#17-114 Rec'd 11/20/2017

Julie Picard

From: ASK NJ Media Co. <opra+request-290-f19ca379@requests.opramachine.com>
Sent: Monday, November 20, 2017 6:24 PM
To: OPRA requests at Lower Township
Subject: Open Public Records Act request - OPRA Requests

Dear Lower Township,

This is a request for public records made under OPRA and the common law right of access. I certify under penalty of NJSA 2C:28-3 that I have not been convicted of an indictable offense. Please acknowledge receipt of this message.
Records requested:

I'm requesting copies of all OPRA requests from August 1, 2017 to November 20, 2017.

Yours faithfully,

ASK NJ Media Co.

Please use this email address for all replies to this request:
opra+request-290-f19ca379@requests.opramachine.com

Is jpicard@townshipoflower.org the wrong address for Open Public Records Act requests to Lower Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=lower_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

If you find this service useful as an OPRA officer, please ask your web manager to link to us from your organisation's OPRA page.

#17-69

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251
Phone -609-886-2005 * Fax 609-886-9488
jpicard@townshipoflower.org
General Township Records * Julie Picard, Township Clerk

Important Notice

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

Requestor Information -- Please Print

First Name CHRISTOPHER MI J Last Name OHRENICH

E-mail Address COHRENICH@DESATNICKREALESTATE.COM

Mailing Address 1001 LAFAYETTE ST

City CAPE MAY State NJ Zip 08204

Telephone 609.513.0355 FAX 609.884-1304

Preferred Delivery: Pick Up X 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 [signature] Date 8/2/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

REGARDING A PROPERTY LOCATED AT 6 STRAWBERRY LANE; BLOCK 752; LOT 3 OWNED BY CARLO & KAREN ACCARDI, I REQUEST OBTAIN COPIES OF BOTH WELL AND SEPTIC SYSTEM PERMITS, AS WELL AS AN PLACEMENT PLANS THAT MAY ACCOMPANY THE PERMITS.

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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

emailed 8-3-17

Custodian Signature Date

#17-70 ✓

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251
*Phone -609-886-2005 * Fax 609-886-9488*
jpicard@townshipoflower.org
*General Township Records * Julie Picard, Township Clerk*

Important Notice

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Requestor Information -- Please Print

First Name John MI ____ Last Name David

E-mail Address abhishek.j@slkgroup.com

Mailing Address #2727 LBJ Freeway Suite 420

City Dallas State TX Zip 75234

Telephone 855-512-4803 FAX 888-908-3471

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 John David Date 08/03/2017

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.

Hi,

Please advise if there any open code violations & open/expired building permits for the below property:

Address: 207 East Jacksonville Avenue Villas NJ 08251

Parcel: Block 30, Lots, 17 and 18

Ref#: 592419

No open permits
No code violations

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

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

emailed 8-3-17

Custodian Signature ____ Date ____

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251
Phone -609-886-2005 * Fax 609-886-9488
jpicard@townshipoflower.org
General Township Records * Julie Picard, Township Clerk

RCVD AUG 8 '17

#17-71 ✓

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 DENISE MI L. Last Name JONES

E-mail Address denise1813@gmail.com

Mailing Address 300 W. Bates Ave

City Villas State NJ Zip 08251

Telephone 609-536-1086 FAX

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 Denise Jones Date 8/8/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

I am requesting a copy of the "State of New Jersey Department of Environmental Protection Division of Land Use Regulation" Permit # 0505-13-0007.1 CAR 130001 Issued on Jan 17, 2014

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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

8/8/17 Emailed response please see attached

Custodian Signature Date

#17-71a

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251
Phone -609-886-2005 * Fax 609-886-9488
jpicard@townshipoflower.org
General Township Records * Julie Picard, Township Clerk

RCVD AUG 11 '17

Important Notice

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Requestor Information – Please Print

First Name James Penzi MI ____ Last Name ____

E-mail Address yoyopt@comcast.net

Mailing Address ____

City ____ State ____ Zip ____

Telephone ____ FAX ____

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature ____ Date 8-11-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) -- actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Matt McDonald Environmental Compliance

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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

8/11/17 Emailed response see attached

Custodian Signature ____ Date ____

#17-29

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas NJ 08251
*Phone 609-886-2005 * Fax 609-886-9488*
ckammer@townshipoflower.org
Claudia R. Kammer, Township Clerk

Important Notice

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

Requestor Information – Please Print

First Name Manny MI _____ Last Name Ruffin

E-mail Address manish.kumar@slkgroup.com

Mailing Address 2727 LBJ Freeway Suite 420

City DAllas State TX Zip 75234

Telephone 855-512-4803 FAX 888-908-3471

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 Manny Ruffin Date 08/11/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: $.05 per page letter size
$.07 per page legal size

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 check and advise for the below address:

1. Liens & Special assessments
2. Code Violations
3. Open/Expired Building Permits

File # : 544096
Block: 475 Lot 1.01
Add : 958 Shirley Avenue Cape May NJ 08204
County : Cape May

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 # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

emailed 8-14-17

Custodian Signature _____ Date _____

#17-73

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251
Phone -609-886-2005 * Fax 609-886-9488
jpicard@townshipoflower.org
General Township Records * Julie Picard, Township Clerk

Important Notice

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

Requestor Information – Please Print

First Name Rudolph MI O Last Name Dammingerr J.

