

**TOWNSHIP OF ROXBURY**  
**New Residential Construction Off-Site Conditions Disclosure Act**  
P.L.1995, c.253 (C.46:3C-1 et seq.)

**46:3C-4.Off-site conditions, municipal lists:** "The municipal clerk of each municipality shall receive and make available, in the form and manner specified by the Commissioner of Community Affairs after consultation with the Department of Environmental Protection, lists identifying the location of off-site conditions existing within the boundaries of the municipality. L.1995,c.253,s.4."

The following is a list of off-site conditions as defined by NJSA 46:3C-1 et seq. as situations which may materially affect the value of the residential real estate property:

| List                                                                                                                                                                                                    | Availability                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. NJDEP's most recent listing of sites included on the National Priorities List pursuant to the "Comprehensive Environmental Response, Compensation and Liability Act of 1980," 42 U.S.C. 9601 et seq. | List not provided to the municipality by the NJDEP.                                                                                                                                                                                                                                                                                                                                                                |
| 2. The latest sites known to and confirmed by the NJDEP and included on the NJ master list of known hazardous discharge sites, prepared pursuant to P.L.1982, c.202 (C.58:10-23.15 et seq.)             | List not provided to the municipality by the NJDEP; however, Known Contaminated Sites in NJ Reports can be found online at <a href="http://www.nj.gov/dep/srp/kcsnj/">http://www.nj.gov/dep/srp/kcsnj/</a> and a mapped version of active sites available through its <u>NJDEP-i-MapNJ DEP</u> website.                                                                                                            |
| 3. Overhead electric utility transmission lines conducting 240,000 volts or more                                                                                                                        | No overhead electric utility transmission lines conducting 240,000 volts or more are located within the municipal boundaries.                                                                                                                                                                                                                                                                                      |
| 4. Electrical transformer substations                                                                                                                                                                   | No information provided to the municipality by company(s) or owner(s).                                                                                                                                                                                                                                                                                                                                             |
| 5. Underground gas transmission lines as defined in 49 C.F.R.192.3                                                                                                                                      | The following are available for viewing*:<br><br>1. A large format map provided by New Jersey Natural Gas Co. indicating the location of a transmission main for natural gas along the northeast corner of the municipality.<br><br>2. A large format map provided by Columbia Gas Transmission Co. indicating the location of a transmission main for natural gas along the southeast corner of the municipality. |
| 6. Sewer pump stations of a capacity equal to, or in excess of 0.5 million gallons per day and sewer trunk lines in excess of 15 inches in diameter                                                     | The following are available for viewing*:<br><br>1. Large tax maps provided by the Musconetcong Sewerage Authority (MSA) indicating the location of sanitary sewer trunk lines and pump stations.<br><br>2. Large scale mapping provided by the Township of Roxbury indicating the locations of sanitary sewer trunk lines and pump stations.                                                                      |
| 7. Sanitary landfill facilities as defined pursuant to section 3 of P.L.1970, c.39 (C.13:1E-3)                                                                                                          | List not provided to the municipality by the NJDEP; however, New Jersey Landfill Database can be viewed at the NJDEP's Solid and Hazardous Waste Management Program website <a href="http://www.state.nj.us/dep/dshw/lrm/landfill.htm">http://www.state.nj.us/dep/dshw/lrm/landfill.htm</a> which lists the Frank Fenimore Landfill and Hercules Landfill within the borders of the municipality.                  |
| 8. Public wastewater treatment facilities                                                                                                                                                               | Ajax Terrace Water Pollution Control Plant is located at Block 1401, Lots 3, 4, & 5.                                                                                                                                                                                                                                                                                                                               |
| 9. Airport safety zones as defined pursuant to section 3 of P.L.1983, c.260 (C.6:1-82)                                                                                                                  | No airport safety zones as defined pursuant to section 3 of P.L.1983, c.260 (C.6:1-82) are located within the municipal boundaries.                                                                                                                                                                                                                                                                                |

\* Available for inspection during normal business hours of 8:00 a.m. to 4:30 p.m. in office of the Township Engineer located in the Municipal Building, 1715 Route 46 in Ledgewood, NJ. Pursuant to N.J.A.C. 5:36-3.4(c)(1), Prior to inspecting any items listed as "available for viewing", requestors will be required to provide valid identification and submit their name, address, telephone number, and reason for request. Such information shall be maintained in a master registry within the Township of Roxbury and subject to disclosure under the Open Public Records Act (OPRA).

# Construction

**From:** Shuman, Jennifer  
**Sent:** Friday, July 9, 2021 1:28 PM  
**To:** Rhead Amy  
**Cc:** Florio, Kathy  
**Subject:** RE: OPRA 20210706-005 Taylor (27 Bent St; B3903-L8)  
**Attachments:** 27 Bent St.pdf

Attached is the Construction Department's response to OPRA 20210706-005 Taylor (27 Bent St; B3903-L8).

Have a nice day,  
*Jennifer Shuman*  
Administrative Assistant  
Construction Department  
Township of Roxbury  
1715 Route 46  
Ledgewood, NJ 07852  
973-448-2011



Roxbury Township  
Construction Department  
1715 Route 46  
Ledgewood, NJ 07852

Date Issued 6/26/2018  
Control Number C-18-00574  
Permit Number 18-0511  
Permit Issue Date 5/24/2018  
Certificate Number 18-0511

## Certificate

Construction Code Division  
(Certificate of Approval)

### Identification

Work Site Location: 27 BENT ST KENVIL, NJ 07847 Block: 3903 Lot: 8 Qual: \_\_\_\_\_  
Owner in Fee: NORRIS, RAYMOND/FRANCES L  
Owner Address: 27 BENT ST KENVIL NJ 07847  
Telephone: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1  
Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Federal Emp. Number: \_\_\_\_\_  
License Number or Builders Registration Number: \_\_\_\_\_  
Home Warranty Number: \_\_\_\_\_ Type of Warranty Plan: ☐ State ☐ Private  
Use Group: R-5 Construction Classification: \_\_\_\_\_  
Maximum Live Load: 0 Maximum Occupancy Load: 0  
Description of Work/Use: REPLACEMENT WATER HEATER

#### Certificate Comments:

#### ☐ Certificate of Occupancy

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

#### ☒ Certificate of Approval

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

#### ☐ Certificate of Continued Occupancy

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

#### ☐ Temporary Certificate of Compliance

The following conditions must be met no later than \_\_\_\_\_ or the owner will be subject to fine or order to vacate:  
This certificate has an expiration date of: \_\_\_\_\_  
**Conditions to be met:**

#### ☐ Certificate of Clearance - Lead Abatement 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work  
☐ Partial or limited time period ( \_\_\_\_\_ years); see file

#### ☐ Certificate of Clearance - Asbestos Abatement

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work  
☐ Partial or limited time period ( \_\_\_\_\_ years); see file

#### ☐ Certificate of Compliance

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until \_\_\_\_\_

#### ☐ Temporary Certificate of Occupancy

The following conditions must be met no later than: \_\_\_\_\_ or the owner will be subject to fine or order to vacate:  
This certificate has an expiration date of: \_\_\_\_\_  
**Conditions to be met:**

