

CITY OF LINDEN
 APPLICATION FORM

301 N. Wood Avenue
 City Hall, Room
 Linden, New Jersey 07036
 Telephone: (908) 474-8445
 Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

PLEASE PRINT

(#2017-537)

Name: Kailab Brown	Date: 9-01-17
Organization (If Applicable):	
Mailing Address: 1143 Dill Avenue	
City, State, Zip: Linden, NJ 07036	
Home/Business Phone: [REDACTED]	E-MAIL: browkail@keno.edu
REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX	

DESCRIPTION OF PUBLIC RECORD(S):

Please be specific and attach additional pages of information if necessary
 I need copies of a police report of an physical altercation between my mother and myself dating as a far back as 6-7 years back. The report was involving fight between my mother and I in the residence of 1143 Dill Avenue. I also need a copy of an incident involving my step brother and I approximately 1 years ago. There was an investigation on my brother for sexual abuse. I was 14 years old. He ended up pleading guilty. IF I could have a copy of these two cases I would appreciate it. They are for school purposes.

PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE	# 12046939
	(2) # 11032714
SEND RESPONSE BY E-MAIL	

COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

OTHER (SPECIFY)	RECEIVED SEP 01 2017 CLERK'S OFFICE

LICENSE INFORMATION (SPECIFY)

SIGNATURE: Kailab Brown
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS:
LOCK/LOT:

CITY OF LINDEN APPLICATION FORM

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REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

(#2017-538)

Name: MICHAEL A. AUSTIN, Esq.	Date:
Organization (If Applicable): CONTE CLAYTON & AUSTIN, P.A.	
Mailing Address: 666 GODWIN AVE., SUITE 320	
City, State, Zip: MIDLAND PARK, NJ 07432	
Home/Business Phone: [REDACTED]	E-MAIL: austin@ccaattorneys.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX	

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

1520 LOWER ROAD

1. All Borough Council, Building Dept, Planning Board + Zoning Dept. records pertaining to the property located at 1520 Lower Road, Linden.
2. All records relating to Environmental conditions or contamination affecting 1520 Lower Road, Linden.

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☒ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

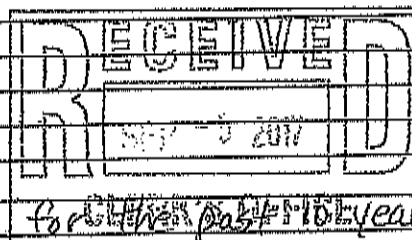
☒ SEND RESPONSE BY E-MAIL

☒ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☒ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

All records relating to 1520 Lower Road

☐ OTHER (SPECIFY)



☒ LICENSE INFORMATION (SPECIFY)

All license^{or} operation operating permits for ~~other~~ past 10 years

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 1520 LOWER ROAD

BLOCK/LOT: BLOCK 580 LOT 52

TY OF LINDEN
PLICATION FORM

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REQUEST FOR PUBLIC RECORDS

PLEASE PRINT

(#2017-539)

Name: Rosse Mary Mendez Date: 09-06-17
Organization (If Applicable): Century 21 Alliance
Mailing Address: 867 N Stiles St
City, State, Zip: Linden NJ 07036
Home/Business Phone: [REDACTED] E-MAIL: RosseMaryMendez@msn.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):

Please be specific and attach additional pages of information if necessary

Inquiry for any open permits

- ☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
- ☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
- ☒ SEND RESPONSE BY E-MAIL

- ☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
- ☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)



Rosse Mary Mendez
Lic. Sales Associate
REO / BDO Sale Specialist

867 N. Stiles Street
Linden NJ 07036
Cell: [REDACTED]
Ph: [REDACTED]
Fax: (908) 925-5495
Rosse.mendez@century21.com

RECEIVED
SEP - 6 2017
CLERK'S OFFICE

SIGNATURE: [Signature]
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 513 Maple Ave
BLOCK/LOT:

ITY OF LINDEN
PPPLICATION FORM

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REQUEST FOR PUBLIC RECORDS

PLEASE PRINT

(#2017-540)

Name: Jessica Pitts-Johnson Date: 8/28/17

Organization (If Applicable): Armada Analytics

Mailing Address: 55 Beattie Place Suite 1510

City, State, Zip: Greenville, SC, 29601

Home/Business Phone: [REDACTED] E-MAIL: jpitts@ArmadaAnalytics.com

REQUEST MADE VIA: ☐ OFFICE VISIT ☒ CORRESPONDENCE ☐ FAX
via email

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)

Please provide information regarding any open Fire Code, Building Code and Zoning Code Violations, as well as copies of the Certificates of Occupancy for the following property: Meridia-Lifestyles Apt Homes 101-137 South Wood Ave, Linden NJ 07065

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

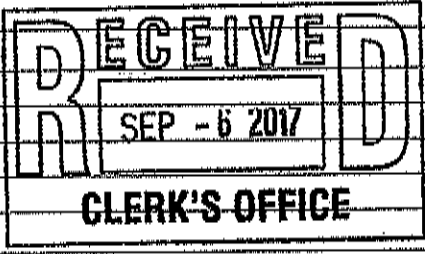
☒ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)



SIGNATURE: [Signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 101-137 South Wood Ave, Linden NJ 07065

BLOCK/LOT: Block 449, Lot 1.01

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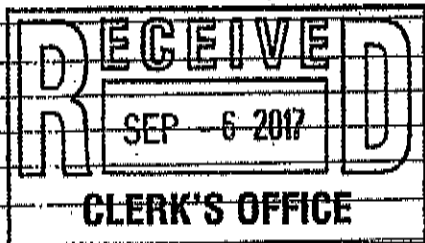
REQUEST FOR PUBLIC RECORDS

PLEASE PRINT) #2017-541
Name: John J Colby Date: Sept 6, 2017
Organization (If Applicable): CAPITAL APPRAISAL
Mailing Address: 215 Ridgedale Ave
City, State, Zip: CLARK, NJ 07032
Home/Business Phone: [REDACTED] MAIL JCOBY@CAPITALAPPRAISAL.COM
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)

Does the Property AT 504 Hage! Ave
Block 2 Lot 21 Have A permit for A
Second Kitchen IN THE BASEMENT?

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
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☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)
☐ OTHER (SPECIFY)
☐ LICENSE INFORMATION (SPECIFY)



SIGNATURE: [Signature]
INFORMATION ON A SPECIFIC PROPERTY: 504 Hage! Ave
ADDRESS:
BLOCK/LOT: Bk 2 Lot 21

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REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

(#2017-542)

Name: Greg DiSalvo Date: 9/6/17
Organization (If Applicable): Keller Williams
Mailing Address: 188 Elm St
City, State, Zip: Westfield, NJ, 07090
Home/Business Phone: [REDACTED] E-MAIL greg@shallisgroup360.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

building file to include any records of permits (open or closed), variances, drawings and/or building/zoning documents for subject property

☒ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

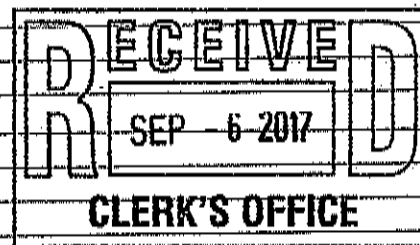
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☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)



☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 1265 Dows Ct

BLOCK/LOT: 238 / 5.2

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REQUEST FOR PUBLIC RECORDS

PLEASE PRINT)

#2017-543

Name: Annie Baran Date: 9-6-17
Organization (If Applicable):
Mailing Address: 1204 Schmidt Ave
City, State, Zip: Linden NJ 07036
Home/Business Phone: [REDACTED] E-MAIL baran.0323@yahoo.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

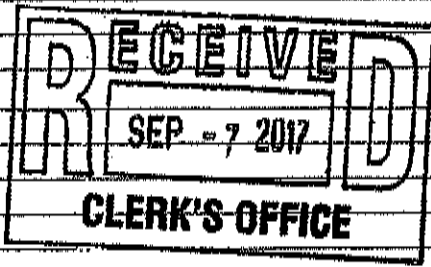
908-688-6203

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

Please send property record card, this information
is use for appraisal purpose.
Thank you.

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
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☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)
☐ OTHER (SPECIFY)
☐ LICENSE INFORMATION (SPECIFY)

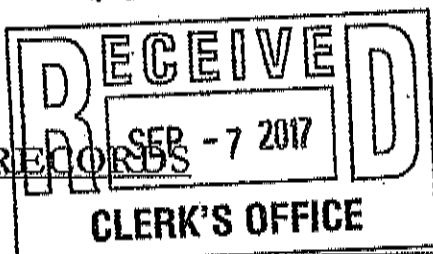


SIGNATURE:
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 209-211 Stiles St 2A, Linden NJ 07036
BLOCK/LOT: 468 Lot: 22

#2017-544

TY OF LINDEN
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REQUEST FOR PUBLIC RECORDS



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PLEASE PRINT)

Name: Doreen Altun Date: 9/7/17

Organization (If Applicable):

Mailing Address: 9 Hamilton Court

City, State, Zip: Paramus, NY 07652

Home/Business Phone: [REDACTED] EMAIL: doreen.altun@gmail.com

REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):

Please be specific and attach additional pages of information if necessary)

Certificate of Occupancies going back ~ 30 years

Copy of the use variance / zoning

One story corrugated metal building - use variance

One story building - existing pizzeria - use variance

INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

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1 COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

2 OTHER (SPECIFY) Mark - Would this property be able to be split into (2) separate units with zoning approval? For commercial use?
3 LICENSE INFORMATION (SPECIFY)

SIGNATURE: [Signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 628 North Stiles Street; Linden, NJ

LOCK/LOT: Lot 3.03 Block 403

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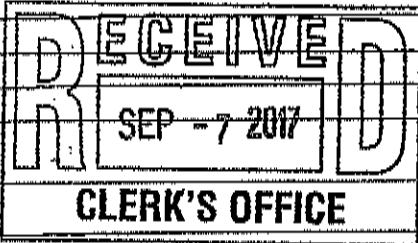
REQUEST FOR PUBLIC RECORDS