E-mail Address

Mailing Address 810 Jackson Rd.

City Mullica Hill State NJ. Zip 08062

Telephone 856-478-4834 FAX

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 Rudolph Dammingerr J Date 8/15/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) -- actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Map and pg 213 of Rutgers Universal
Cayga pedestrian project

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 # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

provided copies

Custodian Signature Date

#17-74

Julie Picard

From: James Kimbrell <jim@kimbrell.net>
Sent: Friday, August 11, 2017 4:40 PM
To: clerk@townshipoflower.org
Subject: Open Space grant application

I would like to receive a copy of the township's application for the County's Open Space grant that will fund the project to add a sidewalk to the east side of Beach Drive. Please advise if you can provide a copy, or if there is someone else I should contact.

Sincerely,

Jim Kimbrell

Sent from my iPhone

B L #17-75 ✓

741.01 28.01

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251
Phone -609-886-2005 * Fax 609-886-9488
jpicard@townshipoflower.org
General Township Records * Julie Picard, Township Clerk

Important Notice

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

Requestor Information – Please Print

First Name Scott MI ____ Last Name Homel

E-mail Address PATTI.OLIMPO@PSRG.NET

Mailing Address 491 Old York Rd Suite 200

City JENKINTOWN State PA Zip 19046

Telephone 215-881-8980 x206 FAX 215-881-8983

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature ____ Date 7.31.17

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 dependant 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.

Copy of ACME BUILDING PERMITT 1988-1989

IN 2002 ACME FILED A VARIANCE FOR MORE SIGNAGE LOOKING FOR COPY of this application AS well AS the Copy of the Resolution FROM Township

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 ____
Filed - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

#17-751

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251
Phone -609-886-2005 * Fax 609-886-9488
jpicard@townshipoflower.org
General Township Records * Julie Picard, Township Clerk

Rec'd 8/14/2017

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 Scott MI ____ Last Name Homel

E-mail Address Patti.Olimpo@pbrg.net

Mailing Address 491 Old York Rd Suite 200

City Jenkintown State PA Zip 19046

Telephone 215-881-8980 x206 FAX 215-881-8983

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 ____ Date ____

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.

Resolution 89-18 + attached "flexible Sign Paints" ✓
Certificate of Occupancy for ACME STORE
Maximum Capacity for ACME Store - 1527
Final Approved Architectural Drawings for ACME Store - Stamped + Sealed

All engineering Review Comments by either Planning Board or 3rd Party that Township engages listing Back+Forth notes for past June 15th Meeting + up Comin Sept 21st Meeting

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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

RCVD AUG 17 '17

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251
Phone -609-886-2005 * Fax 609-886-9488
jpicard@townshipoflower.org
General Township Records * Julie Picard, Township Clerk

#17-74

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 CHRISTINA MI ____ Last Name AMEY

E-mail Address diane@ameyarchitect.com

Mailing Address 701 ASBURY AVE - 2ND FL.

City OCEAN CITY State NJ Zip 08226

Telephone (609) 920-0225 FAX (609) 920-9257

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 ____ Date ____

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.

CONSTRUCTION DRAWINGS FOR:
575 SUNSET BLVD.
LOWER TOWNSHIP, NJ
BLOCK: 748 LOT: 28.07

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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Denied
8/22/2017

Custodian Signature ____ Date ____

#17-77

Julie Picard

From: Amy Han <amyhan324@gmail.com>
Sent: Tuesday, August 15, 2017 9:03 AM
To: ckammer@townshipoflower.org
Subject: Cape May County OPRA Request - Lower Township
Attachments: Tax Deliquent OPRA Request Form.pdf

Hello,

Please see the attached OPRA request and confirm this request has been received.

I have also included the instruction below on how to generate this report in excel in the Edmund System:

In Edmund Billing/Collection Tax Collections Accounts Tax Custom Reports. On Page 3 Select year and date range you want. Check boxes Utility balance as of date (will be the date you put in the end of the range) and Year/Prd Range balance for Taxes. Page 1 on the bottom left corner is a check box for excel. On page 2 select all the boxes requested by the requester. (name, property address, mailing address, class, etc.)

Thanks in advance,

--
Amy Han
(856) 383 - 0803
Today is the BEST day ever !!!