Fee: \$0.00  
Check Number: \_\_\_\_\_  
Collected By: \_\_\_\_\_



Roxbury Township  
Construction Department  
1715 Route 46  
Ledgewood, NJ 07852

Date Issued 1/9/2008  
Control Number C-07-01605  
Permit Number 07-1286  
Permit Issue Date 10/30/2007  
Certificate Number 07-1286

**Certificate**  
Construction Code Division  
(Certificate of Approval)

**Identification**

Work Site Location: 27 BENT ST KENVIL, NJ 07847 Block: 3903 Lot: 8 Qual: \_\_\_\_\_  
Owner in Fee: NORRIS, RAYMOND & FRANCES L  
Owner Address: 27 BENT ST KENVIL NJ 07847  
Telephone: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1  
Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Federal Emp. Number: \_\_\_\_\_  
License Number or Builders Registration Number: \_\_\_\_\_  
Home Warranty Number: \_\_\_\_\_ Type of Warranty Plan: ☐ State ☐ Private  
Use Group: R-5 Construction Classification: \_\_\_\_\_  
Maximum Live Load: 0 Maximum Occupancy Load: 0  
Description of Work/Use: NEW CENTRAL A/C SYSTEM

**Certificate Comments:**

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than \_\_\_\_\_ or the owner will be subject to fine or order to vacate:  
This certificate has an expiration date of: \_\_\_\_\_  
**Conditions to be met:**

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJACS:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work  
☐ Partial or limited time period ( \_\_\_\_\_ years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work  
☐ Partial or limited time period ( \_\_\_\_\_ years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until \_\_\_\_\_

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: \_\_\_\_\_ or the owner will be subject to fine or order to vacate:  
This certificate has an expiration date of: \_\_\_\_\_  
**Conditions to be met:**

Fee: \$0.00  
Check Number: \_\_\_\_\_  
Collected By: \_\_\_\_\_



Roxbury Township  
Construction Department  
1715 Route 46  
Ledgewood, NJ 07852

Date Issued 10/5/2004  
Control Number  
Permit Number 04-0876  
Permit Issue Date 8/9/2004  
Certificate Number 04-0876

**Certificate**  
Construction Code Division  
(Certificate of Approval)

**Identification**

Work Site Location: 27 BENT ST KENVIL, NEW JERSEY, NJ Block: 3903 Lot: 8 Qual: \_\_\_\_\_  
Owner in Fee: NORRIS, RAYMOND & FRANCES L  
Owner Address: 27 BENT ST KENVIL NJ 07847  
Telephone: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1  
Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Federal Emp. Number: \_\_\_\_\_  
License Number or Builders Registration Number: \_\_\_\_\_  
Home Warranty Number: \_\_\_\_\_ Type of Warranty Plan: ☐ State ☐ Private  
Use Group: U Construction Classification: \_\_\_\_\_  
Maximum Live Load: 0 Maximum Occupancy Load: 0  
Description of Work/Use: - ABANDON 550 GALLON UST.

Certificate Comments: ABANDON 550 GALLON UST.

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than \_\_\_\_\_ or the owner will be subject to fine or order to vacate:  
This certificate has an expiration date of: \_\_\_\_\_  
**Conditions to be met:**

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work  
☐ Partial or limited time period ( \_\_\_\_\_ years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work  
☐ Partial or limited time period ( \_\_\_\_\_ years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until \_\_\_\_\_

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: \_\_\_\_\_ or the owner will be subject to fine or order to vacate:  
This certificate has an expiration date of: \_\_\_\_\_  
**Conditions to be met:**



Roxbury Township  
Construction Department  
1715 Route 46  
Ledgewood, NJ 07852

Date Issued 10/5/2004  
Control Number \_\_\_\_\_  
Permit Number 04-0877  
Permit Issue Date 8/9/2004  
Certificate Number 04-0877

**Certificate**  
Construction Code Division  
(Certificate of Approval)

**Identification**

Work Site Location: 27 BENT ST KENVIL, NEW JERSEY, NJ Block: 3903 Lot: 8 Qual: \_\_\_\_\_  
Owner in Fee: NORRIS, RAYMOND & FRANCES L  
Owner Address: 27 BENT ST KENVIL NJ 07847  
Telephone: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1  
Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Federal Emp. Number: \_\_\_\_\_  
License Number or Builders Registration Number: \_\_\_\_\_  
Home Warranty Number: \_\_\_\_\_ Type of Warranty Plan: ☐ State ☐ Private  
Use Group: U Construction Classification: \_\_\_\_\_  
Maximum Live Load: 0 Maximum Occupancy Load: 0  
Description of Work/Use: - INSTALL 275 GALLON AST.

Certificate Comments: INSTALL 275 GALLON AST.

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:  
This certificate has an expiration date of:  
**Conditions to be met:**

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work  
☐ Partial or limited time period (     years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work  
☐ Partial or limited time period (     years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than:  
or the owner will be subject to fine or order to vacate:  
This certificate has an expiration date of:  
**Conditions to be met:**

Fee: \$0.00  
Check Number: \_\_\_\_\_  
Collected By: \_\_\_\_\_



Roxbury Township  
Construction Department  
1715 Route 46  
Ledgewood, NJ 07852

Date Issued 8/22/2002  
Control Number  
Permit Number 02-0852  
Permit Issue Date 8/8/2002  
Certificate Number 02-0852

## Certificate

Construction Code Division  
(Certificate of Approval)

### Identification

Work Site Location: 27 BENT ST KENVIL, NEW JERSEY, NJ Block: 3903 Lot: 8 Qual:

Owner in Fee: NORRIS, RAYMOND & FRANCES L

Owner Address: 27 BENT ST KENVIL NJ 07847

Telephone: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1

Contractor

Address

Telephone: Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-3 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - EMERGENCY: CHIMNEY STRUCK BY LIGHTNING DISMANTLE CHIMNEY APPROX. 19 COURSES TO JUST BELOW ROOFLINE. REBUILD

Certificate Comments: EMERGENCY: CHIMNEY STRUCK BY LIGHTNING DISMANTLE CHIMNEY APPROX. 19 COURSES TO JUST BELOW ROOFLINE. REBUILD

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:  
This certificate has an expiration date of:  
**Conditions to be met:**

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work  
☐ Partial or limited time period ( years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work  
☐ Partial or limited time period ( years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:  
This certificate has an expiration date of:  
**Conditions to be met:**

Fee: \$0.00

Check Number:

Collected By:

Construction Official

Date Printed: 6/22/2021

U.C.C. F260 (rev. 08/05)

Page 1



Roxbury Township  
Construction Department  
1715 Route 46  
Ledgewood, NJ 07852

Date Issued 3/12/2004  
Control Number \_\_\_\_\_  
Permit Number 02-0699  
Permit Issue Date 7/2/2002  
Certificate Number 02-0699