LEASE PRINT) # 2017-545 Date: 9/7/17
Name: Mona Patterson
Organization (If Applicable): Patterson Appraisal Service LLC
Mailing Address: 60 W. Colfax Ave
City, State, Zip: Roselle, NJ 07204
Home/Business Phone: [REDACTED] E-MAIL: mona.patterson2003@yahoo.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)
Please provide a copy of the property record card for:
113 Adams St
Block 25 lot 7

- ☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
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- ☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
- ☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)
- ☒ OTHER (SPECIFY) Please provide a copy of the property record card for 113 Adams St Block 25 lot 7
- ☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 113 Adams St
BLOCK/LOT: Block 25 lot 7



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REQUEST FOR PUBLIC RECORDS

PLEASE PRINT) # 2017-547

Name: Elyse Leifer Date: 9/08/17

Organization (If Applicable):

Mailing Address: 2106 Valleyside Dr. Spring Valley NJ 10977

City, State, Zip:

Home/Business Phone: [REDACTED] E-MAIL @ Delmoreliving@gmail.com

REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):
Please be specific and attach additional pages of information if necessary)

I need information how many bedrooms and how many
Bathrooms is in 1528 Bower St. and also if there is
a underground oil tank

most recent certificate of occupancy

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

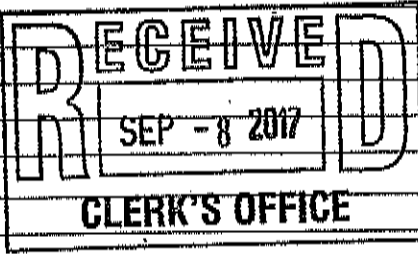
☐ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)



SIGNATURE: [Signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 1528 Bower St.

LOCK/LOT: 1528

TY OF LINDEN
PLICATION FORM

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Linden, New Jersey 07036
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REQUEST FOR PUBLIC RECORDS

PLEASE PRINT)

2017 - 548

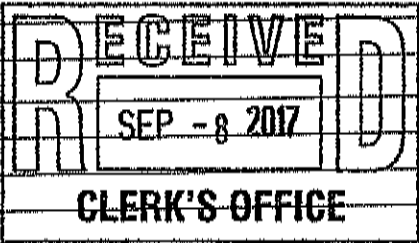
Name: Lillian Foucha Date: Sept. 08, 2017
Organization (If Applicable): Eyit Platinum Realty
Mailing Address: 18 E 200 Claremont Ave
City, State, Zip: Montclair, NJ
Home/Business Phone: [REDACTED] IL 9054 lillestate@yahoo.com
REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):

Please be specific and attach additional pages of information if necessary)

I am requesting information on all
open and closed permits
HSD information if there were ever an
oil tank in the ground and if so was it
removed?

- ☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
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- ☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
- ☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)
- ☐ OTHER (SPECIFY)
- ☐ LICENSE INFORMATION (SPECIFY)



SIGNATURE: Lillian Foucha
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 18 East 20th St Linden, NJ
BLOCK/LOT: _____

CITY OF LINDEN
 APPLICATION FORM

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 Linden, New Jersey 07036
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REQUEST FOR PUBLIC RECORDS

PLEASE PRINT) #2017-549 Date: 9.8.17

Name: Abed Dugmag
 Organization (If Applicable): B&R Investors
 Mailing Address: 1515 Overing St.
 City, State, Zip: Bronx NY 10461
 Home/Business Phone: [REDACTED] E-MAIL B-and-Binvestors@mail.com
 REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

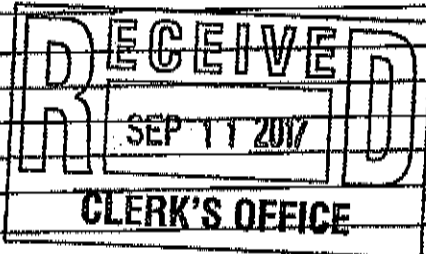
DESCRIPTION OF PUBLIC RECORD(S):
 Please be specific and attach additional pages of information if necessary)
 I am requesting a copy of the land survey filed in the Union County
 Registrar's office March 30, 1907 as map No 70-A
 Parcel Block 123 Lot 13

- ☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
- ☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
- ☐ SEND RESPONSE BY E-MAIL

- ☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
- ☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)



SIGNATURE:
 INFORMATION ON A SPECIFIC PROPERTY:
 ADDRESS: 710 McCandless St., Linden NJ 07036
 BLOCK/LOT: Block 123 Lot 13

INCIDENT

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
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Telephone: (908) 474-8445
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REQUEST FOR PUBLIC RECORDS

#2017-550

EASE PRINT)

Name: EDWARD GRIMES Date: 9/11/17
Organization (If Applicable): SATIVA CROSS
Mailing Address: 84 HANOVER RD
City, State, Zip: EAST HANOVER NJ 07936
Home/Business Phone: [REDACTED] E-MAIL: DSEVELED@aol.com
REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):

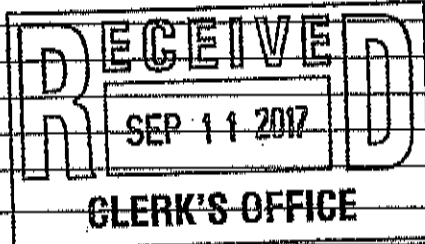
Please be specific and attach additional pages of information if necessary)
The undersigned hereby testifies on Friday August 4 2017 (8/4/2017)
Between 12pm and 1pm 2 Linden Police Officers rode in an American
Edward Grimes was asking Officer Shultz and his partner
SA DSC #227 if their body cams were on and they confirmed.
Requesting Officer Shultz Body Cam from 8/4/2017 12pm-1pm
Requesting officer female badge #227 body cam 8/4/2017 12pm-1pm
INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
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COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)
OTHER (SPECIFY)

LICENSE INFORMATION (SPECIFY)

SIGNATURE: [Signature]
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS:
BLOCK/LOT:



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REQUEST FOR PUBLIC RECORDS

PLEASE PRINT) # 2017-551

Name: KARAN CHAN Date:

Organization (If Applicable):

Mailing Address: 7 IRVING ST

City, State, Zip: JERSEY CITY NJ 07307

Home/Business Phone: E-MAIL: PRIYANKA@VALUEPLUSPS.COM

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)

- OPEN PERMITS / VIOLATIONS

- OIL TANK INFO / UST CERTIFICATE

- PREVIOUS ISSUED CO DOCUMENT

- PERMITS IN LAST 20 YEARS / PERMIT LOG

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

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☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Karan

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 404 E Price St, Linden, NJ

BLOCK/LOT: 199 / 6

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REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

2017-552

Name: <u>KARAN CHAN</u>	Date: _____
Organization (If Applicable): _____	
Mailing Address: <u>IRVING ST</u>	
City, State, Zip: <u>IRVING CITY NJ 07036</u>	
Home/Business Phone: _____ E-MAIL: <u>PRIYANKA@VALUETLUSTS.COM</u>	
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX	
DESCRIPTION OF PUBLIC RECORD(S): (Please be specific and attach additional pages of information if necessary)	
<u>- OPEN PERMITS / VIOLATIONS</u>	
<u>- OIL TANK INFO / UST CERTIFICATE</u>	
<u>- PREVIOUS ISSUED CO DOCUMENT</u>	
<u>- PERMITS IN LAST 20 YEARS / PERMIT LOG</u>	
☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)	
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☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)	
☐ OTHER (SPECIFY) _____	
☐ LICENSE INFORMATION (SPECIFY) _____	
SIGNATURE: <u>Karan Chan</u>	

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 906 McCandless St, Linden, NJ

BLOCK/LOT: 121 / 11

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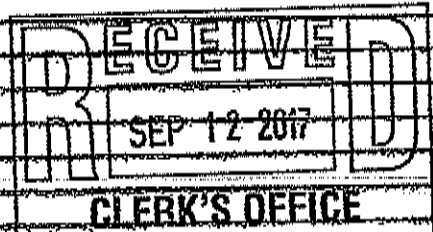
(PLEASE PRINT)

(#2017-553)

Name:	Christine Stachel	Date:	
Organization (If Applicable):	Town & Country Appraisals		
Mailing Address:	57 Redwood Ave		
City, State, Zip:	Wayne, NJ 07470		
Home/Business Phone:	[REDACTED]		
REQUEST MADE VIA:	☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX		

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)



- ☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
- ☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
- ☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
- ☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)
- ☐ OTHER (SPECIFY)
Request for Property card
- ☐ LICENSE INFORMATION (SPECIFY)

Please fax to: 973-248-8835

SIGNATURE: *Christine Stachel*

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: *1409 Eddy Ave*

BLOCK/LOT: *554 / #17*

TY OF LINDEN
PLICATION FORM

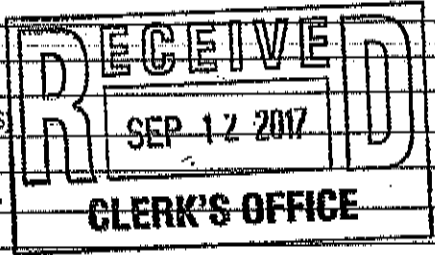
301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

EASE PRINT) (#2017-554)
Name: Keely Boone Date: 9/12/17
Organization (If Applicable):
Mailing Address: 316 Tremely Point Rd
City, State, Zip: Linden NJ 07036
Home/Business Phone: [REDACTED] E-MAIL: Keely.Boone@yahoo.com
REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):
Please be specific and attach additional pages of information if necessary)

Inspection ~~Form~~ 5 years to current
all related summons

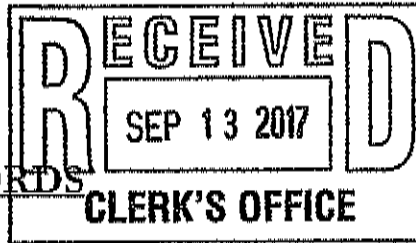


INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
SEND RESPONSE BY E-MAIL

- 1 COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
- 1 COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)
- 1 OTHER (SPECIFY)
- 1 LICENSE INFORMATION (SPECIFY)

SIGNATURE: [Signature]
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 316 Tremely Point Rd Linden NJ
BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM



301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

Name: Jeffery Hill Discount Plumbing & Heating Date: 9/12/17
Organization (If Applicable): # 2017-556
Mailing Address: 1209 Old York Rd
City, State, Zip: Brandon NJ 09869
Home/Business Phone: [REDACTED] E-MAIL: discountplumbing@aol.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

All inspection Reports on 29 East 19th St Linden NJ
plumbing electric flooring

1st inspection Final inspection & Notes

FF was Failed & what dates Final inspection was made

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

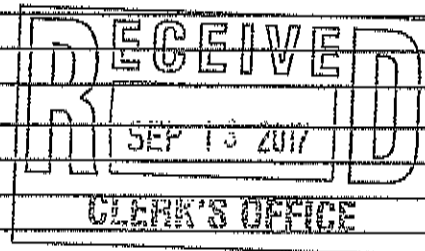
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL discountplumbing@aol.com

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)



☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [Signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 29 East 19th St Linden NJ

BLOCK/LOT: Block 539 Lot 15

TY OF LINDEN
PLICATION FORM

301 N. Wood Avenue

City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

EASE PRINT)

#2017-557

Date: 9/ /2017

Name: Michael Settembre, Owner

Organization (If Applicable): M and R Laundromat of Linden, Inc.