#17-78
Read 8/21/2017

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251
Phone -609-886-2005 * Fax 609-886-9488
jpicard@townshipoflower.org
General Township Records * Julie Picard, Township Clerk

Important Notice

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Requestor Information -- Please Print

First Name Alexandria MI ____ Last Name Brown

E-mail Address Alexandria.brown@pemco-limited.com

Mailing Address 4600 S. Ulster St, Suite 530

City Denver State CO Zip 80237

Telephone 720-509-3238 FAX ____

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail Apply

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 [signature] Date 8/21/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
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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.

In search of any open code violations for property address 119 Iowa Ave Villas, NJ, 08251

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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

8/22/2017 emailed response

Custodian Signature Date

#17-91

RCVD AUG 23 '17

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251
*Phone -609-886-2005 * Fax 609-886-9488*
jpicard@townshipoflower.org
*General Township Records * Julie Picard, Township Clerk*

Important Notice

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

Requestor Information -- Please Print

First Name Barbara MI _____ Last Name Haynes

E-mail Address Barbara.haynes@pemco-limited.com

Mailing Address 820 Bear Tavern RD

City W. Trenton State NJ Zip 08628

Telephone 720/509/3249 FAX _____

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail XX

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. have NOT

Signature Barbara Haynes Date 8/23/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) -- actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

has this property been previously been registered with the program? If so who registered it/when and what the next fee is due for this.

6 FEDERAL LN

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 # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

8/23/2017 emailed response

Custodian Signature Date

#17-80

Elizabeth Greenway

From: Julie Picard <jpicard@townshipoflower.org>
Sent: Monday, August 21, 2017 12:27 PM
To: lgreenway@townshipoflower.org
Subject: FW: Freedom of Information Act Request: Building Permit Records

I sent this to the Construction office this am

Julie A Picard
Township Clerk
Township of Lower
2600 Bayshore Road
Villas, NJ 08251
609-886-2005X113
jpicard@townshipoflower.org

From: ____ FOIA [mailto:foia@buildzoom.com]
Sent: Saturday, August 19, 2017 7:02 PM
To: clerk@townshipoflower.org
Subject: Freedom of Information Act Request: Building Permit Records

To whom it may concern, I am writing to request permit records from Lower Township, New Jersey on behalf of Buildzoom. BuildZoom helps people hire the best local contractors, and we strive to give consumers a clear picture of contractors' track records. In particular, we post information on building permits pulled by every contractor online as a free service to the public. We do business in Lower Township and would like to provide the service to its residents. Can you please provide us with a report of all building permits processed by your department to date? Such reports typically: - Are referred to as a Permit Activity Report, a Permit Fee Log or a Monthly Permit Report. - Cover at least the last ten years. - 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. We would like to request the records either via FTP or email delivery. An Excel or CSV format would be ideal, but a PDF or scanned file would also work. We intend to ask for this data regularly: monthly for the prior month. What do you recommend as the best process to acquire this data? Please feel free to email me or call Vidhan Agrawal, the Product Manager for our Data Platform at (415) 890-3706. We greatly appreciate your help and thank you in advance for your assistance!

Regards,
Claudine Anague

--
BuildZoom
A better way to remodel
301 Howard Street, Suite 1410
San Francisco, CA, 94105
www.buildzoom.com
(415) 890-3706

8-30-2017
Rose Responded by email

Rec'd 9/5/2017
#17-81

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251
*Phone -609-886-2005 * Fax 609-886-9488*
jpicard@townshipoflower.org
*General Township Records * Julie Picard, Township Clerk*

Important Notice

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

Requestor Information – Please Print

First Name Kari MI ____ Last Name Hagan

E-mail Address kari.hagan@pemco-limited.com

Mailing Address 4600 S Ulster St # 530

City Denver State CO Zip 80237

Telephone 720 509 3261 FAX ____

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Kari Hagan Date 9/1/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Please send documentation on any open code violations for

31 E Miami Ave Villas, NJ 08251
Lot 41 Block 12

244 Oak Lane Cape May, NJ 08204
Lot 8 Block 429.

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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

emailed response 9/5/2017

Custodian Signature Date

Recd 9/6/2017

#17-82-J

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas NJ 08251
*Phone 609-886-2005 * Fax 609-886-9488*
ckammer@townshipoflower.org
Claudia R. Kammer, Township Clerk

Important Notice

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

Requestor Information – Please Print

First Name jacquelyn MI _____ Last Name wilfinger

E-mail Address jacquelyn.wilfinger@redfin.com

Mailing Address 25 vista road

City hamilton State nj Zip 08690

Telephone 609-471-1214 FAX _____

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 jacquelyn wilfinger Date 9/6/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: $.05 per page letter size
$.07 per page legal size

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.