**Certificate**  
Construction Code Division  
(Certificate of Approval)

**Identification**

Work Site Location: 27 BENT ST KENVIL, NEW JERSEY, NJ Block: 3903 Lot: 8 Qual: \_\_\_\_\_  
Owner in Fee: NORRIS, RAYMOND & FRANCES L  
Owner Address: 27 BENT ST KENVIL NJ 07847  
Telephone: REDACTION: Unlisted Telephone #, per N.J.S.A. 47:1A-1.1  
Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Federal Emp. Number: \_\_\_\_\_  
License Number or Builders Registration Number: \_\_\_\_\_  
Home Warranty Number: \_\_\_\_\_ Type of Warranty Plan: ☐ State ☐ Private  
Use Group: R-3 Construction Classification: \_\_\_\_\_  
Maximum Live Load: 0 Maximum Occupancy Load: 0  
Description of Work/Use: - REROOFING EXISTING HOUSE

Certificate Comments: REROOFING EXISTING HOUSE

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:  
This certificate has an expiration date of:  
**Conditions to be met:**

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work  
☐ Partial or limited time period (     years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work  
☐ Partial or limited time period (     years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than:  
or the owner will be subject to fine or order to vacate:  
This certificate has an expiration date of:  
**Conditions to be met:**

# Engineering

**From:** Johnson, Patricia  
**Sent:** Thursday, July 08, 2021 2:03 PM  
**To:** Rhead Amy  
**Cc:** Florio, Kathy  
**Subject:** RE: OPRA 20210706-005 Taylor (27 Bent St; B3903-L8)

The Engineering Department does not have any information regarding this request. However, information on flood zones may be obtained from [FEMA.gov](https://www.fema.gov)

*Patricia A. Johnson*  
Administrative Assistant  
Township of Roxbury Engineering Department  
1715 Route 46, Ledgewood, NJ 07852  
973 448-2018

# Fire Prevention

**From:** Vanklingeren, Crystal  
**Sent:** Wednesday, July 07, 2021 9:40 AM  
**To:** Florio, Kathy  
**Cc:** Pellek, Mike; Rhead Amy  
**Subject:** FW: OPRA 20210706-005 Taylor (27 Bent St; B3903-L8)

RE: OPRA 20210706-005 Taylor (27 Bent St; B3903-L8)

Please be advised that the Fire Prevention Bureau has researched and no records currently exist in in this office.

Thank you,  
*Crystal Van Klingeren*  
Fire Prevention Bureau

Township of Roxbury  
1715 Route 46  
Ledgewood, NJ 07852  
[Vanklingerenc@roxburynj.us](mailto:Vanklingerenc@roxburynj.us)  
973-448-2012

**From:** Zachok Matt  
**Sent:** Friday, July 09, 2021 8:40 AM  
**To:** Rhead Amy  
**Cc:** Florio, Kathy; Montgomery Abigail  
**Subject:** RE: OPRA 20210706-005 Taylor (27 Bent St; B3903-L8)

The HD has no files

# Planning/Zoning

**From:** Osetec, Tracy  
**Sent:** Wednesday, July 07, 2021 12:52 PM  
**To:** Rhead Amy  
**Cc:** Tardive Dee; Florio, Kathy  
**Subject:** RE: OPRA 20210706-005 Taylor (27 Bent St; B3903-L8)

Amy,

There are no zoning files for property known as (27 Bent St; B3903-L8).

Regards,

*Tracy Osetec*  
Zoning Board Secretary  
1715 Route 46  
Ledgewood, NJ 07852  
973-448-2008  
osetec@roxburynj.us

# Tax Assessor

**From:** Lance, Robyn  
**Sent:** Tuesday, July 06, 2021 8:18 PM  
**To:** Rhead Amy  
**Cc:** McKeon Joe  
**Subject:** RE: OPRA 20210706-005 Taylor (27 Bent St; B3903-L8)  
**Attachments:** 3903-8 Buffer Card.pdf; 3903-8 PRC (current).pdf; 3903-8 Deeds.pdf; 3903-8 PRC (previous).pdf

There are no pending assessments for this property. Please see attached for all other requests.



**APPRAISAL  
SYSTEMS INC.**

## DATA COLLECTION FORM

BLOCK: 40.2 OWNER'S NAME: NORRIS, RAYMOND & FRANCES L LAND: 28500  
LOT: 14 ADDRESS: 27 BENT ST IMPROV: 66500  
QUAL: CITY & STATE: KENVIL, NJ 07847 TOTAL: 95000  
CARD OF PROPERTY LOC: 27 BENT ST CLASS: 2

### EXTERIOR INFORMATION

STYLE BL TYPE/USE 1F ☒ Other: \_\_\_\_\_ AGE 1979 COND: P F ☒ G E  
EXT WALL TYPE STUCCO/PLUM FOUNDATION TYPE SLB STONE \_\_\_\_\_  
BRICK: 1 1/2 X 4 1/2 ROOF: Gable ☒ Hip ☐ Other: \_\_\_\_\_ ROOF MATL: Asph ☒ Other \_\_\_\_\_

### INTERIOR INFORMATION

| HVAC      | % / SF | BATHS       |     |            | PRIMARY KITCHEN                         | EXTRA KITCHEN                      | FIREPLACE TYPE | # |
|-----------|--------|-------------|-----|------------|-----------------------------------------|------------------------------------|----------------|---|
|           |        | TYPE        | NO. | COND       |                                         |                                    |                |   |
| Radiators |        | 5 - Fix.    |     |            | OLD <input type="checkbox"/>            | OLD <input type="checkbox"/>       | Normal         | 1 |
| HWBB      | ✓      | 4 - Fix.    |     |            | AVG <input checked="" type="checkbox"/> | AVG <input type="checkbox"/>       | 2nd same stack |   |
| FHA       | ✓      | 3 - Fix.    | 1   | A          | MOD <input type="checkbox"/>            | MOD <input type="checkbox"/>       | Freestanding   |   |
| Elec BB   |        | 2 - Fix.    | 1   | A          | Year                                    | Year                               | Remodeled      | ✓ |
| FHA & AC  |        | 1 - Fix.    |     |            | Remodeled:                              | Remodeled:                         | Windows        |   |
| A/C       | 0      |             |     |            |                                         |                                    | Siding         |   |
| ATTIC     | FINISH | BMNT FINISH |     | DORMER     | Lin. Feet                               | INT. FINISH                        |                |   |
| Finished  |        | Finished    |     | TOTAL      |                                         | Walls/Floors SR / CBR / Tile / VIN |                |   |
| Heated    |        | Heated      |     | Finished   |                                         | SALE INFORMATION                   |                |   |
| Unheated  |        | Unheated    |     | Unfinished |                                         | Date:                              | Price: \$      |   |

### ROOM COUNT

| Floor  | Living                              | Dining                              | Kitchen                             | Dinette | Bed                                 | Family                              | Other | Bath                                | Lav                                 |
|--------|-------------------------------------|-------------------------------------|-------------------------------------|---------|-------------------------------------|-------------------------------------|-------|-------------------------------------|-------------------------------------|
| Bmnt   |                                     |                                     |                                     |         |                                     |                                     |       |                                     |                                     |
| First  |                                     |                                     |                                     |         |                                     | <input checked="" type="checkbox"/> |       |                                     | <input checked="" type="checkbox"/> |
| Second | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |         | <input checked="" type="checkbox"/> |                                     |       | <input checked="" type="checkbox"/> |                                     |
| Third  |                                     |                                     |                                     |         |                                     |                                     |       |                                     |                                     |