Mailing Address: PO Box 10

City, State, Zip: Park Ridge, NJ 07656

Home/Business Phone: [REDACTED] E-MAIL ericwoodlaw@aol.com

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX 973-300-1062

DESCRIPTION OF PUBLIC RECORD(S):

Please be specific and attach additional pages of information if necessary)

Please provide all documentation and information relating to permits, applications, Certificate of Occupancy, violations, construction notices, etc. relating to the property located at 1427 S Wood Avenue, Linden, NJ 07036

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☒ PREPARE! PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

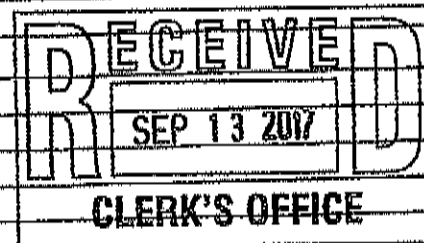
Please forward documentation to: ericwoodlaw@aol.com or 9733001062

☐ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)



☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 1427 S. Wood Avenue, Linden NJ 07036

BLOCK/LOT: Block 535, Lot 1.2 and 6



AEI

Consultants

30 Montgomery St., Suite 220, Jersey City, NJ 07302

~~Fax 201-302-1644~~

2017-558

Sept 13, 2017

City of Linden
Clerks Office
301 North Wood Ave
Linden, NJ 070136

Subject: Public Records Request
531 N Stiles Street Linden, NJ
AEI Project No. 377542

To Whom It May Concern:

Please accept this request to review files for the above-referenced property. The property is developed with a commercial/Industrial building identified as Block 421 Lot 18, and owned by Stiles PW LLC. AEI Consultants requests all available information regarding this property; specific information from several departments as follows:

TAX ASSESSOR:

- Property cards – historical and current

HEALTH DEPARTMENT:

- Septic tank permits – installation and/or closure
- Well permits – installation and/or closure (potable and/or groundwater monitoring)

BUILDING & PLANNING DEPARTMENTS:

- Certificates of Occupancy – historical and current
- Records of building permits – historical and current
- Building restrictions on the property including Activity and Use Limitations (AULs)
- Environmental liens or environmental violations

FIRE DEPARTMENT:

- USTs & ASTs – installation, closure, and/or release information
- Hazardous material storage or use reporting

Any other miscellaneous environmental information is also appreciated. If possible, I would like any available records faxed or emailed to ajoshy@aelconsultants.com. Thank you!

Regards,

Ajay Joshy
Project Manager

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

#2017-558

Name: Ajay Joshy Date: 9/13/17
Organization (If Applicable): AET Consultants, INC
Mailing Address: 30 Montgomery St Suite 220
City, State, Zip: Jersey City NJ 07302
Home/Business Phone: [REDACTED] E-MAIL A.Joshy@aetconsultants.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☒ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

Please see attached letter in regards to
531 W Stiles St Linden NJ
B 421 L 18

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

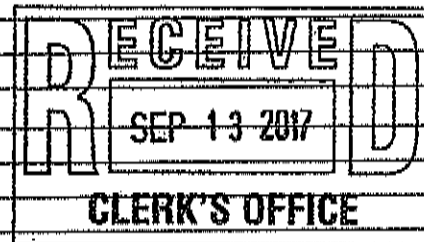
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)



☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 531 W. Stiles St Linden, NJ

BLOCK/LOT: B 421 L 18

From: Gold, Michael J <michael.j.gold@chase.com>
Sent: Monday, September 11, 2017 4:25 PM
To: Chelsea Libreros
Subject: OPRA Request Linden NJ - Michael Gold 9.11.17
Attachments: OPRA Request Michael Gold.pdf

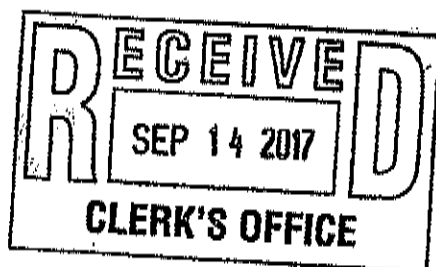
To Whom It May Concern,

See attached for OPRA request.

Thanks,

Michael J. Gold | Associate, Real Estate Appraiser | CTL Appraisal | Commercial Banking | Chase |
F: 201 243 7245 | michael.j.gold@chase.com | chase.com/commercialbanking

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TY OF LINDEN
PLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

EASE PRINT) #2017-561

Name: <u>Arlene Arruda</u>	Date: <u>9-14-17</u>
Organization (If Applicable): <u>RJ Brunelli & Co, LLC</u>	
Mailing Address: <u>400 Perrine Road, Suite 405</u>	
City, State, Zip: <u>Old Bridge NJ 08857</u>	
Home/Business Phone: <u>[REDACTED]</u>	E-MAIL <u>AARRUDA@RJBRUNELLI.COM</u>
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX	

DESCRIPTION OF PUBLIC RECORD(S):
Please be specific and attach additional pages of information if necessary)

— R.J. Brunelli & Co., LLC requires a list, including name of owner and their address, etc. of the
— current active and inactive liquor licenses for Linden, New Jersey.
— Please fax the list to 732-721-9241 Attn: Arlene Arruda.
— If you prefer, you can email it to me at aarruda@rjbrunelli.com.
— If there is a fee, kindly advise. Thank you.

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

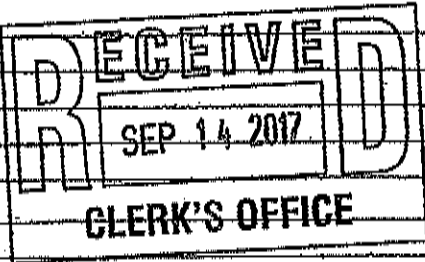
☐ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)



SIGNATURE: Arlene Arruda

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: _____

LOCK/LOT: _____

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

PLEASE PRINT) # 2017-559

Name: TIM NAIMAN Date: 9/14/17

Organization (If Applicable): STACK & STACK

Mailing Address: 90 HUDSON ST.

City, State, Zip: HOBOKEN NJ 07030

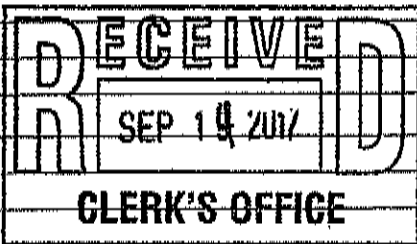
Home/Business Phone: [REDACTED] MAIL TJN9@HUD@GMAIL.COM

REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):
Please be specific and attach additional pages of information if necessary)

COPY OF PRCs FOR BLOCK 131 LOTS 9 & 10
740 - 744 E. ST. GEORGE AVE.
PROPERTY RECORD CARD

- ☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
- ☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
- ☐ SEND RESPONSE BY E-MAIL
- ☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
- ☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)



- ☐ OTHER (SPECIFY)
- ☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [Signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 740 - 744 E. ST. GEORGE AVE.

BLOCK/LOT: 131 / 9 & 10

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

PLEASE PRINT

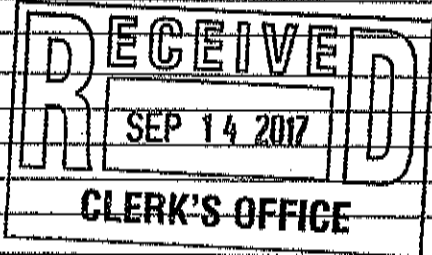
#207-S60

Name: Michael Gold Date: 9/11/17
Organization (If Applicable): Chase Bank
Mailing Address: 639 Russell Snow Dr
City, State, Zip: River Vale, NJ 07675
Home/Business Phone: [REDACTED] E-MAIL: MICHAEL.J.GOLD@chase.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☒ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)

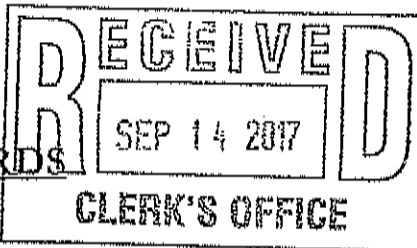
☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
☒ SEND RESPONSE BY E-MAIL - Copies
Property Record Card
Certificate of Occupancy
☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)
☐ LICENSE INFORMATION (SPECIFY)



SIGNATURE: [Signature]
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 531 N Stiles St
BLOCK/LOT: Block 421 Lot 18

TY OF LINDEN
PLICATION FORM



301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

PLEASE PRINT) #2017-562

Name: Maenac Burns

Date: 9/14/17

Organization (If Applicable):

Mailing Address: 718 Union St

City, State, Zip: Linden NJ 07036

Home/Business Phone

E-MAIL maenac0680@gmail.com

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):

Please be specific and attach additional pages of information if necessary)

copy of public health record that health department
gave out for the inspection done on 8/25/17 at
the above address.

INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

SEND RESPONSE BY E-MAIL

COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

OTHER (SPECIFY)

LICENSE INFORMATION (SPECIFY)

SIGNATURE: [Signature]

INFORMATION ON A SPECIFIC PROPERTY:

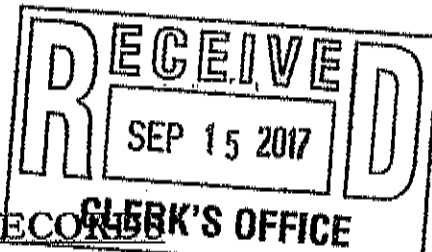
ADDRESS: 718 Union St Linden NJ

BLOCK/LOT:

Date

CITY OF LINDEN
APPLICATION FORM

REQUEST FOR PUBLIC RECORDS



301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

(PLEASE PRINT)

#2017-564

Name: LINDA BUFFINGTON	Date: 9/14/2017
Organization (If Applicable): CURREN ENVIRONMENTAL	
Mailing Address: 10 Penn Ave	
City, State, Zip: Chesham NJ 08002	
Home/Business Phone: [REDACTED]	E-MAIL: LINDA@CURRENENVIRONMENTAL.COM
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX	

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)

Permit for installation or removal of oil tanks
Downed for conversion to natural gas

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

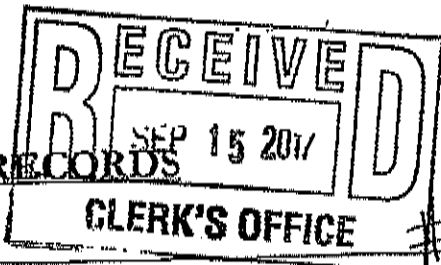
INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 25 West Maryland Ave - Somers Point NJ

BLOCK/LOT: B: 912 L: 2

ITY OF LINDEN
PPLICATION FORM

REQUEST FOR PUBLIC RECORDS



301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

PLEASE PRINT

Name: Mona Patterson
Organization (If Applicable): Patterson Appraisal Service
Mailing Address: 60 W. Colfax Ave
City, State, Zip: Roselle Park NJ 07068
Home/Business Phone: [REDACTED] E-MAIL: mona.patterson2003@yahoo.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

#2017-565
Date: 9/15/17

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

Please provide a copy of the property record card for:
335 Fernwood Terr
Block 329 - Lot 14

- ☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
- ☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
- ☐ SEND RESPONSE BY E-MAIL
- ☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
- ☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)
- ☐ OTHER (SPECIFY)
- ☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Mona Patterson

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 335 Fernwood Terr.
BLOCK/LOT: Blk 329 - Lot 14

TY OF LINDEN
PLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

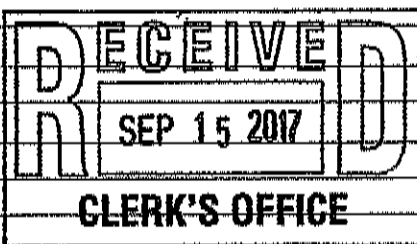
REQUEST FOR PUBLIC RECORDS

EASE PRINT) #2017-5660

ame: THOMAS COLLINS	Date: 9/15/17.
rganization (If Applicable): 651 STILKS INC.	
ailing Address: 565 GREEN LANE	
ity, State, Zip: UNION NJ 07083	
ome/Business Phone: [REDACTED]	E-MAIL KEYMAN TOM @ AOL.COM
REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX	

DESCRIPTION OF PUBLIC RECORD(S):
Please be specific and attach additional pages of information if necessary)
ALL SITE PLANS FOR 651 NORTH STILKS STREET
BLOCK 421 LOT 15.01

- INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
- PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
- SEND RESPONSE BY E-MAIL



- COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
- COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

OTHER (SPECIFY)

LICENSE INFORMATION (SPECIFY)

IGNATURE:
FORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 651 NORTH STILKS STREET
LOCK/LOT: 421 LOT 15.01

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

PLEASE PRINT) #2017-567

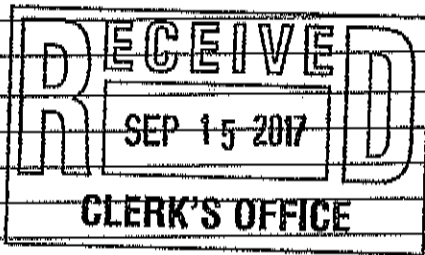
Name: Annette Maltin-Jones	Date: September 14, 2017
Organization (If Applicable): All Towne Realty	
Mailing Address: 30 Brant Avenue	
City, State, Zip: Clark, NJ	
Home/Business Phone: [REDACTED]	E-MAIL: jonesann4@gmail.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX	

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)

Please provide any/all open permits; CO inspections and oil tank details, electrical and plumbing for the past 20 years for
721 Summit Street - Linden

I know there is a 7-day turn around period but if at all possible, can I have it as soon as possible. Thank you

- ☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
- ☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
- ☒ SEND RESPONSE BY E-MAIL
- ☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
- ☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)
- ☐ OTHER (SPECIFY)
- ☐ LICENSE INFORMATION (SPECIFY)



SIGNATURE: *Annette Maltin-Jones*

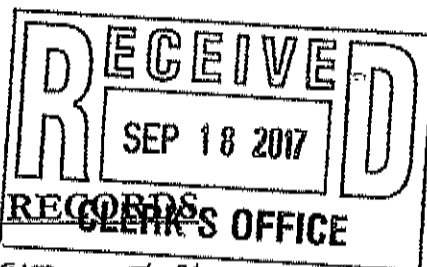
INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 721 Summit Street - Linden

BLOCK/LOT: 00311 / 00003

CITY OF LINDEN
APPLICATION FORM

REQUEST FOR PUBLIC RECORDS



301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

(PLEASE PRINT)

2017-568

Name: Nathan Roberts	Date: 9/18/17
Organization (If Applicable): Geographic Services Inc.	
Mailing Address: 105 Evesboro-Medford Rd, Marlton, NJ 08003	
City, State, Zip:	
Home/Business Phone: [REDACTED]	E-MAIL lisap@gsienvironmental.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX	

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

We are doing an environmental assessment for a property located at 305 N STILES ST, Block 356, Lot 30 and need the following documentation (if available): - building, planning, and zoning permits, violations, inspections, and complaints - Fire department records - Zoning change or variance approvals - Date of connection to city water/sewer from department of public works - Assessor property card (if not under county jurisdiction) - Local environmental health department incidents or complaints (if not under county jurisdiction) - All environmental permitting (storage tanks, stormwater, hazardous materials permitting, waste disposal) that is not specifically under state or county jurisdiction.

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL

Email is preferred, though Fax would be acceptable. If the file is too large to feasibly send electronically, please let me know and I will have a colleague come by to review the file.

email address: lisap@gsienvironmental.com

fax: 856-229-7152

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [Signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 305 N Stiles Street, Linden, NJ

BLOCK/LOT: Block 356, Lot 30

TY OF LINDEN
PLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

EASE PRINT)
ame: DENISE FIGUEROA #2017-570 Date: 9-18-17
rganization (If Applicable):
ailing Address: 325 ACADEMY TERRACE
ity, State, Zip: LINDEN, NJ 07036
ome/Business Phone: [REDACTED] MAIL
EQUEST MADE VIA: ☐ OFFICE VISIT ☒ CORRESPONDENCE ☐ FAX

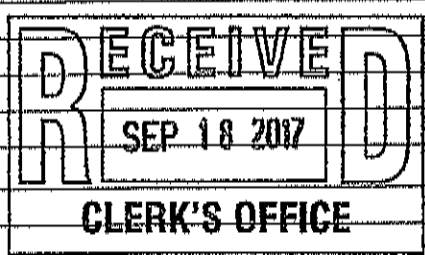
SCRIPTION OF PUBLIC RECORD(S):
lease be specific and attach additional pages of information if necessary
denise.figueroa@nvtmail.com
Need report for 17-043152
DATE 9-11-17

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
☐ SEND RESPONSE BY E-MAIL
☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

OTHER (SPECIFY)

LICENSE INFORMATION (SPECIFY)

IGNATURE:
NFORMATION ON A SPECIFIC PROPERTY:
ODRESS:
LOCK/LOT:



CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

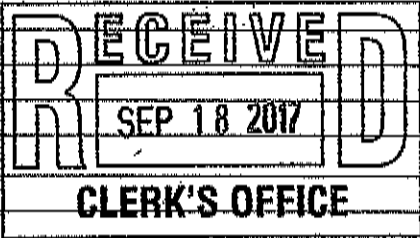
2017-571

Name: SAID GAIDA	Date: 9/14/17
Organization (If Applicable):	
Mailing Address: 115 DAVEY ST APT C	
City, State, Zip: BUDMAN, NEW JERSEY 07103	
Home/Business Phone: [REDACTED]	MAIL SAID.GAIDA@gmail.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX	

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

I would like to see the records of all oil tanks removed from
this site
OPEN OR CLOSED permits
Certificate of occupancy



- ☒ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
- ☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
- ☒ SEND RESPONSE BY E-MAIL

- ☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
- ☒ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)
- ☐ OTHER (SPECIFY)

- ☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [Signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 211 BOWER STREET, LINDEN, NEW JERSEY 07036

BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

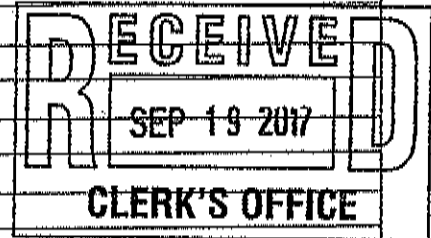
Name: Charles Blau 2017-574 Date: 9/19/17
Organization (If Applicable): Blau + Blau
Mailing Address: 223 Mountain Avenue
City, State, Zip: Springfield NJ
Home/Business Phone: [REDACTED] E-MAIL: cblau@blauandblau.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

I would like a copy of the property record
card from the assessors office for 1050 Edward
Street (Block 580, lot 5). Including the part that
has the building sketch.

- ☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
☒ SEND RESPONSE BY E-MAIL



- ☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Charles E. Blau

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 1050 Edward Street

BLOCK/LOT: 580 / 5

REQUEST FOR PUBLIC RECORDS

'LEASE PRINT)

Date: 9/19/17

Mailing Address: 1769 Montgomery St.