requesting all open and closed permits for construction, electrical and plumbing for the transfer of sale
Property address: 2681 Bay Drive, Villas, NJ 08251
Block: 385.02
Lot: 1.01

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 # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

emailed 9-7-17

Custodian Signature _____ Date _____

Rec'd 9/11/17
#17-83

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251
*Phone -609-886-2005 * Fax 609-886-9488*
jpicard@townshipoflower.org
*General Township Records * Julie Picard, Township Clerk*

Important Notice

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

Requestor Information – Please Print

First Name Anastasia MI ____ Last Name Trout

E-mail Address anastasia.trout@pemco-limited.com

Mailing Address 4600 S Ulster st ste 530

City Denver State Co Zip 80237

Telephone 720-509-3265 FAX ____

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Anastasia Trout Date 9/11/2017

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.

Hello,
My name is Anastasia Trout I am with Pemco-Limited working on behalf of Fannie Mae and I am in charge of maintaining the following property: 22 E Wilde Ave

1. Are there any current open code violations or open permits? If so,
-Date of violation and fine amount?

2. Has this property been through Vacant property registration? If so,
- Date of registration?
-Name of person/ company who registered the property?
-Amount paid
- Date of registration/ next due date

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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

9/12/17

Custodian Signature Date

#17847

Rec'd 9/13/17 9/6/17

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas NJ 08251
*Phone 609-886-2005 * Fax 609-886-9488*
ckammer@townshipoflower.org
Claudia R. Kammer, Township Clerk

Important Notice

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

Requestor Information – Please Print

First Name Donald MI C Last Name Cramer

E-mail Address dcramer-env@hotmail.com

Mailing Address 11 Silver Avenue

City Glassboro State NJ Zip 08028

Telephone (703) 282-1601 FAX (703) 991-6238

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 _____ Date 9/4/2017

Payment Information

Maximum Authorization Cost $ . .

Select Payment Method

Cash Check Money Order

Fees: $.05 per page letter size
$.07 per page legal size

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.

I am requesting copies of any information on file with the Construction Department and the Bureau of Fire Safety specifically related to underground and aboveground storage tanks, hazardous materials use & storage, and spill/release incidents at the Smyg Harbor Marina, 926 Ocean Drive (Block 823.101, Lot 1). Thank you very much for your assistance.

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 # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

9/13/17 Emailed Response with info attached

AS

Custodian Signature _____ Date _____

84A ✓

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251
Phone -609-886-2005 * Fax 609-886-9488
jpicard@townshipoflower.org
General Township Records * Julie Picard, Township Clerk

Important Notice

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

Requestor Information – Please Print

First Name JoL MI ____ Last Name Larkin

E-mail Address JJLark40@yahoo.com

Mailing Address 1421 Pennsylvania Ave Berwyn

City Berwyn State PA Zip 19312

Telephone 484-387-0193 FAX ____

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 ____ Date 9/12/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

I am requesting a copy of all permits and approvals (including "close in") for 12 Pinewood ave, Block 362 + Lot 12. The permit would ~~have been~~ started IN ~~June~~ July 2011. I am looking for the name of the contractor on the permits too. There was also a waterline change up to ~~connect~~ provide fresh water - please advise on the contractor name. This would have happened in Oct 2011 timeframe.

Thank you! J. Lm.

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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

emailed response 9-14-17

Custodian Signature ____ Date ____

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM #17-85

2600 Bayshore Road, Villas, NJ 08251
Phone -609-886-2005 * Fax 609-886-9488
jpicard@townshipoflower.org
General Township Records * Julie Picard, Township Clerk

RCVD SEP 18 '17
RCVD SEP 18 '17

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 Gregg MI A Last Name Denham

E-mail Address gvdenham@comcast.net

Mailing Address 306 Linda Ann

City N. Cape May State NJ Zip 08204

Telephone 609 602-4094 FAX

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 Gregg Denham Date 9-17-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Copy of complaint & who filed it.

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 # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

9/18/17 Sent to Code Enf.

* picked up 9/18/17 3:10pm

Custodian Signature Date

#17-86√

Julie Picard

From: Julie Picard <jpicard@townshipoflower.org>
Sent: Tuesday, September 19, 2017 9:21 AM
To: 'jreeve@edgepoint.biz'
Subject: RE: Lower Township Request for Information

Good Morning Ms. Reeve,

In response to your OPRA request, per our Chief Financial Officer,

Currently, we don't have any checks over $1,000 that are outstanding more than 90 days.

Thank you and have a GREAT day!
Julie

Julie A Picard
Township Clerk
Township of Lower
2600 Bayshore Road
Villas, NJ 08251
609-886-2005X113
jpicard@townshipoflower.org

From: Jenna Reeve [mailto:jreeve@edgepoint.biz]
Sent: Monday, September 11, 2017 9:39 AM
To: clerk@townshipoflower.org
Subject: Lower Township Request for Information

Dear Ms. Picard:

Edge Point hereby request the following electronic accounting records in the attached letter.

