--

Type	DOOR AND WINDOW VACANT
------	------------------------

Date	Apr. 27, 2022
------	---------------

Status	OPEN
--------	------



Violation number: VI-2022-028102 - PM15-901.1



Code	PM15-901.1 
------	--


Type	VACANT PROPERTIES
------	-------------------

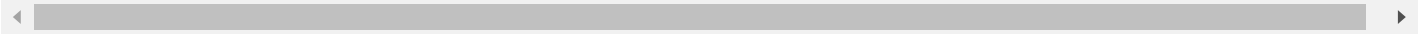
Property History

Permits, licenses, violations & appeals by address

Violation number: VI-2022-028103 - 9-3905


✕

Code	9-3905 
Type	VACANT STRUCTURE LICENSE
Date	Apr. 27, 2022
Status	OPEN



Investigations

Date	Case #	Status
Mar. 23, 2023	CF-2022-036359	FAILED
Apr. 27, 2022	CF-2022-036359	FAILED



2 records



# Water Payoff Request Form

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

Page 1 of 3

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\*: John Falls

Settlement Company: Stellar Innovations

Settlement File No.: BS-W01384-343596166

Phone: 302-261-9069

Fax: 407- 210-3113

Email\*: MLS@stellaripl.com

Date of Request\*: 06/29/2023

Date of Settlement\*: 07/31/2023

Additional Comments: Let us know if you provide water & sewer services and provide us a pay off till 07/31/2023.

Please provide us the account number.

Please advise do you lien on properties for unpaid bills.

Property Owner Name\*: JAMES GRUNDY

Property Address\*: JAMES GRUNDY 5634 KINGSESSING AVE

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

Page 2 of 3

Use this form when requesting water payoff information.

Questions? Call (215) 686-6995 or 6987

<p>Property Address: <u>JAMES GRUNDY 5634 KINGSESSING AVE</u></p> <p>Account #: _____</p> <p>Last Meter Reading: _____ Taken On: _____</p> <p><input type="checkbox"/> Actual    <input type="checkbox"/> Estimated</p> <p>Dates of Last Billing Cycle: _____ to _____</p> <p>Water/Sewer Balance: _____</p> <p>Restore Fee (if applicable): _____</p> <p>Lien Fee (if applicable): _____</p> <p>Total: \$ _____</p>	<p>Discontinued Account(s)    <input type="checkbox"/> None if checked</p> <p>#: _____ Balance: _____</p> <p>#: _____ Balance: _____</p> <p>#: _____ Balance: _____</p>
--	---

<p>Agency/Lien Repair Bill Balance</p> <p><input type="checkbox"/> None if checked</p>	<p>Lien #: _____</p> <p>Date: _____</p> <p>Total: \$ _____</p>	<p>Lien #: _____</p> <p>Date: _____</p> <p>Total: \$ _____</p>
<p>HELP Loan Bill Balance</p> <p><input type="checkbox"/> None if checked</p>	<p>HELP Loan Acct #: _____</p> <p>Date: _____</p> <p>Total: \$ _____</p>	
<p>Water Code Enforcement Judgment(s)    <input type="checkbox"/> None if checked</p>		
<p><b>ACCOUNT BALANCE DUE (inclusive of all amounts listed above):</b> _____</p> <p><b>GOOD THROUGH:</b> _____</p> <p><b>Additional Comments:</b> _____</p> <p>_____</p>		

Philadelphia Water 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: 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>JAMES GRUNDY 5634 KINGSESSING AVE</u> Account #: <u>014-47780-05634-001</u> Last Meter Reading: <u>641</u> Taken On: <u>Jun 21, 2023</u> <input type="checkbox"/> Actual <input checked="" type="checkbox"/> Estimated Dates of Last Billing Cycle: <u>May 18, 2023</u> to <u>Jun 21, 2023</u> Water/Sewer Balance: <u>\$1714.39</u> Restore Fee (if applicable): _____ Lien Fee (if applicable): _____ Total: \$ <u>1714.39</u>		Discontinued Account(s) <input checked="" type="checkbox"/> <b>None if checked</b>  #: _____ Balance: _____  #: _____ Balance: _____  #: _____ Balance: _____	
Water Code Enforcement Judgment(s) (inclusive of costs, fines, & fees)  <input checked="" 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 checked="" type="checkbox"/> <b>None if checked</b>	Lien #: _____ Date: _____ Total: \$ _____	Lien #: _____ Date: _____ Total: \$ _____	
HELP Loan Bill Balance  <input checked="" type="checkbox"/> <b>None if checked</b>	HELP Loan Acct #: _____ Date: _____ Total: \$ _____		
<b>ACCOUNT BALANCE DUE (inclusive of all amounts listed above):</b> <u>\$1714.39</u>  <b>GOOD THROUGH:</b> <u>7/21/23</u>  <b>Additional Comments:</b> _____ _____			

**Law Department Representative's Name:** DDRAKE    **Date:** 7/18/23

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



# Water Payoff Request Form

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

Page 1 of 3

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\*: John Falls

Settlement Company: Stellar Innovations

Settlement File No.: BS-W01384-343596166

Phone: 302-261-9069

Fax: 407- 210-3113

Email\*: MLS@stellaripl.com

Date of Request\*: 06/29/2023

Date of Settlement\*: 07/31/2023

Additional Comments: Let us know if you provide water & sewer services and provide us a pay off till 07/31/2023.