Refr 1 BR

### ACCESSORY IMPROVEMENTS

| # | Type           | Age | Width     | Depth     | Height | Material | Quality | Area |
|---|----------------|-----|-----------|-----------|--------|----------|---------|------|
| 1 | <u>J. Pool</u> |     | <u>40</u> | <u>22</u> |        |          |         |      |
| 2 |                |     |           |           |        |          |         |      |
| 3 |                |     |           |           |        |          |         |      |
| 4 |                |     |           |           |        |          |         |      |
| 5 |                |     |           |           |        |          |         |      |

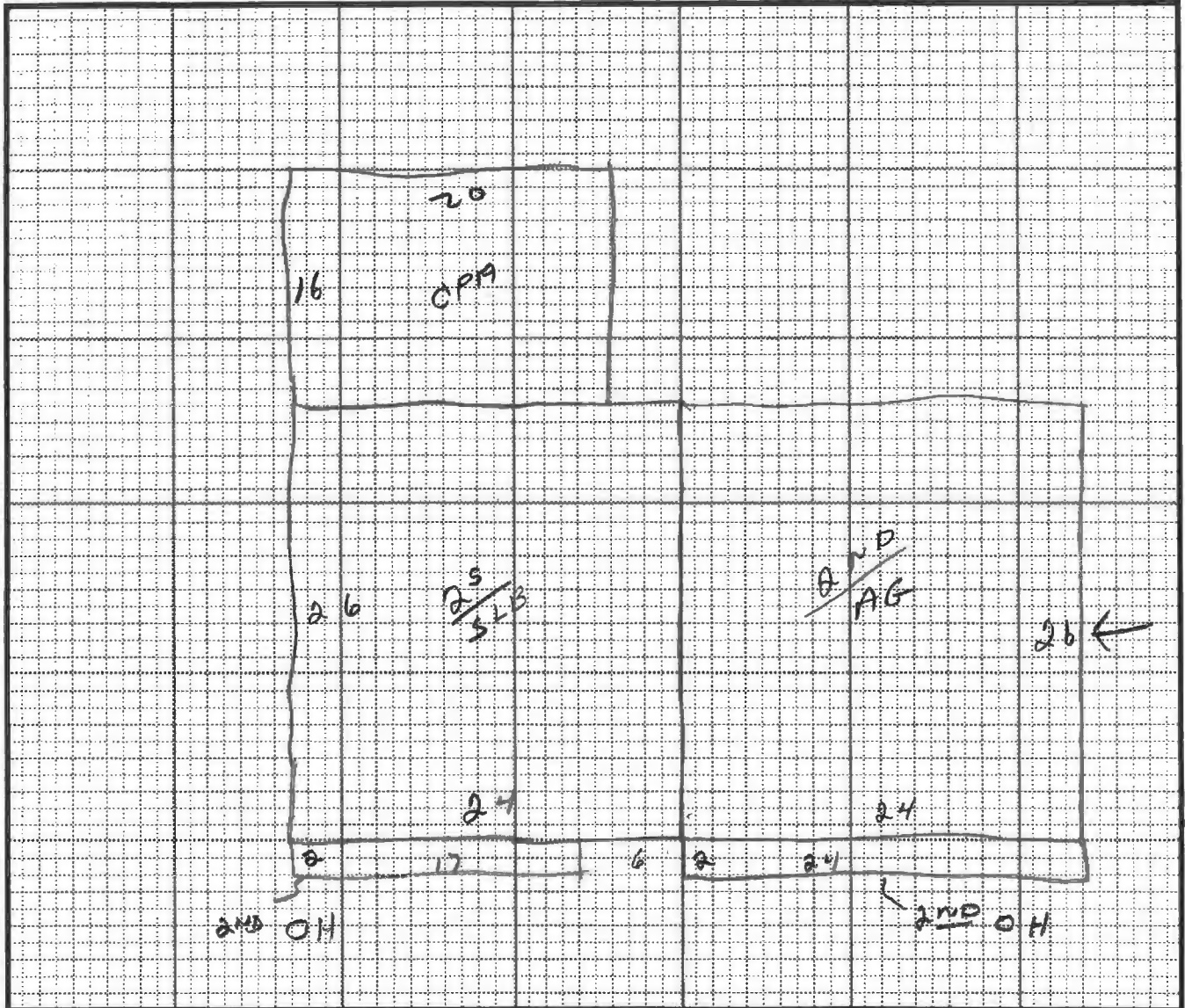
First Visit By: RR Int ☒ Ext ☒ Date: 3/23 2nd Visit By: RR Int ☒ Ext ☐ Date: 3/25  
Data Entry By: DS Date: 5-1-99 Callback on: 3/26 from 5 to 7 ESTIMATE ☐

### VERIFICATION OF INSPECTION

SIGNATURE: Raymond Norris DATE: 3-25-99

17 1/2  
18 RR  
19 1201

## GROUND PLAN SKETCH



## SITE IMPROVEMENTS

|                                                  |                                                  |                                              |
|--------------------------------------------------|--------------------------------------------------|----------------------------------------------|
| PUBLIC WATER <input checked="" type="checkbox"/> | PUBLIC SEWER <input checked="" type="checkbox"/> | GAS <input type="checkbox"/>                 |
| PRIVATE WELL <input type="checkbox"/>            | SEPTIC TANK <input type="checkbox"/>             | ELECTRIC <input checked="" type="checkbox"/> |
| PAVED ROAD <input checked="" type="checkbox"/>   | SIDEWALK <input checked="" type="checkbox"/>     | TOPOGRAPHY:                                  |
| UNPAVED ROAD <input type="checkbox"/>            | CURBS <input checked="" type="checkbox"/>        | (LV) MO RO HI LO                             |

## NOTES

|     |
|-----|
| oil |
|     |
|     |
|     |
|     |

|                          |                           |                                               |                                 |                       |                          |                   |
|--------------------------|---------------------------|-----------------------------------------------|---------------------------------|-----------------------|--------------------------|-------------------|
| <b>Block:</b> 3903       | <b>Land Desc:</b> 140X135 | <b>Owners Name:</b> NORRIS, RAYMOND/FRANCES L | <b>Land:</b> 109,800            | <b>Exemption</b>      | <b>Net Taxable Value</b> | <b>Deductions</b> |
| <b>Lot:</b> 8            | <b>Bldg Desc:</b> 1SF 2CG | <b>Street Address:</b> 27 BENT ST             | <b>Bank:</b> 00000              | <b>Impr:</b> 234,800  | <b>Code:</b>             | <b>Cd No-Ow</b>   |
| <b>Qual:</b>             | <b>Addl Lots:</b>         | <b>City &amp; State:</b> KENVIL, NJ           | <b>Zip:</b> 07847               | <b>Total:</b> 344,600 | <b>Value:</b> 0          | 344,600           |
| <b>Card:</b> M (#1 of 1) | <b>Acreage:</b> 0.434     | <b>Class:</b> 2                               | <b>Property Loc:</b> 27 BENT ST | <b>Zone:</b> R-3      | <b>Map:</b> G4SW         | ROXBURY           |