Please confirm receipt of this Public Records Request.

Have a great Monday!

Thank you,

Jenna Reeve
FOIA Officer
EDGE POINT
(571)229-9258 (o)
(571)229-9260 (f)

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

RCVD SEP 18 '17

2600 Bayshore Road, Villas, NJ 08251
Phone -609-886-2005 * Fax 609-886-9488
jpicard@townshipoflower.org
General Township Records * Julie Picard, Township Clerk

#17871

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 Patricia MI ____ Last Name Lis

E-mail Address patlis1@aol.com

Mailing Address 1330 Pennsylvania

City Cape May State NJ Zip 08204

Telephone 707 592 9503 FAX ____

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 Patricia Lis Date 9.18.17

Payment Information

Maximum Authorization Cost $ 100.

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.

Permits re: septic installation / repair / maintenance

733 Jonathan Hoffman Rd.
Cold Springs, NJ 08204

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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

9/18/17 Forwarded to Construction
9/19/17 Sent email to requestor the Twp does not regulate septic Referred to Cnty Health Dept

Custodian Signature Date

Sent 9/20/17

RCVD SEP 22 '17

From: michelle@datarole.com
To: gplayford@townshipoflower.org
Subject: Lower township Building Permits - Public Records Request
Date: Wednesday, September 20, 2017 10:49:51 AM

Dear Gary Playford,

NJ.8204.10720

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,

Michelle Farris
Data Specialist - Datarole
513-276-2088
Michelle@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.

#17-88

#17-89-V

RCVD SEP 25 '17

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251
*Phone -609-886-2005 * Fax 609-886-9488*
jpicard@townshipoflower.org
*General Township Records * Julie Picard, Township Clerk*

Important Notice

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

Requestor Information – Please Print

First Name John MI E. Last Name Schneider

E-mail Address jericschneider@aol.com

Mailing Address 1462 Manor Lane

City Blue Bell State PA Zip 19422

Telephone NJ local (609) 884-2993 FAX

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect XXXX 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 *John Eric Schneider (ES)* Date September 23, 2017

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.

CONSTRUCTION DOCUMENT PACKAGE: Construction Drawings & Specifications for building addition to:
4035 Bayshore Road, Lower Township, Cape May County, NJ 08204; Owner: Victoria E. & David H. Tryon;
Parcel size .43 acre; Existing building coverage listed as 1,400 square feet.

Records Requested for viewing:
All Architect's, Engineer's, Surveyor's, and Building Contractor's Drawings & Specifications related to new construction. (showing locations of all utilities, corner pins, building envelope, setback lines, septic system, etc.) All permits.

Building Contractor's proof of Insurance.

Copy of any necessary NJ DEP Permit and approval of construction within a wetland zone.

Copy of original application for construction permission to Lower Township's Planning and Zoning.

Variances granted to the project relative to Township of Lower
Chapter 400; Land Development; Article V.- Lot, Structure, and Use Regulations.
(adjacent to State of New Jersey open space property and Lower Township open space property.)

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 # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

9/25 Sent to Construction + Planning
9/28/17 Gary Playford fulfilled request. see attached

Custodian Signature Date

#17-90 ✓

RCVD SEP 28 '17

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251
*Phone -609-886-2005 * Fax 609-886-9488*
jpicard@townshipoflower.org
*General Township Records * Julie Picard, Township Clerk*

Important Notice

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

Requestor Information – Please Print

First Name DONALD MI J Last Name CARTER

E-mail Address NEINDUSTRIAL@HOTMAIL.COM

Mailing Address 661 RT 9

City Cape May State NJ Zip 08204

Telephone 1-609-884-1921 FAX 609-884.3190

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 ____ Date 9/29/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Site plan apps + info
USE Variance apps + info

BI 504
LOT 1.02

Jersey Cape MARINA
656 RT. 9 CAPE MAY NJ. 08204

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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

9/28/17 Sent to Planning/Zoning
9/29/17 Lisa responded by email see attached

Custodian Signature ____ Date ____

#17-91

RCVD SEP 25 '17

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251
Phone -609-886-2005 * Fax 609-886-9488
jpicard@townshipoflower.org
General Township Records * Julie Picard, Township Clerk

Important Notice

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

Requestor Information – Please Print

First Name Brittany MI A Last Name Smith

E-mail Address Brittanys@cisleads.com

Mailing Address 110 Kinnelon Road

City Kinnelon State NJ Zip 07405

Telephone 973-492-0509 FAX 800-962-0544

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Brittany Smith Date 9/29/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