Please provide us the account number.

Please advise do you lien on properties for unpaid bills.

Property Owner Name\*: JAMES GRUNDY

Property Address\*: JAMES GRUNDY 5634 KINGSESSING AVE

Property Account #: 0144778005634001

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

Page 2 of 3

Use this form when requesting water payoff information.

Questions? Call (215) 686-6995 or 6987

<p>Property Address: JAMES GRUNDY 5634 KINGSESSING AVE Account #: 0144778005634001 Last Meter Reading: 641 Taken On: 06/21/2023 <input type="checkbox"/> Actual <input checked="" type="checkbox"/> Estimated Dates of Last Billing Cycle: 05/19/2023 to 06/21/2023 Water/Sewer Balance: 1714.39 Restore Fee (if applicable): _____ Lien Fee (if applicable): _____ Total: \$1714.39</p>	<p>Discontinued Account(s) <input checked="" type="checkbox"/> None if checked</p> <p>#: _____ Balance: _____</p> <p>#: _____ Balance: _____</p> <p>#: _____ Balance: _____</p>
--	---

<p>Agency/Lien Repair Bill Balance</p> <p><input checked="" type="checkbox"/> None if checked</p>	<p>Lien #: _____ Date: _____ Total: \$ _____</p>	<p>Lien #: _____ Date: _____ Total: \$ _____</p>
<p>HELP Loan Bill Balance</p> <p><input checked="" type="checkbox"/> None if checked</p>	<p>HELP Loan Acct #: _____ Date: _____ Total: \$ _____</p>	
<p>Water Code Enforcement Judgment(s) <input checked="" type="checkbox"/> None if checked</p>		
<p><b>ACCOUNT BALANCE DUE (inclusive of all amounts listed above):</b> \$1714.39</p> <p><b>GOOD THROUGH:</b> 07/21/23</p> <p><b>Additional Comments:</b> PAYOFF RETURN FROM LAW TO MLS@stellaripl.com - BAL DOES NOT INCLUDE THE AMT WITH LAW ADVISE TO SCHEDULE AN APPT TO HAVE METER CHECKED FOR ESTIMATED AND ZERO USAGE - METER SHOP 215 685-3000</p>		

Philadelphia Water Department Representative's Name: J RAGIN Date: 07/18/23

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>JAMES GRUNDY 5634 KINGSESSING AVE</u> Account #: <u>014-47780-05634-001</u> Last Meter Reading: <u>641</u> Taken On: <u>Jun 21, 2023</u> <input type="checkbox"/> Actual <input checked="" type="checkbox"/> Estimated Dates of Last Billing Cycle: <u>May 18, 2023</u> to <u>Jun 21, 2023</u> Water/Sewer Balance: <u>\$1714.39</u> Restore Fee (if applicable): _____ Lien Fee (if applicable): _____ Total: \$ <u>1714.39</u>		Discontinued Account(s) <input checked="" type="checkbox"/> <b>None if checked</b> #: _____ Balance: _____ #: _____ Balance: _____ #: _____ Balance: _____	
Water Code Enforcement Judgment(s) (inclusive of costs, fines, & fees)  <input checked="" 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 checked="" type="checkbox"/> <b>None if checked</b>	Lien #: _____ Date: _____ Total: \$ _____	Lien #: _____ Date: _____ Total: \$ _____	
HELP Loan Bill Balance  <input checked="" type="checkbox"/> <b>None if checked</b>	HELP Loan Acct #: _____ Date: _____ Total: \$ _____		
<b>ACCOUNT BALANCE DUE (inclusive of all amounts listed above):</b> <u>\$1714.39</u>  <b>GOOD THROUGH:</b> <u>7/31/23</u>  <b>Additional Comments:</b> _____ _____			

**Law Department Representative's Name:** DDRAKE      **Date:** 7/24/23

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



< Home

5634 KINGSESSING  
AVE

PHILADELPHIA PA 19143-5339

Balance  
\$0.00

OPA : 5  
Assessed value : \$  
Owner : G  
J,

Summary More options...

Accounts



Real Estate Tax

Balance

\$0.00

- > View period balance
- > Apply for real estate assistance programs
- > View liens and debt



YOUR LOGO  
HERE!

Your address here

---

<b>DATE:</b>	Aug. 1, 2023
<b>ATTN:</b>	1-407-210-3113@FAX.PGWORKS.COM
<b>FROM:</b>	"Clement, Dessalina"
<b>SUBJECT:</b>	5634 KINGSESSING AVE

---

**Note:**

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 #: 23-2030591 Date of Settlement:: 7/31/2023  
Law Firm/Title Agency: STELLAR INNOVATIONS Requestor Name (Print Clearly): JOHN FALLS  
Telephone #: (302) 261-9069 Facsimile #: (407) 210-3113  
Property Information (Please provide account numbers) Email:  
Address: 5634 KINGSESSING AVE, PHILADELPHIA PA 19143 PGW Account #(s):  
Owner(s): JAMES GRUNDY

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#: Meter Reading: Date: Actual/Estimate/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:
NO ACCT				\$ 0.00		\$ 0.00

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

**TOTAL AMOUNT DUE:**  
\$0.00

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: DC DATE: 7/31/2023 PAGE 1 OF 1