City, State, Zip: Palmer, N.S. 07065

Home/Business Phone _____ MAIL _____

REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

Disorderly ~~per~~ person charge

www.NoelleBungs2@gmail

January 2014 - Quick Check Elizabeth Ave. 2am

License

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☒ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☐ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY) _____

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS:

BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM

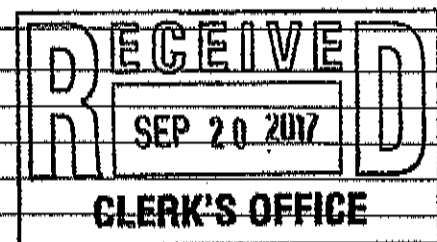
301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

#2017-576

Name: <u>MARIANELA MONTANEZ</u>	Date: <u>9-20-17</u>
Organization (If Applicable):	
Mailing Address: <u>12 CHATHAM PL.</u>	
City, State, Zip: <u>LINDEN N.J. - 07036</u>	
Home/Business Phone: <u>[REDACTED]</u>	E-MAIL: <u>FREITA1@HOTMAIL-COM.</u>
REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX	
DESCRIPTION OF PUBLIC RECORD(S): (Please be specific and attach additional pages of information if necessary)	
<u>SURVEY COPY</u>	
☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)	
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE	
☒ SEND RESPONSE BY E-MAIL	
☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)	
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)	
☐ OTHER (SPECIFY)	
☐ LICENSE INFORMATION (SPECIFY)	
SIGNATURE:	



INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 12 CHATHAM PL - LINDEN N.J. - 07036

BLOCK/LOT: 220 / 14

**CITY OF LINDEN
APPLICATION FORM**

301 N. Wood Avenue
City Hall, Room #105
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

#2017-577

Name: Izzy Azevedo

Date: 09/19/2017

Organization (If Applicable): All Towne Realty

Mailing Address: 30 Brant Ave

City, State, Zip: Clark NJ 07066

Home/Business Phone: [REDACTED]

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX**DESCRIPTION OF PUBLIC RECORD(S):**

(Please be specific and attach additional pages of information if necessary)

Info on any permit (if any) filed in the past and info on any open permit. (if any) please email to
Reliableteam@outlook.com

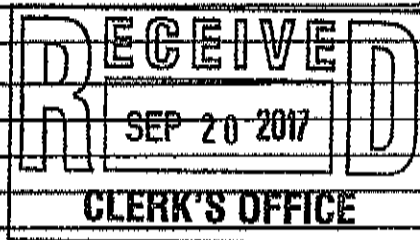
☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)☐ OTHER (SPECIFY)☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [Signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 126 W Curtis St

BLOCK/LOT: 242/11



ITY OF LINDEN
PPPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

LEASE PRINT) #2017-578

Name: Annette Maltin-Jones	Date: 9/18/17
Organization (If Applicable): All Towne Realty	
Mailing Address: 30 Brant Avenue	
City, State, Zip: Clark, NJ	
Home/Business Phone: [REDACTED]	E-MAIL: Jonesann4@gmail.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX	

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)

Please provide any/all open & closed permits, CO inspections and oil tank details, electrical & plumbing for the past 20 years for:
509 Academy Terrace

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

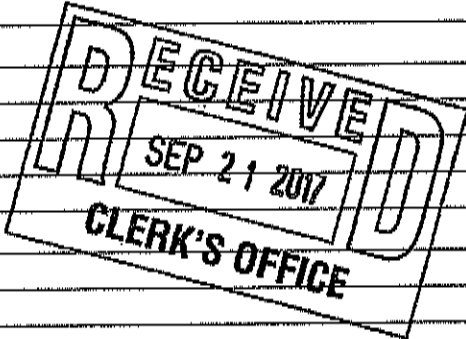
☒ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)



SIGNATURE: *Annette Maltin-Jones*

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 508 Academy Terrace

BLOCK/LOT: 00379 / 00013

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

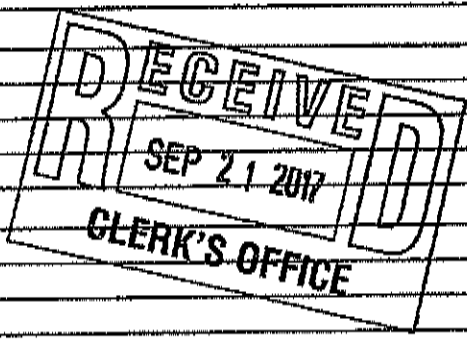
REQUEST FOR PUBLIC RECORDS

PLEASE PRINT) # 2017-579

Name: Joanna Glassman	Date: 9/19/17
Organization (If Applicable): Alter Mantel LLP	
Mailing Address: Alter Mantel LLP, 90 Park Avenue, 28th Floor	
City, State, Zip: New York, New York 10016	
Home/Business Phone: [REDACTED]	E-MAIL: jrg@altermantel.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☒ CORRESPONDENCE ☐ FAX	

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)
All Certificates of Occupancy of record for 531 North Stiles Street, Linden, New Jersey; Block 421, Lot: 18

- ☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
- ☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
- ☒ SEND RESPONSE BY E-MAIL
Please send a copy of all certificates of occupancy of record via email.
- ☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
- ☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)
- ☐ OTHER (SPECIFY)
- ☐ LICENSE INFORMATION (SPECIFY)



SIGNATURE: *Joanna Glassman*

INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 531 North Stiles Street, Linden, New Jersey 07036
BLOCK/LOT: B: 421; L: 18

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

PLEASE PRINT)

2017-580

Name: CARMEN BENVENUTO	Date: 9/21/2017
Organization (If Applicable): ERA INTEGRA REALTY	
Mailing Address: 317 RAHWAY AVE	
City, State, Zip: ELIZABETH NJ 07208	
Home/Business Phone: [REDACTED]	E-MAIL carbenintegra@gmail.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX	

DESCRIPTION OF PUBLIC RECORD(S):

Please be specific and attach additional pages of information if necessary)

I'm requesting ^{info} about code violations, Liens, or
open permits for this property - TRS

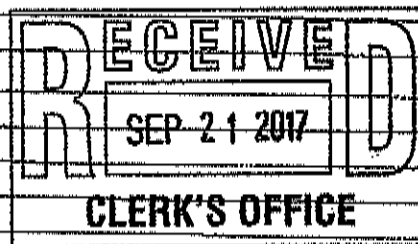
☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL fax 908 282 1042

COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

OTHER (SPECIFY)



LICENSE INFORMATION (SPECIFY)

SIGNATURE: H. Benvenuto
INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 601 Knopf ST Linden NJ 07036

BLOCK/LOT: 319 | 1

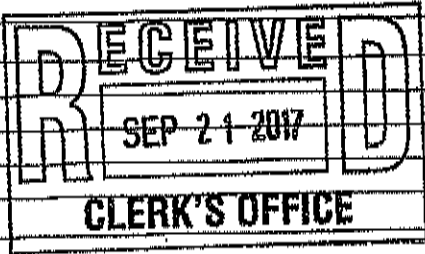
CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

PLEASE PRINT) #2017-581

Name: MICHAEL TARTIM	Date: 9/21/17
Organization (If Applicable): LAW OFFICE OF MICHAEL TARTIM	
Mailing Address: 111 ABINGFIELD AVENUE	
City, State, Zip: WEST CHANCKS NJ 07052	
Home/Business Phone: [REDACTED]	E-MAIL: MTARTIMES9@GMAIL.COM
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX	
mtartimes9@gmail.com	
DESCRIPTION OF PUBLIC RECORD(S): (Please be specific and attach additional pages of information if necessary)	
COPIES OF ANY PERMITS THAT WERE OPENED/CLOSED FOR 2805 SUMMIT TERRACE	
☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)	
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE	
☒ SEND RESPONSE BY E-MAIL	
☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)	
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)	
☐ OTHER (SPECIFY)	
☐ LICENSE INFORMATION (SPECIFY)	
SIGNATURE: [Signature]	
INFORMATION ON A SPECIFIC PROPERTY:	
ADDRESS: 2808 SUMMIT TERRACE	
BLOCK/LOT: 261/10	



RECORDS ACT REQUEST FORM
City of Linden
Clerk's Office
301 N. Wood Avenue
City Hall, Room #105
Linden, New Jersey 07036
Telephone: (908) 474-8445; Fax: (908) 474-8451

#2017-582

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 Madeline MI Last Name Urraca
E-mail Address Madeline@thilberth.com
Mailing Address Hilberth & McAlvanah, P.A., 790 Bloomfield Avenue, Suite A-9
City Clifton State NJ Zip 07012
Telephone FAX 973-773-0211
Preferred Delivery: ☐ Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ E-mail XXX
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 Madeline Urraca Date 9/21/17

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.

RE FILE: Burgos, A 14855

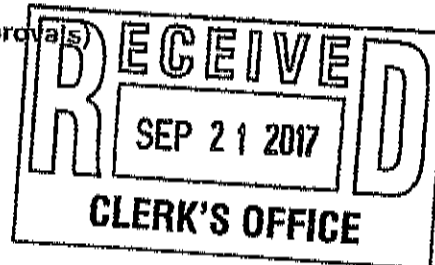
Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method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

(a) Copies of ALL PERMITS obtained and ALL FINAL PERMIT APPROVALS relating to the subject premises maintained by the below departments. PROVIDE WRITTEN CONFIRMATION OF CLOSURE OF ANY AND ALL SUCH PERMITS AND COPY OF THE LIST OF APPLICATIONS CONTAINING ALL TECHNICAL INFORMATION WITH RESPECT TO THE PERMITS.

AND

(b) Copies of ALL OPEN PERMITS and ALL OPEN VIOLATIONS relating to the subject premises maintained by the below departments. PROVIDE WRITTEN NOTIFICATION OF ALL SUCH OPEN PERMITS/VIOLATIONS AND COPY OF THE LIST OF APPLICATIONS CONTAINING ALL TECHNICAL INFORMATION WITH RESPECT TO THE OPEN PERMITS/VIOLATIONS.

- Construction Code Enforcement (permits, inspections and approvals)
- Health Department
- Fire Department
- Department of Public Works
- Engineering Department



ADDRESS: 419 West Elm Street
Block: 283 Lot: 1

For work performed, permitted, approved, non-permitted, or otherwise, for which no physical or digital copies exist in your files but for which your office has a record of in another form (i.e. screen view only), provide either (1) that form of record which your office has and forward it in a printed form, or (2) state and provide the information as recorded by your office on your letterhead and forward it, or (3) state and provide the information as recorded by your office via email to madeline@thilberth.com.

