



BOROUGH OF RED BANK
OPEN PUBLIC RECORDS ACT REQUEST FORM
90 Monmouth Street Red Bank, NJ 07701
PH: 732-530-2740 FAX: 732-530-2757
pborghi@redbanknj.org
Pamela Borghi, Municipal Clerk



Important Notice

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

Requestor Information – Please Print

First Name Raymond MI _____ Last Name Preblich
E-mail Address RPreblich@BeaconPlanning.net
Mailing Address c/o Beacon 315 Route 34-Suite 129
City Colts Neck State NJ Zip 07722
Telephone 732 845 8103 FAX 732 845 8104
Preferred Delivery: Pick Up _____ On-Site Inspect _____ Fax _____ E-mail X
If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE / HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
Signature RPreblich Date 9-18-17

Payment Information

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

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

See enclosed letter.
Thank you

AGENCY USE ONLY

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

AGENCY USE ONLY

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

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

AGENCY USE ONLY

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

September 15, 2017

Beacon Planning and Consulting Services (BPCS) is performing a due diligence assessment of a multi-family building located at 145 Monmouth Street (Station Place). The parcel is known as Block 42, Lot 1.01. As part of our due diligence efforts we are requesting the following information:

FIRE

1. A copy of the most recent fire/life safety inspection certificate of the property
2. A copy of any open fire code violations or issues with regards to the property
3. A copy of any records of any fires or hazardous materials incidents at the property

BUILDING

1. A copy of the original Certificate of Occupancy (C.O.) or Certificates of Use for each building.
2. A copy of the most recent code inspection of the property, if applicable.
3. Copies of any existing and open building code violations on file, and if so, what they are. Documentation of any active violations and correspondence with the owner's representative relating to such violations is also requested.
4. Copies of any open permits and a description of what the permits are for.
5. Copy of the most recent Tax Assessor's property card.

ZONING

1. The zoning district designation of the property (such as M-2, Medium Density Multifamily)
2. Copies of any zoning violations or related issues regarding the properties
3. Verification that the current uses are permitted by right or by exception in the zoning district
4. A copy of the applicable portion of the zoning map showing the subject property

Thank you in advance for any assistance you can provide.

Raymond A. Preblich, R.A.
Member
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