A copy of only those pages of the Planning Board application for FCF Realty, INC located at 920-928 Route 109, Block 776, Lots 10-20 and 34-38 that include the name, address, and telephone # for the owner, applicant, engineer, architect, and attorney. Please also include the page of the application that describes the proposed square footage of new construction

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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

10/2/17 Info emailed to requestor by Lisa Schubert

Custodian Signature Date

#17-92

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251
Phone -609-886-2005 * Fax 609-886-9488
jplcard@townshipoflower.org
General Township Records * Julie Picard, Township Clerk

Important Notice

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

Requestor Information – Please Print

First Name Scott MI ____ Last Name Homel

E-mail Address Patti.Olimpo@pbrg.net

Mailing Address 491 Old York Rd Suite 200

City Jenkintown State PA Zip 19046

Telephone 215-881-8980 x306 FAX 215-881-8583

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 ____ Date ____

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.

Copies of Complaints regarding ACME selling Liquor before 10:00 a.m.

Copies of Any Communication between Mr. McDonald or Township engineer to ACME.

Any Review letters or documents to be postponed from 9/21 meeting to 10/19th Meeting As well as any doc ACME NEEDEDS TO Submitt for the 10/19 meeting

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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

emailed 10/3/2017 pl

Custodian Signature ____ Date ____

#17-93 ✓
Rec'd 10/2/2017

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251
Phone -609-886-2005 * Fax 609-886-9488
jpicard@townshipoflower.org
General Township Records * Julie Picard, Township Clerk

Important Notice

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

Requestor Information – Please Print

First Name Barbara MI ____ Last Name Haynes

E-mail Address barbara.haynes@pemco-limited.com

Mailing Address 820 Bear Tavern Road.

City West Trenton, State NJ Zip 08628

Telephone 720-509-3249 FAX 303-284-8026

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. have NOT

Signature [signature] Date 10/2/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) -- actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

Record Request Inform... ...fic 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.

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? No If yes: when was it registered what was the registration fee and who was it registered under?
4. If property HAS NOT been registered please provide the proper registration instructions along with the registration fees.

32 DESOTO AVE attached

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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

10/5/17 Emailed response

Custodian Signature ____ Date ____

Recd 10/4/2017

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas NJ 08251
Phone 609-886-2005 * Fax 609-886-9488
ckammer@townshipoflower.org
Claudia R. Kammer, Township Clerk

Important Notice

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

Requestor Information – Please Print

First Name Brandi MI L Last Name Hascak

E-mail Address brandih@oclenderservices.com

Mailing Address 1000 Commerce Drive Suite 520

City Pittsburgh State PA Zip 15275

Telephone 412-788-2923 ext 6097 FAX 412-788-2925

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax X E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / ~~*HAVE NOT*~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Brandi L Hascak Date 10/4/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: $.05 per page letter size
$.07 per page legal size

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.

OPEN code violations: high grass/weeds, garbage/rubbish, structural issues with the property.

OPEN permits: building, construction, electrical

ONLY NEED COPIES OF VIOLATIONS/PERMITS IF THEY ARE STILL OPEN

Property address: 116 Tomlin Ave, Villas, NJ 08251 Block 104 Lot 1

No open permits per Gary Playford

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 #
Rec'd Date
Ready Date
Total Pages

Final Cost

Total
Deposit
Balance Due
Balance Paid

Records Provided

10/5/17 Emailed response see attached

Custodian Signature Date

#17-95 ✓
Read 10/2/2017

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251
*Phone -609-886-2005 * Fax 609-886-9488*
jpicard@townshipoflower.org
*General Township Records * Julie Picard, Township Clerk*

Important Notice

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

Requestor Information – Please Print

First Name Kerri F MI ____ Last Name Kopervos

E-mail Address kkopervos@cooperlevenson.com

Mailing Address 1125 Atlantic Ave, 3rd Floor

City Atlantic City State NJ Zip 08401

Telephone 609-572-7436 FAX 609-572-7437

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / I HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 10/2/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Kindly provide a copy of all correspondence related to the property located at Block 741.01 Lot 28.01 and portion of Lot 3, known as 3845 Bayshore Road (Bayshore Mall) related to the Acme Store, to or from Frank Murphy, or Anderson Kill, PC, or Bayshore Mall entities or Chris Baylinson, Esq., or Perskie, Mairone, Brog & Baylinson since April 26, 2017.

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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

10/11/2017
Replied

Custodian Signature Date

Rec'd 10/6/2017
98A

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251
Phone -609-886-2005 * Fax 609-886-9488
jpicard@townshipoflower.org
General Township Records * Julie Picard, Township Clerk

Important Notice

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

Requestor Information -- Please Print

First Name LeVonn MI P Last Name Brown

E-mail Address LeVonn.Brown@PEMCO-Limited.com

Mailing Address 820 Bear Tavern Road

City West Tavern State NJ Zip 08628

Telephone 720-509-3231 FAX

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature LeVonn P. Brown Date 10/06/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

This OPRA request is in regards to property address
117 Desoto Ave Block 62 Lot 20

Please provide the following information as soon as possible:
1. Has this property been registered as vacant? If yes: when was it registered, what was the registration fee and who was it registered under?
2. If property HAS NOT been registered please provide the proper registration instructions along with the registration fees.

