



DEC 24 2018

LACEY TOWNSHIP
MUNICIPAL CLERK

TOWNSHIP OF LACEY

OPEN PUBLIC RECORDS ACT REQUEST FORM

816 West Lacey Road, Forked River, NJ 08731

1-609-693-1100, ext. 2200 / Fax: 1-609-693-0526

laceyclerk@laceytownship.org

Veronica Laureigh - Municipal Clerk

LOG# 677

Date Due: 1-3-19

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 John MI M Last Name Saspin

E-mail Address taxteam@drnds.com

Mailing Address 3240 East State Street

City Hamilton State NJ Zip 08619

Telephone 949-777-5999 FAX 330-319-8600

Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☒ E-mail ☒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 Jsaspin Date 12/20/2018

Payment Information

Maximum Authorization Cost \$

Select Payment Method

Cash ☐ Check ☐ Money Order ☐Fees: Letter size pages - \$0.05 per page
Legal size pages - \$0.07 per page
Other materials (CD, DVD, etc) - actual cost of material
Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Please provide following information

1. Any open code violation
2. Any open Permit N
3. Is this property scheduled for any Demolition.
4. Is there any open lien.

ADDRESS : 2090 Crestwood Dr, Forked River, NJ 08731

NAME : APPELLO JOSEPH

Thanks & Regards

John saspin

Contact: 949-777-5999

fax : 330-319-8600

Email: taxteam@drnds.com

1366
20Code
Bldg
Collector

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

Disposition Notes

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

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

AGENCY USE ONLY

Tracking Information

Tracking #	_____	Total	_____
Rec'd Date	_____	Deposit	_____
Ready Date	_____	Balance Due	_____
Total Pages	1	Balance Paid	_____

Records Provided

Custodian Signature _____

Date _____



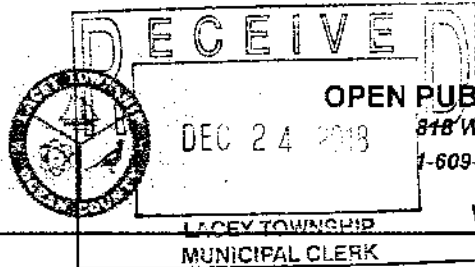
Permits

<u>Permit Number</u>	<u>Permit Issue Date</u>	<u>ation Status</u>	<u>Location Address</u>	<u>Block</u>	<u>Lot</u>	<u>Work Type</u>	<u>Control Number</u>	<u>Work Description Comments</u>	<u>Application Date</u>	<u>Subcodes Used</u>	<u>Change of Contractor</u>	<u>Master P Num</u>
[REDACTED]	06/13/2003	CA and Close Date Issued	2090 CRESTWOOD DRIVE	1366	20	Alteration	30557	[REDACTED]	04/09/2003	B P E F	False	
Grand Totals												

2003-1391 Alteration closed 12-29-04

1977 Sunporch
#7672

Built 1970



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NAME : APPELLO JOSEPH

Thanks & Regards

John saspin

Contact: 949-777-5999

fax : 330-319-8600

Email: taxteam@drnds.com

Code
Bldg
Collector

No Open liens or taxes

AGENCY USE ONLY**AGENCY USE ONLY****AGENCY USE ONLY**

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

Deposit Date _____

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Filled - Closed _____
Partial - Closed _____

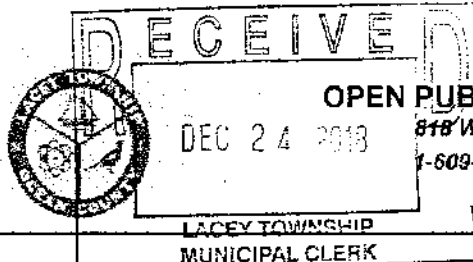
Tracking Information**Final Cost**

Tracking # _____ Total _____
Rec'd Date _____ Deposit _____
Ready Date _____ Balance Due _____
Total Pages _____ Balance Paid _____

Records Provided

Custodian Signature

Date



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1366/20

RECEIVED

DEC 24 2018

Code
Bldg
Collector

AGENCY USE ONLY

AGENCY USE ONLY

Lacey Township

AGENCY USE ONLY

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Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

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Denied - Closed _____

Filled - Closed _____

Partial - Closed _____

Tracking Information

Rec'd Date 12-21-18

Ready Date 12-24-18

Total Pages 21

Records Provided

Final Cost

Total _____

Deposit _____

Balance Due _____

Balance Paid _____

NO RECORDS

[Signature] 12-24-18

Custodian Signature Date