| SALES HISTORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |                |      |       |          |           |         |             |         | ASSESSMENT HISTORY   |        |                  |               | BUILDING PERMITS/REMARKS  |            |                                             |                                                     |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------|------|-------|----------|-----------|---------|-------------|---------|----------------------|--------|------------------|---------------|---------------------------|------------|---------------------------------------------|-----------------------------------------------------|--|--|
| Grantor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |                |      |       | Date     | Book/Page | Price   | Nu#         | Year    | Land                 | Impr   | Total            | Date          | Work Description          |            | Amount                                      | Compl.                                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |       |          |           |         |             | 1998    | 28500                | 66500  | 95000            | 10/30/07      | NEW CENTRAL A/C 1286      |            | 8400                                        | 07/15/08                                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |       |          |           |         |             | 2000    | 75900                | 150600 | 226500           |               |                           |            |                                             |                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |       |          |           |         |             | 2008    | 75900                | 155700 | 231600           |               |                           |            |                                             |                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |       |          |           |         |             |         |                      |        |                  |               |                           |            |                                             |                                                     |  |  |
| LAND CALCULATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |                |      |       |          |           |         |             |         | SITE INFORMATION     |        |                  |               | RESIDENTIAL COST APPROACH |            |                                             |                                                     |  |  |
| Frnt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Rr | SB             | T    | FF    | Avgd     | Tabl      | EqF     | Rate        | Site    | Cond                 | Value  | Road:            |               | Utilities:                |            | Basement                                    |                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |       |          |           |         |             |         |                      |        | PAVED            |               | Sewer: YES                |            |                                             |                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |       |          |           |         |             |         |                      |        | Curbs: YES       |               | Water: YES                |            |                                             |                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |       |          |           |         |             |         |                      |        | Sidewalk: YES    |               | Gas: YES                  |            |                                             |                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |       | Units    |           | Rate    | Site        | Cond    |                      | Value  | Measured: JF     |               | Topo:                     |            | Main Bldg                                   |                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |       | 0.340 AC |           | 90000   | 75000       | 100     | 100                  | 100    | 105600           | Info:         |                           | LEVEL      |                                             | FIRST STORY 624 x 92.800 + 0 x1.00 x1.00= 57907     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |       | 0.094 AC |           | 45000   |             | 100     | 100                  | 100    | 4230             | Inspected: JF |                           | Neigh: 318 |                                             | UPPER STORY 1330 x 41.600 + 8554 x1.00 x1.00= 63882 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |       |          |           |         |             |         |                      |        |                  | 02/12/18      |                           | VCS: A318  |                                             | BRICK SF 384 x 11.180 + 80 x1.15 x1.00= 5029        |  |  |
| Net Adj: 100.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |       | SF:      | 18,905    | Auto: Y | Land Value: |         | 109,830              |        |                  |               |                           |            | SLAB 624 x -1.230 +-1008 x1.14 x1.00= -2024 |                                                     |  |  |
| <div><div><div>16</div><div>CPA</div></div><div><div>E</div><div>20</div></div><div><div>26</div><div>2S / SLAB</div></div><div><div>26</div><div>UPPER / AG</div></div><div><div>C</div><div>24</div></div><div><div>A</div><div>17</div></div><div><div>D</div><div>24</div></div><div><div>B</div><div>24</div></div></div> <div><div>A: OH</div><div>B: OH</div><div>C: 2S / SLAB</div><div>D: UPPER / AG</div><div>E: CPA</div><div>F:</div><div>G:</div><div>H:</div><div>I:</div><div>J:</div><div>K:</div><div>L:</div></div> <div><div>cd2r 17</div><div>r24cd2r24</div><div>u26cd26r24</div><div>u26r24cd26r24</div><div>u42cd16r20</div></div> <div><div>34</div><div>48</div><div>624</div><div>624</div><div>320</div><div>0</div><div>0</div><div>0</div></div> <div><div>M:</div><div>N:</div><div>O:</div><div>P:</div></div> <div><div>Scale: 20</div></div> |    |                |      |       |          |           |         |             |         | BUILDING INFORMATION |        |                  |               |                           |            |                                             |                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |       |          |           |         |             |         | Type and Use:        |        | Class/Quality:   |               |                           |            |                                             |                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |       |          |           |         |             |         | ONE FAMILY           |        | 17               |               |                           |            |                                             |                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |       |          |           |         |             |         | Story Height:        |        | Condition:       |               |                           |            |                                             |                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |       |          |           |         |             |         | TWO STORY            |        | AVERAGE          |               |                           |            |                                             |                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |       |          |           |         |             |         | Style:               |        | Year Built/EffA: |               |                           |            |                                             |                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |       |          |           |         |             |         | BI - LEVEL           |        | 1979 / 39 (Y)    |               |                           |            |                                             |                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |       |          |           |         |             |         | Exterior Finish:     |        | Info By:         |               |                           |            |                                             |                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |       |          |           |         |             |         | ALUMINUM SIDING      |        |                  |               |                           |            |                                             |                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                |      |       |          |           |         |             |         | BRICK                |        |                  |               |                           |            |                                             |                                                     |  |  |
| Roof Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    | Livable Area:  |      |       |          |           |         |             |         |                      |        |                  |               |                           |            |                                             |                                                     |  |  |
| GABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    | 1954 SF        |      |       |          |           |         |             |         |                      |        |                  |               |                           |            |                                             |                                                     |  |  |
| Roof Material:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    | Interior Cond: |      |       |          |           |         |             |         |                      |        |                  |               |                           |            |                                             |                                                     |  |  |
| ASPHALT SHINGLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    | AVERAGE        |      |       |          |           |         |             |         |                      |        |                  |               |                           |            |                                             |                                                     |  |  |
| Foundation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    | Interior Wall: |      |       |          |           |         |             |         |                      |        |                  |               |                           |            |                                             |                                                     |  |  |
| CONCRETE SLAB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    | SR / PL        |      |       |          |           |         |             |         |                      |        |                  |               |                           |            |                                             |                                                     |  |  |
| Baths:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | M:             | A: 2 | O:    |          |           |         |             |         |                      |        |                  |               |                           |            |                                             |                                                     |  |  |
| Kitchens:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    | M:             | A: 1 | O:    |          |           |         |             |         |                      |        |                  |               |                           |            |                                             |                                                     |  |  |
| ROOM COUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                |      |       |          |           |         |             |         |                      |        |                  |               |                           |            |                                             |                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    | B              | 1    | 2     | 3/A      | Tot       |         |             |         |                      |        |                  |               |                           |            |                                             |                                                     |  |  |
| Living Rm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                |      | 1     |          | 1         |         |             |         |                      |        |                  |               |                           |            |                                             |                                                     |  |  |
| Dining Rm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                |      | 1     |          | 1         |         |             |         |                      |        |                  |               |                           |            |                                             |                                                     |  |  |
| Kitchen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |                |      | 1     |          | 1         |         |             |         |                      |        |                  |               |                           |            |                                             |                                                     |  |  |
| Dinette                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |                |      |       |          |           |         |             |         |                      |        |                  |               |                           |            |                                             |                                                     |  |  |
| 5 Fixt Bath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                |      |       |          |           |         |             |         |                      |        |                  |               |                           |            |                                             |                                                     |  |  |
| 4 Fixt Bath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                |      | 1     |          | 1         |         |             |         |                      |        |                  |               |                           |            |                                             |                                                     |  |  |
| 3 Fixt Bath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                |      |       |          |           |         |             |         |                      |        |                  |               |                           |            |                                             |                                                     |  |  |
| 2 Fixt Bath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                | 1    |       |          | 1         |         |             |         |                      |        |                  |               |                           |            |                                             |                                                     |  |  |
| Bed Room                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                |      | 3     |          | 3         |         |             |         |                      |        |                  |               |                           |            |                                             |                                                     |  |  |
| Fam Room                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                | 1    |       |          | 1         |         |             |         |                      |        |                  |               |                           |            |                                             |                                                     |  |  |
| Den/Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                |      |       |          |           |         |             |         |                      |        |                  |               |                           |            |                                             |                                                     |  |  |
| Old B:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | 40.2           |      |       |          | 7         |         |             |         |                      |        |                  |               |                           |            |                                             |                                                     |  |  |
| Old L:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | 14             |      |       |          | 07/06/21  |         |             |         |                      |        |                  |               |                           |            |                                             |                                                     |  |  |
| Land:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    | 109,800        |      | Impr: |          | 234,800   | Total:  |             | 344,600 |                      |        |                  |               |                           |            |                                             |                                                     |  |  |