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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Replied 10/16/2017

Custodian Signature ____ Date ____

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251
Phone -609-886-2005 * Fax 609-886-9488
jpicard@townshipoflower.org
General Township Records * Julie Picard, Township Clerk

Rec'd 10/10/2017

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 Nicholas MI F. Last Name Talvacchia

E-mail Address ntalvacchia@cooperlevenson.com

Mailing Address Cooper Levenson, PA, 1125 Atlantic Avenue, 3rd FL

City Atlantic City State NJ Zip 08401

Telephone 609-572-7544 FAX 609-572-7545

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 10-10-17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

IN REGARD TO THE LAND DEVELOPMENT ORDINANCE, PLEASE PROVIDE US WITH COPIES OF THE FOLLOWING DOCUMENTS: ORDINANCE NO. 82-2; ORDINANCE NO. 82-9; ORDINANCE NO. 82-22; ORDINANCE NO. 84-11; ORDINANCE NO. 89-3 AND ORDINANCE NO. 97-25. PLEASE NOTE THAT ALL OF THESE AMENDED ORDINANCE REFERENCES ARE UNDER SECTION 400-17 (GENERAL BUSINESS). THANK YOU.

#1796

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 # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Emailed response 10/11/2017

Custodian Signature _____ Date _____

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251
Phone -609-886-2005 * Fax 609-886-9488
jpicard@townshipoflower.org
General Township Records * Julie Picard, Township Clerk

RCVD OCT 11 '17

#17-97 ✓

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 PATIENCE MI L Last Name CARROLL

E-mail Address

Mailing Address 8 COLUMBIA ST.

City VILLAS State NJ Zip 08251

Telephone 215-499-3530 FAX

Preferred Delivery: Pick Up X 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 Patience Carroll Date OCT 11, 2017

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.

COPIES OF ANY AND ALL CODE ENFORCEMENT COMPLAINTS REGARDING 241 PENNSYLVANIA AVE and 200 W. ST. JOHNS VILLAS NJ FROM JAN 1 2014 TO PRESENT. ALSO, COPIES OF ANY AND ALL VIOLATIONS ISSUED AND WHO REPORTED THE VIOLATIONS.

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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Picked Up + Emailed pr-2

Custodian Signature ____ Date ____

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

#17-98 ✓

RCVD OCT 23 '17

2600 Bayshore Road, Villas, NJ 08251
Phone -609-886-2005 * Fax 609-886-9488
jpicard@townshipoflower.org
General Township Records * Julie Picard, Township Clerk

Important Notice

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

Requestor Information – Please Print

First Name Rachel MI L Last Name Hansen

E-mail Address rachel.hansen4@gmail.com

Mailing Address 783 Tabernacle Road

City Cape May State NJ Zip 08204

Telephone 609-408-9065412 FAX

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect X 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 Rachel Hans Date Oct. 23rd 2017

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.

All planning and zoning records, permits, site plans, DEP permits

For Block 823.01
Lot 1
926 Ocean Drive
Swan Harbor Marina.

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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

2 large plan copies no charge - provided copies

Custodian Signature

10-24-17
Date

RCVD OCT 23 '17

#17-99

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas NJ 08251
*Phone 609-886-2005 * Fax 609-886-9488*
ckammer@townshipoflower.org
Claudia R. Kammer, Township Clerk

Important Notice

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

Requestor Information – Please Print

First Name Larry MI ____ Last Name Higgins

E-mail Address OPRA@NJPropertyRecords.com

Mailing Address 174 Lamington Rd, P.O. Box 180

City Oldwick State NJ Zip 08858

Telephone 908-255-9919 FAX ____

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ***HAVE / HAVE NOT*** been convicted of any indictable offense under the laws of New Jersey, any other state or the United States.

Signature ____ Date ____

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: $.05 per page letter size
$.07 per page legal size

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.

There's not enough space here to write the records being requested. Please view the attached document.