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

2017-583

Name: Amanda Jimenez Date: 9/21/17

Organization (If Applicable): NTIS

Mailing Address: 945 S Florida Ave

City, State, Zip: Lakeland, FL 33803

Home/Business Phone: E-MAIL liens@ntis.com

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

Please provide documentation as to whether there are any open or active code compliance, building maintenance, or nuisance code violations, any open or expired building permits, or any unpaid fines or fees related to violations or permits for the property listed below:

Property: 616 Chandler Ave

Block: 65--Lot: 1

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

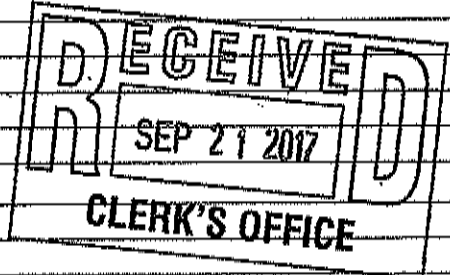
☒ SEND RESPONSE BY E-MAIL liens@ntis.com

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

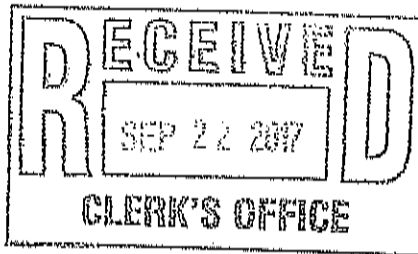


SIGNATURE: Amanda Jimenez

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 616 Chandler Ave

BLOCK/LOT: 65/1



CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

#2017-584

Name: Susann McGoldrick	Date: 9/22/2017
Organization (If Applicable): WABC-TV	
Mailing Address: 201 Route 17 N, 2nd Fl	
City, State, Zip: Rutherford, NJ 07070	
Home/Business Phone: [REDACTED]	E-MAIL Susann.L.McGoldrick@abc.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX	

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

Looking to obtain a copy of body cam video regarding the [REDACTED]
[REDACTED] Officer Angel Padilla on August 24.

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL

Please email video if possible or we can pick it up in person

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Susann McGoldrick

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS:

BY CHECK / NOT

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

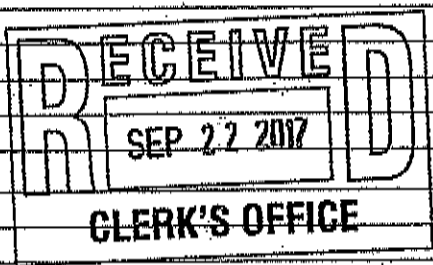
REQUEST FOR PUBLIC RECORDS

PLEASE PRINT) # 2017-584

Name: Amanda Jimenez	Date: 9/21/17
Organization (If Applicable): NTIS	
Mailing Address: 945 S Florida Ave	
City, State, Zip: Lakeland, FL 33803	
Home/Business Phone: [REDACTED]	E-MAIL: liens@ntis.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX	

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)
Please provide documentation as to whether there are any open or active code compliance, building maintenance, or nuisance code violations, any open or expired building permits, or any unpaid fines/fees related to violations or permits for the property below:
Property: 114 East 11th Street
Block: 527 Lot 3

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
☒ SEND RESPONSE BY E-MAIL
☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)
☐ OTHER (SPECIFY)



☐ LICENSE INFORMATION (SPECIFY)
SIGNATURE:
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 114 East 11th Street
BLOCK/LOT: 527/3

TY OF LINDEN
PLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

PLEASE PRINT

2017-584

Name: Marisel Oliveras Date: 9/22/17

Organization (If Applicable):

Mailing Address: 226 Princeton Road

City, State, Zip: Linden, NJ 07036

Home/Business Phone: [REDACTED] E-MAIL oliverasmarisel@yahoo.com

REQUEST MADE VIA: ☐ OFFICE VISIT ☒ CORRESPONDENCE ☐ FAX

Oliverasmarisel@

DESCRIPTION OF PUBLIC RECORD(S):

Please be specific and attach additional pages of information if necessary)

see attached

INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

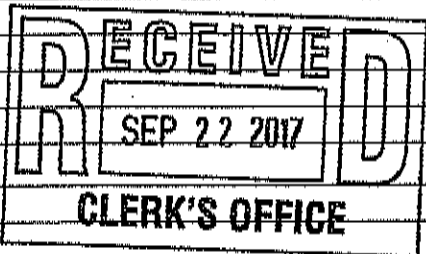
PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL

COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

OTHER (SPECIFY)



LICENSE INFORMATION (SPECIFY)

SIGNATURE: [Signature]

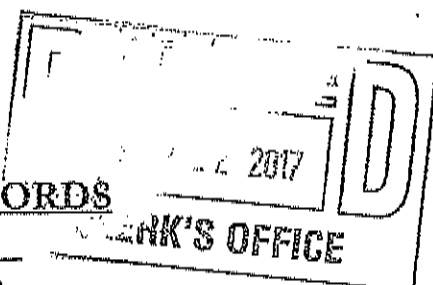
INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 226 Princeton Rd Linden, NJ 07036

BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM

REQUEST FOR PUBLIC RECORDS



301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

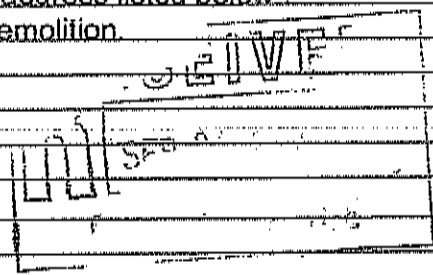
PLEASE PRINT) #2017-585

Name:	CHRIS BROWN	Date:	09/19/2017
Organization (If Applicable):	DRN Definite Solutions LLC		
Mailing Address:	3240 East State Street Ext		
City, State, Zip:	Hamilton, NJ 08619		
Home/Business Phone:	[REDACTED]	E-MAIL:	taxteam@drnds.com
REQUEST MADE VIA:	☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX		

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

HELLO,
Please provide information on code violation and permit on the following address listed below:
If there is any open cases or permits and is this property scheduled for Demolition.



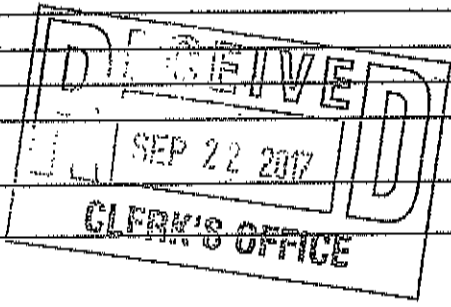
- ☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
- ☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
- ☒ SEND RESPONSE BY E-MAIL

- ☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
- ☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: *Chris*
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 906 E Baltimore Ave, Linden, NJ 07036
BLOCK/LOT: BLOCK: 86 & LOT: 16





WHITMAN

#2017-585

Corporate Headquarters
7 Pleasant Hill Road
Cranbury, NJ 08512

Tel: 732.390.5858 • Fax: 732.390.9496
www.whitmanco.com

September 25, 2017

Mr. Joseph C. Bodek, Municipal Clerk
City Hall
301 North Wood Avenue
Linden, New Jersey 07036

Email: clerk@linden-nj.org

RE: Environmental Site Assessment
19 West 21st Street
Block 568, Lot 7
Linden, Union County, New Jersey
Whitman Project No. 17-09-29T

Dear Mr. Bodek.:

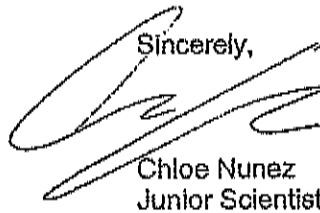
Whitman is conducting an environmental assessment of the above-referenced property (Site), and is interested in reviewing associated Site files, ideally back to when the property was first developed, if applicable, or to at least 1932, whichever is earlier (though it is understood that most municipalities do not keep historical records as far back as this). Please distribute this letter and the attached Open Public Records Act (OPRA) request form to those departments likely to maintain files regarding the following items/matters at the Site:

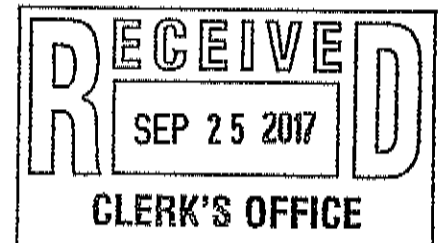
- Hazardous materials/petroleum products
- Spills
- Violations
- Operator and ownership history
- Permits
- Underground/aboveground storage tanks
- Septic systems
- Wells
- Tax, title, and deed information
- Municipal Water/Sewer connection dates
- Natural gas connection date
- Construction drawings

Such departments typically include some or all of the following:

- Building and/or Construction Department
- Planning/Zoning Department
- Engineering Department
- Health Department
- Fire Inspections
- Tax Assessor
- Water and Sewer Department/Authority

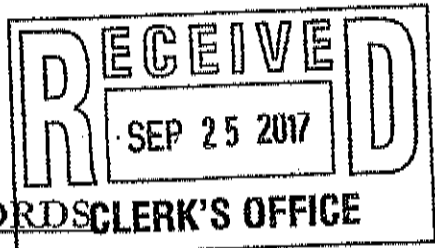
If you have any question or comments regarding this submittal, please do not hesitate to contact me at (732) 390-5858.

Sincerely,

Chloe Nunez
Junior Scientist



Creating Solutions. Exceeding Expectations.

TY OF LINDEN
PLICATION FORM



301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

PLEASE PRINT)

#2017-588

Name: PAUL MUTZ Date: 9-25-17
Organization (If Applicable): _____
Mailing Address: 638 MALCOLM MALCOLM
City, State, Zip: LINDEN NJ 07036
Home/Business Phone: [REDACTED] E-MAIL BRUCE-PUTZ302@yahoo.com
REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):

Please be specific and attach additional pages of information if necessary)

WE ARE SELLING THE HOUSE AND NEED TO KNOW
IF THERE ARE ANY OPEN PERMITS.