Copyright (c) 1999 MicroSystems-NJ.Com, L.L.C.

**This Deed,** made the 1st day of December, 19 78 ,

Between

ALBERT QUARANTA,  
RALPH QUARANTA and  
BRENNAN G. LYTLE, as joint  
tenants and not tenants in  
common,

87511

in book  
on form  
on card

residing at Espanong Road, Lake Hopatcong,  
in the Township of Jefferson in the County of  
Morris and State of New Jersey herein designated as the Grantors,  
And

GUNNAR & SAMUEL BUILDERS, INC.,  
A New Jersey Corporation,

card on  
in Permit  
146

with principal offices  
/ residing or located at Box 765  
in the Town of Dover in the County of  
Morris and State of New Jersey herein designated as the Grantees;

Witnesseth, that the Grantors, for and in consideration of

-----TWENTY-TWO THOUSAND and NO/100----(\$22,000.00)---DOLLARS

lawful money of the United States of America, to the Grantors in hand well and truly paid by the  
Grantees, at or before the sealing and delivery of these presents, the receipt whereof is hereby acknowl-  
edged, and the Grantors being therewith fully satisfied, do by these presents grant, bargain, sell and  
convey unto the Grantees forever,

All those tracts or parcel s of land and premises, situate, lying and being in the  
Township of Roxbury, in the  
County of Morris and State of New Jersey, more particularly described herein.

Tax Map  
Reference

{ (NJS 46: 15-2.1) Municipality of: Roxbury Township Account No.  
Block No. 40-2 Lot No. 14  
☐ No property tax identification number is available on date of this deed. (Check box if applicable.)

BEING known as Lot 14, Block 2, on map of "Subdivision of proper-  
ty owned by Herclues, Inc.," made by Frank S. Pesce, L.L.S., and  
approved by the Planning Board of the Township of Roxbury on May 2,  
1968, and filed in the Morris County Clerk's Office on June 17, 1968,  
as Map No. 2870.

The premises being conveyed are subject to zoning ordinances,  
easements and restruictions of record and to drainage and water ease-  
ments, if any, as shown on the above mentioned map.

BEING a part of lands and premises conveyed by Albert A.  
Apostolik and Ida Apostolik, his wife, to Albert Quaranta, Ralph  
Quaranta and Brennan G. Lytle, as joint tenants and not as tenants  
in common, by deed dated June 18, 1970, and recorded June 19, 1970,  
in the Morris County Clerk's Office in Book of Deeds 2142, page 993,  
etc.

RECEIVED  
DEC 11 2 02 PM '78  
MORRIS COUNTY CLERK

COUNTY OF MORRIS  
CONSIDERATION 22,000.00  
REALTY TRANSFER FEE 77.00  
DATE DEC 11 1978 BY E.A.N.

93803

**This Deed**, made the 2nd day of February 1979 ,

Between GUNNAR and SAMUEL BUILDERS, INC.

a corporation existing under and by virtue of the laws of the State of New Jersey  
having its principal office at Park Heights Avenue, Box 765, Dover, New Jersey  
in the Town of Dover in the County of  
Morris and State of New Jersey herein designated as the Grantor,

And

RAYMOND NORRIS and FRANCES L. NORRIS, his wife,

About to reside at: Bent Street, Kenvil, New Jersey

~~xxxxxx~~

in the Township of Roxbury in the County of  
Morris and State of New Jersey herein designated as the Grantees;

Witnesseth, that the Grantor, for and in consideration of SEVENTY FIVE THOUSAND SEVEN-

-----HUNDRED and NO/100 (\$75,700.00)-----DOLLARS

lawful money of the United States of America, to it in hand well and truly paid by the Grantees, at or  
before the sealing and delivery of these presents, the receipt whereof is hereby acknowledged, and the  
Grantor being therewith fully satisfied, does by these presents grant, bargain, sell and convey unto the  
Grantees forever,

All that tract or parcel of land and premises, situate, lying and being in the  
Township of Roxbury in the  
County of Morris and State of New Jersey, more particularly described as follows:

BEING KNOWN as Lot No. 14 and in Block 2, on map of "Sub-division of  
Property owned by Hercules, Inc.", made by Frank S. Pesce, P.E. & L.S.,  
and approved by the Planning Board of the Township of Roxbury on May 2,  
1968, and filed in the Morris County Clerk's Office on June 17, 1968  
as Map No. 2870.

THE premises being conveyed are subject to zoning ordinances, easements,  
and restrictions of record and to drainage and water easements, if  
any, as shown on the above mentioned map.

SUBJECT premises is known as Bent Street, P.O. Kenvil, New Jersey and  
being further known as Lot 14 in Block 40-2 on the Tax Map of the  
Township of Roxbury, New Jersey.

BEING the same lands and premises conveyed to the Grantors herein by  
Deed from Albert Quaranta, Ralph Quaranta and Brennan G. Lytle, as  
joint tenants and not tenants in common, dated December 1, 1978 and  
recorded in the Morris County Clerk's Office on December 11, 1978 in  
Book 2487 of Deeds for said County at Page 18&c.

|                     |                   |
|---------------------|-------------------|
| COUNTY OF MORRIS    |                   |
| CONSIDERATION       | 75,700.00         |
| REALTY TRANSFER FEE | 76.00 Co          |
| DATE                | FEB 2 1979 BY FAH |