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
☒ SEND RESPONSE BY E-MAIL
☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)
☐ OTHER (SPECIFY) _____
☐ LICENSE INFORMATION (SPECIFY) _____

SIGNATURE: Paul Mutz
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 638 638 MALCOLM PLACE
BLOCK/LOT: _____

Chelsea Libreros

#2017-586

From: City Clerk
Sent: Monday, September 25, 2017 10:22 AM
To: Chelsea Libreros
Subject: Fw: Linden Building Permits - Public Records Request

From: dan@datarole.com <dan@datarole.com>
Sent: Tuesday, September 19, 2017 10:29 AM
To: City Clerk
Subject: Linden Building Permits - Public Records Request

Dear Joseph Bodek,

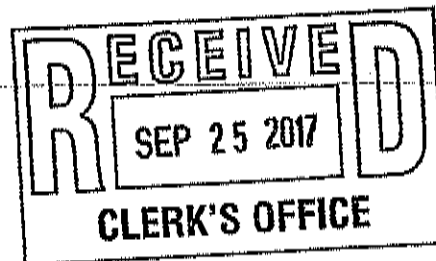
NJ.7036.10362

Pursuant to New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq., I am requesting copies of public records for your building permit report or log dating back as many years as you have on file. Ideally, this report or log would contain the physical addresses, issue dates, type/category of work, description of work, contractor, and other items for all building permits.

An electronic copy in Excel or CSV format is preferred, but we will accept the report in whatever format you have it and for all information fields you have available. Please feel free to contact me with any questions or concerns.

Thank you very much for your time.

Dan Sweatt
Director of Data Acquisition, DataRole
100 W 5th St, Cincinnati, OH 45202
dan@datarole.com



Should you deny any part of this request, you must state in writing the basis for the denial, including the exact statutory citation authorizing the denial as required by as required by New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq., Your office has 7 days to respond and 30 days (21 business days) to satisfy this request.

Thank you very much for your time.

Dan Sweatt
Director of Data Acquisition, DataRole
100 W 5th St, Cincinnati, OH 45202
dan@datarole.com

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

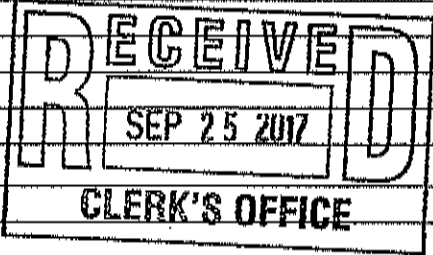
PLEASE PRINT) # 2017-588

Name: Lizette Pagan	Date: 9/25/17
Organization (If Applicable): Kelley Williams Elite Realtors	
Mailing Address: 48 Memorial Parkway	
City, State, Zip: Metuchen NJ 08840	
Home/Business Phone: [REDACTED]	E-MAIL: Lizette.pagan@kw.com
REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX	

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)

811 Clark St. Linden - Oil Tank removal information

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
☒ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
☐ SEND RESPONSE BY E-MAIL
☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)
☐ OTHER (SPECIFY)
☐ LICENSE INFORMATION (SPECIFY)



SIGNATURE: [Signature]

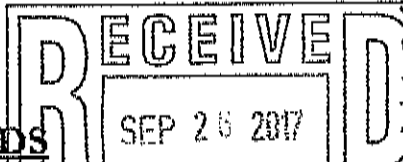
INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 811 Clark St. Linden

BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM

REQUEST FOR PUBLIC RECORDS



301 N. Wood Avenue
City Hall, Room #105
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

(PLEASE PRINT)

#2017-589

CLERK'S OFFICE

Name: Izzy Azevedo Date: 09/26/2017

Organization (If Applicable): All Towne Realty

Mailing Address: 30 Brant Ave

City, State, Zip: Clark NJ 07066

Home/Business Phone: [REDACTED]

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

Info on any permit (if any) filed in the past and info on any open permit. (if any) please email to
Reliableteam@outlook.com

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [Signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 310 Morningside Ave

BLOCK/LOT: 337/06

CITY OF LINDEN
APPLICATION FORM301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

#2017-590

Name: Carmen Benvenuto Date: 9/26/2011
Organization (If Applicable): ERA INTEGRA REALTY
Mailing Address: 317 RAHWAY AVE SU2A
City, State, Zip: Elizabeth NJ 07202
Home/Business Phone: [REDACTED] E-MAIL: carmenintegra@gmail.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

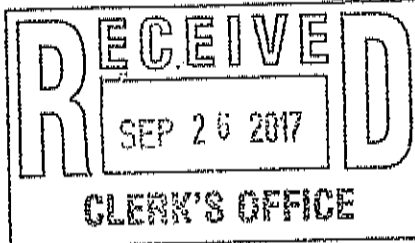
I'm requesting : Code Violations
Liens
Open Permits
Open Balances

THS

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE☒ SEND RESPONSE BY E-MAIL☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)☐ OTHER (SPECIFY)☐ LICENSE INFORMATION (SPECIFY)SIGNATURE: H Benvenuto

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 2003 Ingalls Ave Linden, NJ 07036BLOCK/LOT: 6/28



CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036

Telephone: (908) 474-8445

Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

#2017-591

(PLEASE PRINT)

Name: Claudia Barboza Date: 9/25/17
 Organization (If Applicable): Century 21 Alliance Realty
 Mailing Address: 807 N Stiles St.
 City, State, Zip: Linden NJ 07036
 Home/Business Phone: [REDACTED] E-MAIL: ClaudiaB21a@comcast.net
 REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

Please provide records of any open and closed permits pulled

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: [Signature]

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 36 Hillcrest Terr. Linden, NJ 07036

BLOCK/LOT: Block 215 Lot 38

CITY OF LINDEN
APPLICATION FORM301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

#2017-592

Name: <u>Carmen Benvenuto.</u>	Date: <u>9/25/2017.</u>
Organization (If Applicable): <u>ERA Integra Realty</u>	
Mailing Address: <u>317 Rahway Ave</u>	
City, State, Zip: <u>Elizabeth NJ 07202</u>	
Home/Business Phone: <u>[REDACTED]</u> E-MAIL <u>carbenintegra@gmail.com</u>	
REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX	

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

LiensOpen permitsopen balancesCode violations☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE☒ SEND RESPONSE BY E-MAIL☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)☐ OTHER (SPECIFY)☐ LICENSE INFORMATION (SPECIFY)SIGNATURE: C Benvenuto

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 1609 Grier Ave Linden NJBLOCK/LOT: 507/13

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

#2017-593

Name: DARETTE BENTON Date: 9/26/17

Organization (If Applicable):

Mailing Address: 130 E. CURTIS STREET

City, State, Zip: LINDEN, NJ 07036

Home/Business Phone: [REDACTED] E-MAIL PLEASE LEAVE MESSAGE

REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

INSPECTION WAS DONE ON PROPERTY 130 E. CURTIS STREET
AROUND OR ABOUT AUGUST 17TH - 21ST 2017 BY ANTONIO TAYLOR
I AM REQUESTING A COPY OF REPORT

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

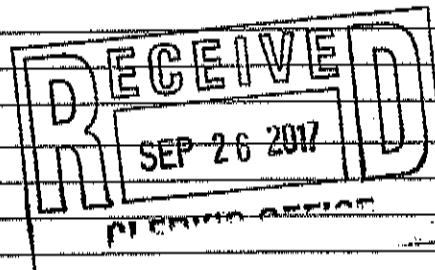
☒ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☐ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)



☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: Darette Benton

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS:

BLOCK/LOT:

CITY OF LINDEN APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

#2017-594

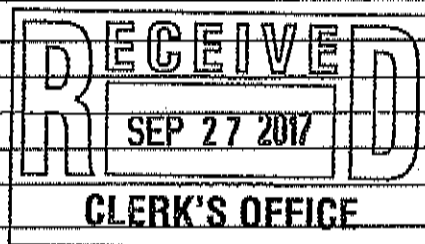
Name: Fernando Fernandez	Date: 9-27-17
Organization (If Applicable): CRA Integral Realty	
Mailing Address: 317 Rahway Ave	
City, State, Zip: Elizabeth NJ 07202	
Home/Business Phone: [REDACTED]	E-MAIL: FernRealty@hotmail.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX	

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

Checking for Any Code Violations or Open
Permits on 2003 Ingalls Ave.

- ☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
- ☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
- ☐ SEND RESPONSE BY E-MAIL
- ☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
- ☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)
- ☐ OTHER (SPECIFY)
- ☐ LICENSE INFORMATION (SPECIFY)



SIGNATURE:

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 2003 Ingalls

BLOCK/LOT: 6/28

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

PLEASE PRINT

#2017 - 595

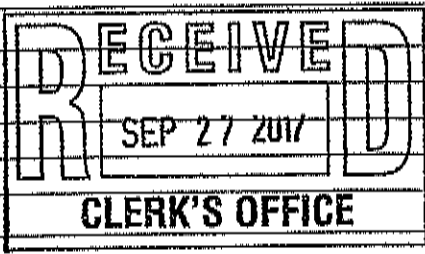
Name: Romina Sandoval Date: 9/23/17
Organization (If Applicable): Utelmax
Mailing Address: 102 Breiden St Buchanan
City, State, Zip: Linden NJ 07036
Home/Business Phone: [REDACTED] Romina homes nj@gmail.com
REQUEST MADE VIA: ☒ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX

DESCRIPTION OF PUBLIC RECORD(S):
(Please be specific and attach additional pages of information if necessary)
oil tank records / open permits / closed permits

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE
☒ SEND RESPONSE BY E-MAIL Romina homes nj@gmail.com

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)
☐ LICENSE INFORMATION (SPECIFY)



SIGNATURE:
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 402 W. Linden Ave, Linden
BLOCK/LOT: _____

BLOCK/LOT: BLOCK 571 LOT 4

From: Maren Lewis <mlewis@bbgres.com>
Sent: Wednesday, September 27, 2017 11:35 AM
To: Chelsea Libreros
Subject: Single Family and Multi-Family Permits

Chelsea,

Please accept this email as an Open Public Records request.

I am an appraiser working on a residential building in Linden. I am required to include the following in my report:

- Breakout of Single Family and Multi-Family Permits issued for each of the past 5 years
- List and Description of All Multi-Family pipeline supply properties within the market area

I am hoping that you are able to provide this information.

Please reply via email to this email address with any information that you can provide.

Thank you in advance for your help.

Maren Lewis

BBG

Maren Lewis
Analyst

112 Madison Avenue, 11th Floor
New York City, NY 10016

P 212-682-0400

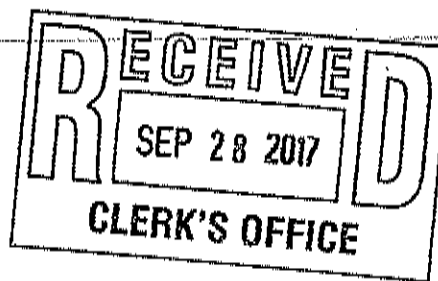
C 917-748-5387

F 212-682-2233

E mlewis@bbgres.com

bbgres.com

VALUATION + ADVISORY + ASSESSMENT



CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

2017-598

Name: <u>Gabriel Paolella</u>	Date: <u>09/27/2017</u>
Organization (If Applicable):	
Mailing Address: <u>1821 Pennington Rd.</u>	
City, State, Zip: <u>Ewing, NJ 08618</u>	
Home/Business Phone: <u>[REDACTED]</u> MAIL <u>Gabepao@gmail.com</u>	
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX	

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

Could You Please Send me the Excel File for the
Linden Tax Delinquent Report as explained in my e-mail?

- Thank You, GP

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

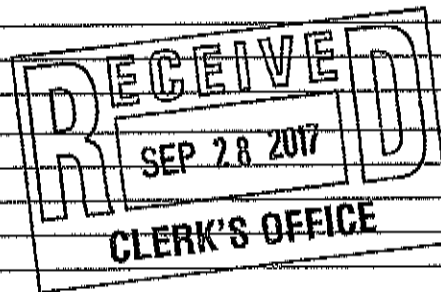
☒ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)



SIGNATURE: Gabriel Paolella
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS:

BLOCK/LOT:

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

#2017-599

Name: <u>Jeana Andersen</u>	Date: <u>9/29/2017</u>
Organization (If Applicable):	
Mailing Address: <u>81 Mountain View Blvd</u>	
City, State, Zip: <u>Wanaque NJ 07470</u>	
Home/Business Phone: [REDACTED] E-MAIL <u>Tim@apprland.com</u>	
REQUEST MADE VIA: ☐ OFFICE VISIT ☒ CORRESPONDENCE ☐ FAX	

(Email)

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

I am requesting a property record card
for 801 McCandless Street.

Block 138, Lot 4

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

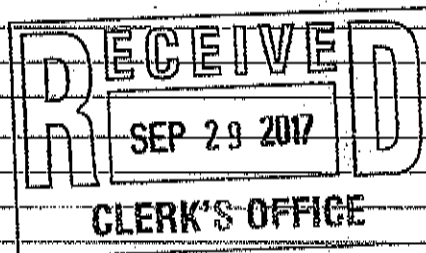
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

☒ SEND RESPONSE BY E-MAIL

☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)

☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)



☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: J. Andersen

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 801 McCandless St.

BLOCK/LOT: 138/4

CITY OF LINDEN APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

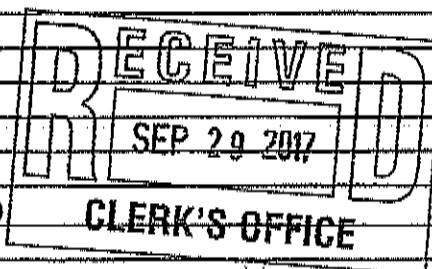
(PLEASE PRINT)

#2017-600

Name: <u>Yadira Galan</u>	Date:
Organization (If Applicable): <u>Brinks Tank Services</u>	
Mailing Address: <u>256 Liberty Ave</u>	
City, State, Zip: <u>Hillside, NJ 07205</u>	
Home/Business Phone: <u>[REDACTED]</u>	E-MAIL: <u>carlyu@brinksconsulting.com</u>
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☒ FAX	

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE☒ SEND RESPONSE BY E-MAIL☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☒ OTHER (SPECIFY) please provide a list of permit applications for the decommissioning of underground storage tanks at:

☐ LICENSE INFORMATION (SPECIFY)SIGNATURE: Yadira Galan

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 1216 Grant St, LindenBLOCK/LOT: BLOCK 37 Lot 7

CITY OF LINDEN
APPLICATION FORM

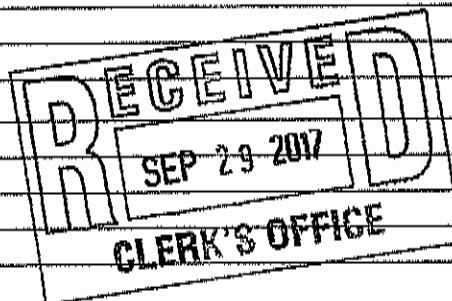
301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

#2017-601

Name: Claudine Anague	Date: 09/28/2017
Organization (If Applicable):	
Mailing Address: 301 Howard Street, Suite 1410	
City, State, Zip: San Francisco, CA, 94105	
Home/Business Phone: [REDACTED]	E-MAIL foia@buildzoom.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX	
DESCRIPTION OF PUBLIC RECORD(S): (Please be specific and attach additional pages of information if necessary)	
Report of all building permits processed by your department from January 2007 to present.	
- Are referred to as a Permit Activity Report, a Permit Fee Log or a Monthly Permit Report.	
- Include all permits broadly related to work on new and existing structures, such as structural, electrical, plumbing, mechanical, demolition, solar, HVAC, and gas permits, as well as any other kind of permit related to construction, renovation and maintenance.	
- Contain (i) property address fields, (ii) permit type fields, (iii) a permit value or estimated job value, (iv) a permit status field and (v) dates associated with the permit, such as an application date, an issue date and an expiry date, as well as (vi) the details of the contractor(s) who performed the work and, of course, (vii) a description of the permitted work.	
☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)	
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE	
☒ SEND RESPONSE BY E-MAIL	
☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)	
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)	
☐ OTHER (SPECIFY)	
☐ LICENSE INFORMATION (SPECIFY)	



SIGNATURE: C. Anague

INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: _____

BLOCK/LOT: _____

CITY OF LINDEN
APPLICATION FORM

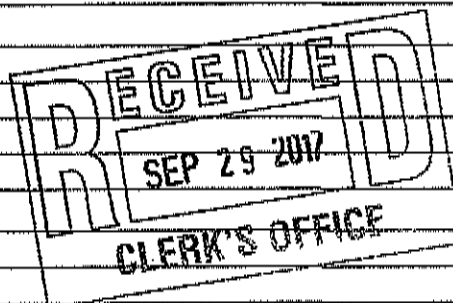
301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

#2017-602

Name: Kurin Kittoe	Date: 9/29/2017
Organization (If Applicable): Elite Property Research	
Mailing Address: 3659 Cortez Road West, Suite 110	
City, State, Zip: Bradenton, FL 34210	
Home/Business Phone: [REDACTED]	E-MAIL: kurin@elitepropertyresearch.com
REQUEST MADE VIA: ☐ OFFICE VISIT ☐ CORRESPONDENCE ☐ FAX ☒ EMAIL	
DESCRIPTION OF PUBLIC RECORD(S): (Please be specific and attach additional pages of information if necessary)	
OWNER: WILMINGTON SAVINGS FUND SOCIETY / CHRISTIANA TRUST	
PROPERTY ADDRESS: 906 McCandless St., Linden, NJ 07036	
PIN NUMBER: Block 121 Lot 11	
*Please provide copies of all open and expired permits or any open or outstanding code enforcement violations/ code enforcement liens or nuisance violations along with any payoff amounts and ledgers for the above address	
☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)	
☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE	
☒ SEND RESPONSE BY E-MAIL	
***The property is closing on 10/06/2017 -I completely understand the 7-day grace period, but it would be greatly appreciated if I could receive the needed information on or before 10/06/2017 -thank you in advance for your help	
☐ COPY OF MINUTES (SPECIFY BOARD OR ENTITY, DATE, TOPIC OR OTHER IDENTIFYING INFORMATION)	
☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)	
☐ OTHER (SPECIFY)	
☐ LICENSE INFORMATION (SPECIFY)	
SIGNATURE: <i>Kurin Kittoe</i>	



INFORMATION ON A SPECIFIC PROPERTY:

ADDRESS: 906 McCandless St

BLOCK/LOT: Block 121 Lot 11

CITY OF LINDEN
APPLICATION FORM

301 N. Wood Avenue
City Hall, Room
Linden, New Jersey 07036
Telephone: (908) 474-8445
Fax: (908) 474-8451

REQUEST FOR PUBLIC RECORDS

(PLEASE PRINT)

2017-603

Name: NICHOLAS DANSBY	Date: 09/29/17
Organization (If Applicable): FANNIE MAE IN C/O PEMCO	
Mailing Address: 4600 SOUTH ULSTER ST. SUITE 530	
City, State, Zip: DENVER, CO 80237	
Home/Business Phone: [REDACTED]	E-MAIL: NICHOLAS.DANSBY@PEMCO-LIMITED.COM
REQUEST MADE VIA: ☐ OFFICE VISIT ☒ CORRESPONDENCE ☐ FAX	

DESCRIPTION OF PUBLIC RECORD(S):

(Please be specific and attach additional pages of information if necessary)

Please provide the following information as soon as possible:

1. Copies of open permits
2. Copies of open code violations attached to the property of reference and could result in a fine/summons and/or prevent the sale of the property.
3. Has this property been registered as vacant?

☐ INSPECT / VIEW DOCUMENTS "ONLY" (DURING NORMAL BUSINESS HOURS)

☐ PREPARE PHOTOCOPIES OF ALL REQUESTED DOCUMENTS FOR PURCHASE

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☐ COPY OF ORDINANCE OR RESOLUTION (SPECIFY DATE, NUMBER OR OTHER IDENTIFYING INFORMATION)

☐ OTHER (SPECIFY)

☐ LICENSE INFORMATION (SPECIFY)

SIGNATURE: *Nicholas Dansby*
INFORMATION ON A SPECIFIC PROPERTY:
ADDRESS: 811 CLARK ST

BLOCK/LOT: BLOCK: 182 LOT: 3