ROXBURY

02/21/19

**Block:** 3903 **Land Desc:** 140X135 **Owners Name:** NORRIS, RAYMOND / FRANCES L **Land:** 75,900 **Exemption** **Net Taxable Value** **Deductions**  
**Lot:** 8 **Bldg Desc:** 1SF 2CG **Street Address:** 27 BENT ST **Bank:** 00000 **Impr:** 150,600 **Code:** **Cd No-Ow**  
**Qual:** **Addl Lots:** **City & State:** KENVIL, NJ **Zip:** 07847 **Total:** 226,500 **Value:** 0 **226,500**  
**Card:** M (#1 of 1) **Acreage:** 0.434 **Class:** 2 **Property Loc:** 27 BENT ST **Zone:** R-3 **Map:** G4SW **ROXBURY TOWNSHIP**

| SALES HISTORY |      |           |       |     |      |       |        |        |  | ASSESSMENT HISTORY |                      |        |          | BUILDING PERMITS/REMARKS |  |  |  |
|---------------|------|-----------|-------|-----|------|-------|--------|--------|--|--------------------|----------------------|--------|----------|--------------------------|--|--|--|
| Grantor       | Date | Book/Page | Price | Nu# | Year | Land  | Impr   | Total  |  | Date               | Work Description     | Amount | Compl.   |                          |  |  |  |
|               |      |           |       |     | 1998 | 28500 | 66500  | 95000  |  | 10/30/07           | NEW CENTRAL A/C 1286 | 8400   | 07/15/08 |                          |  |  |  |
|               |      |           |       |     | 2000 | 75900 | 150600 | 226500 |  |                    |                      |        |          |                          |  |  |  |
|               |      |           |       |     | 2008 | 75900 | 155700 | 231600 |  |                    |                      |        |          |                          |  |  |  |

| LAND CALCULATIONS |    |    |   |    |      |      |     |      |      | SITE INFORMATION |       |              |            | RESIDENTIAL COST APPROACH |  |  |  |
|-------------------|----|----|---|----|------|------|-----|------|------|------------------|-------|--------------|------------|---------------------------|--|--|--|
| Frt               | Rr | SB | T | FF | Avgd | Tabl | EqF | Rate | Site | Cond             | Value | Road:        | Utilities: | Basement                  |  |  |  |
|                   |    |    |   |    |      |      |     |      |      |                  |       | PAVED        | Sewer: YES |                           |  |  |  |
|                   |    |    |   |    |      |      |     |      |      |                  |       | Curbs: NO    | Water: YES |                           |  |  |  |
|                   |    |    |   |    |      |      |     |      |      |                  |       | Sidewalk: NO | Gas: NONE  |                           |  |  |  |
|                   |    |    |   |    |      |      |     |      |      |                  |       | Measured: RR | Topo:      |                           |  |  |  |
|                   |    |    |   |    |      |      |     |      |      |                  |       | Inspected: 0 | Neigh: 318 |                           |  |  |  |
|                   |    |    |   |    |      |      |     |      |      |                  |       | 3/25/99      | VCS: A318  |                           |  |  |  |

| LAND CALCULATIONS |       |       |      |       |               |                |               |            |         | BUILDING INFORMATION |                  |          |            | RESIDENTIAL COST APPROACH |                 |                |               |                |        |    |      |    |           |    |      |    |
|-------------------|-------|-------|------|-------|---------------|----------------|---------------|------------|---------|----------------------|------------------|----------|------------|---------------------------|-----------------|----------------|---------------|----------------|--------|----|------|----|-----------|----|------|----|
| Units             | Rate  | Site  | Cond | Value | Type and Use: | Class/Quality: | Story Height: | Condition: | Style:  | Year Built/EffA:     | Exterior Finish: | Windows: | Roof Type: | Livable Area:             | Roof Material:  | Interior Cond: | Foundation:   | Interior Wall: | Baths: | M: | A: 2 | O: | Kitchens: | M: | A: 1 | O: |
| 0.434 AC          | 25000 | 65000 | 100  | 100   | 100           | 75850          | ONE FAMILY    | 17.5       | AVERAGE | 1979 / 14 (Y)        | STUCCO           |          | GABLE      | 1954 SF                   | ASPHALT SHINGLE | NORMAL         | CONCRETE SLAB | SHEETROCK      |        |    |      |    |           |    |      |    |
|                   |       |       |      |       |               |                |               |            |         |                      |                  |          |            |                           |                 |                |               |                |        |    |      |    |           |    |      |    |

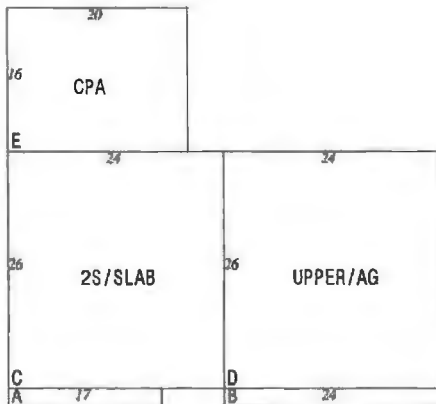
| ROOM COUNT  |      |   |   |     |     |            |                   |           |            | RESIDENTIAL COST APPROACH |           |           |             |             |
|-------------|------|---|---|-----|-----|------------|-------------------|-----------|------------|---------------------------|-----------|-----------|-------------|-------------|
|             | B    | 1 | 2 | 3/A | Tot | Base Cost: | CCF: 295 CLA: 100 | Cost New: | Phys Depr: | Func Depr:                | Net Depr: | Loc Depr: | Mkt+: Mkt-: | Bldg Value: |
| Living Rm   |      |   | 1 |     | 1   | 55086      | 295               | 162504    | 14.00 (Y)  |                           | 86.00     |           |             |             |
| Dining Rm   |      |   | 1 |     | 1   |            |                   |           |            |                           |           |           |             |             |
| Kitchen     |      |   | 1 |     | 1   |            |                   |           |            |                           |           |           |             |             |
| Dinette     |      |   |   |     |     |            |                   |           |            |                           |           |           |             |             |
| 5 Fixt Bath |      |   |   |     |     |            |                   |           |            |                           |           |           |             |             |
| 4 Fixt Bath |      |   |   |     |     |            |                   |           |            |                           |           |           |             |             |
| 3 Fixt Bath |      |   | 1 |     | 1   |            |                   |           |            |                           |           |           |             |             |
| 2 Fixt Bath |      | 1 |   |     | 1   |            |                   |           |            |                           |           |           |             |             |
| Bed Room    |      |   | 3 |     | 3   |            |                   |           |            |                           |           |           |             |             |
| Fam Room    |      | 1 |   |     | 1   |            |                   |           |            |                           |           |           |             |             |
| Den/Other   |      |   |   |     |     |            |                   |           |            |                           |           |           |             |             |
| Old B:      | 40.2 |   |   |     |     |            |                   |           |            |                           |           |           |             |             |
| Old L:      | 14   |   |   |     |     |            |                   |           |            |                           |           |           |             |             |

| RESIDENTIAL COST APPROACH |         |         |  |
|---------------------------|---------|---------|--|
| Land:                     | Impr:   | Total:  |  |
| 75,900                    | 155,700 | 231,600 |  |

A/A08 5m \$5100

AC



A: OH  
 B: OH  
 C: 2S/SLAB  
 D: UPPER/AG  
 E: CPA  
 F:  
 G:  
 H:  
 I:  
 J:  
 K:  
 L:

u0 r0;u2 r17  
 u0 r24;u2 r24  
 u2 r0;u26 r24  
 u2 r24;u26 r24  
 u28 r0;u16 r20

M:  
 N:  
 O:  
 P:

Scale: 20

Block: 40.2 Land Desc: 140X135 Owners Name: NORRIS, RAYMOND & FRANCES L Land: 75,900 Exemption Net Taxable Value Deductions  
 Lot: 14 Bldg Desc: 27 BENT ST Bank: 00000 Impr: 150,600 Code: Cd No-Ow  
 Qual: KENVIL, NJ Zip: 07847 Total: 226,500 Value: 0 226,500  
 Card: M (#1 of 1) Acreage: 0.434 Class: 2 Property Loc: 27 BENT ST Zone: R-3 Map: G4SW ROXBURY

| SALES HISTORY                                             |      |           |       |     |      |       |        |        |      | ASSESSMENT HISTORY |                  |                                                                                    |        | BUILDING PERMITS/REMARKS  |  |                                                     |  |                                                         |  |     |  |     |  |
|-----------------------------------------------------------|------|-----------|-------|-----|------|-------|--------|--------|------|--------------------|------------------|------------------------------------------------------------------------------------|--------|---------------------------|--|-----------------------------------------------------|--|---------------------------------------------------------|--|-----|--|-----|--|
| Grantor                                                   | Date | Book/Page | Price | Nu# | Year | Land  | Impr   | Total  |      | Date               | Work Description | Amount                                                                             | Compl. |                           |  |                                                     |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     | 1998 | 28500 | 66500  | 95000  |      |                    |                  |                                                                                    |        |                           |  |                                                     |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     | 2000 | 75900 | 150600 | 226500 |      |                    |                  |                                                                                    |        |                           |  |                                                     |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  |                                                                                    |        |                           |  |                                                     |  |                                                         |  |     |  |     |  |
| LAND CALCULATIONS                                         |      |           |       |     |      |       |        |        |      | SITE INFORMATION   |                  |                                                                                    |        | RESIDENTIAL COST APPROACH |  |                                                     |  |                                                         |  |     |  |     |  |
| Frnt                                                      | Rr   | SB        | T     | FF  | Avgd | Tabl  | EqF    | Rate   | Site | Cond               | Value            | Road:                                                                              |        | Utilities:                |  | Basement                                            |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | PAVED                                                                              |        | Sewer: YES                |  |                                                     |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | Curbs: NO                                                                          |        | Water: YES                |  |                                                     |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | Sidewalk: NO                                                                       |        | Gas: NONE                 |  |                                                     |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | Measured: RR                                                                       |        | Topo:                     |  | Main Bldg                                           |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  |                                                                                    |        | LEVEL                     |  | FIRST STORY 624 x 15.840 + 7244 x1.24 x1.00= 21239  |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | Inspected: 0                                                                       |        | Neigh: 318                |  | UPPER STORY 1330 x 11.250 + 2175 x1.24 x1.00= 21251 |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | 3/25/99                                                                            |        | VCS: A318                 |  | PART BRICK SF 384 x 2.000 + 0 x1.11 x1.00= 852      |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | BUILDING INFORMATION                                                               |        |                           |  |                                                     |  | CONCRETE SLAB 624 x -0.500 + -500 x1.24 x1.00= -1007    |  |     |  |     |  |
| Net Adj: 100.00 SF: 18,900 Auto: Y Land Value: 75,850     |      |           |       |     |      |       |        |        |      |                    |                  | Type and Use:                                                                      |        | Class/Quality:            |  | Heat/AC                                             |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | ONE FAMILY                                                                         |        | 17.5                      |  | HOT WATER B.B. 1954 x 1.070 + 400 x1.13 x1.00= 2815 |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | Story Height:                                                                      |        | Condition:                |  | Plumbing                                            |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  |                                                                                    |        | AVERAGE                   |  | 3 FIXTURE BATH 1- 1 x 877.000 + 0 x1.13 x1.00= 0    |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | Style:                                                                             |        | Year Built/EffA:          |  | 2 FIXTURE BATH 1 x 700.000 + 0 x1.13 x1.00= 791     |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | BI-LEVEL                                                                           |        | 1979 / 14 (Y)             |  |                                                     |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | Exterior Finish:                                                                   |        | Windows:                  |  | Fireplace                                           |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | STUCCO                                                                             |        |                           |  | FIREPLACE 1 x1228.000 + 0 x1.22 x1.00= 1498         |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | BRICK                                                                              |        |                           |  | Attic                                               |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | Roof Type:                                                                         |        | Livable Area:             |  | Deck/Patio                                          |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | GABLE                                                                              |        | 1954 SF                   |  | CONCRETE PATIO 320 x 0.300 + 0 x1.22 x1.00= 117     |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | Roof Material:                                                                     |        | Interior Cond:            |  | Garage/Misc                                         |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | ASPHALT SHINGLE                                                                    |        | NORMAL                    |  | ATTACHED GARAGE 624 x 7.500 + 0 x1.18 x1.00= 5522   |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | Foundation:                                                                        |        | Interior Wall:            |  | Base Cost: 53078 CCF: 295 CLA: 100 Cost New: 156580 |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | CONCRETE SLAB                                                                      |        | SHEETROCK                 |  | Phys Depr: 14.00 (Y) Func Depr: Net Depr: 86.00     |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | Baths: M: A: 2 O:                                                                  |        |                           |  | Loc Depr: Mkt+: Mkt-: Bldg Value: 134659            |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | Kitchens: M: A: 1 O:                                                               |        |                           |  | Detached Items:                                     |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | ROOM COUNT                                                                         |        |                           |  |                                                     |  | CONCRETE PO 880 x 2.500 + 5000 x1.00 x0.75 x2.95= 15930 |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  |                                                                                    |        | B                         |  | 1                                                   |  | 2                                                       |  | 3/A |  | Tot |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | Living Rm                                                                          |        |                           |  |                                                     |  | 1                                                       |  | 1   |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | Dining Rm                                                                          |        |                           |  |                                                     |  | 1                                                       |  | 1   |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | Kitchen                                                                            |        |                           |  |                                                     |  | 1                                                       |  | 1   |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | Dinette                                                                            |        |                           |  |                                                     |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | 5 Fixt Bath                                                                        |        |                           |  |                                                     |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | 4 Fixt Bath                                                                        |        |                           |  |                                                     |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | 3 Fixt Bath                                                                        |        |                           |  | 1                                                   |  | 1                                                       |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | 2 Fixt Bath                                                                        |        | 1                         |  |                                                     |  | 1                                                       |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | Bed Room                                                                           |        |                           |  | 3                                                   |  | 3                                                       |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | Fam Room                                                                           |        | 1                         |  |                                                     |  | 1                                                       |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | Den/Other                                                                          |        |                           |  |                                                     |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | Old B:                                                                             |        |                           |  |                                                     |  |                                                         |  |     |  |     |  |
|                                                           |      |           |       |     |      |       |        |        |      |                    |                  | Old L:                                                                             |        |                           |  |                                                     |  | 01/09/00                                                |  |     |  |     |  |
| A:OH B:OH C:2S/SLAB D:UPPER/AG E:CPA F: G: H: I: J: K: L: |      |           |       |     |      |       |        |        |      |                    |                  | u0 r0;u2 r17<br>u0 r24;u2 r24<br>u2 r0;u26 r24<br>u2 r24;u26 r24<br>u28 r0;u16 r20 |        |                           |  |                                                     |  |                                                         |  |     |  |     |  |