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 # ____
Rec'd Date 10/23
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Forwarded to Tax assessor
Zoning

10/26/17 Emailed Response - See attached

Custodian Signature Date

steven.morey@mottmac.com

#17-100

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251

*Phone -609-886-2005 * Fax 609-886-9488*

jpicard@townshipoflower.org

*General Township Records * Julie Picard, Township Clerk*

Important Notice

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

Requestor Information -- Please Print

First Name Mellen MI ____ Last Name Theodore

E-mail Address manish.kumar@slkgroup.com

Mailing Address #2727 LBJ Freeway Suite 420

City Dallas State TX Zip 75234

Telephone 855-512-4803 FAX 888-908-3471

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 Mellen Theodore Date 10/26/2017

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 advise if there are any Code Violations/Citations and/or Monies due and or any Open, Pending or Expired Permits also if there are any Liens/Special Assessments Monies due fees due/ and or any lot mowing fees, impact fees for the property listed below.
Address: 601 GORHAM AVE CAPE MAY NJ 08204
Parcel:Block 672, Lot 13
Ref#: 615811

Wall, Attached
Nothing BOCA

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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

emailed Response
11-2-17

Custodian Signature ____ Date ____

#17-101

RCVD OCT 26 '17

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas NJ 08251

*Phone 609-886-2005 * Fax 609-886-9488*

ckammer@townshipoflower.org

Claudia R. Kammer, Township Clerk

Important Notice

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

Requestor Information – Please Print

First Name Chris MI ____ Last Name Jones

E-mail Address manish.kumar@slkgroup.com

Mailing Address 2727 LBJ Freeway Suite 800

City Dallas State TX Zip 75234

Telephone 855-512-4803 FAX 888-908-3471

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 Chris Jones Date 10/18/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: $.05 per page letter size
$.07 per page legal size

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 advice if there are any open code violations;open / expired building permits and liens/special Assessments such as weeds or tall grass and also advise any utility account balances(water,sewer,and garbage)with a payoff .
Address: 724 E TAMPA AVE VILLAS NJ 08251
Parcel: Block : 67 Lot : 13
Ref#: 614243

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 # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

10/26/17 Forwarded to: Code Construction

emailed response 11-3-17

Custodian Signature ____ Date ____

#102 & #112

Karen Fournier

From: Courtney Ludeman <courtney@postgreen.com>
Sent: Thursday, November 09, 2017 1:00 PM
To: Karen Fournier; Chad Ludeman
Subject: Re: OPRA 611 Jonathan Hoffman Rd

Hi Karen!

Thanks for the info - I was informed by the realtor that it was previously known as 615 Jonathan Hoffman - can you check that address please?

see attached info from Usa

Thank you!

Courtney Ludeman

267-257-8899

waiting on Rose

On Thu, Nov 9, 2017 at 11:35 AM, Karen Fournier <kfournier@townshipoflower.org> wrote:

Dear Courtney,

In response to your OPRA request for information on 611 Jonathan Hoffman Rd, after a thorough search from the Lower Township Planning and Zoning Department, and the Construction Department, there are no permits on file for this property. Please let me know if I can be of further assistance.

Best Regards,

Karen Fournier

Deputy Twp Clerk, Deputy Registrar

Lower Township

2600 Bayshore Road

Villas, NJ 08251

609-886-2005 X 111

#103 ✓
Rec'd
11-6-2017

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251
Phone -609-886-2005 * Fax 609-886-9488
jpicard@townshipoflower.org
General Township Records * Julie Picard, Township Clerk

Important Notice

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

Requestor Information – Please Print

First Name CHARLES MI F Last Name FLINNER

E-mail Address MFLINNER@RCN.COM

Mailing Address 2004 GLEN ROSS RD

City SILVER SPRING State MD Zip 20910

Telephone 202-607-0809 FAX

Preferred Delivery: Pick Up _____ US Mail _____ On-Site Inspect _____ Fax _____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Charles F Flinner Date 11/04/2017

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.

WE WOULD LIKE RECORDS THAT SHOW THE PROPERTY 316 EAST TAMPA AVE, VILLAS HAS BEEN 2 LOTS - FOR AS LONG AS THE RECORDS GO BACK - TO PRESENT.

1. MERCANTILE LICENSE RECORDS
2. FIRE SAFETY BUREA RECORDS
3. PROPERTY TAX RECORDS

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 # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Fwd to Assessor Tax Collector Board / Planning

11/16/17 Emailed Response w/ documents as attached

Custodian Signature Date

#104

RCVD NOV 13 '17

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251

*Phone -609-886-2005 * Fax 609-886-9488*

jpicard@townshipoflower.org

*General Township Records * Julie Picard, Township Clerk*

Important Notice

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

Requestor Information – Please Print

First Name DIANNE MI R Last Name KELLY

E-mail Address dkr@cbaxton.com

Mailing Address 105 CRAWFORD RD.

City OLD SPRING State NJ Zip 08204

Telephone 609-602-6287 FAX

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 Dianne Kelly Date 11/13/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

1) Copy of contract for digital maps with Van Note Harvey
2) Copy of Statute indicating why digital maps are excluded from bid process
3) List of all services bid out for 2017 including amounts of contract awarded
4) Copy of all contracts since 2015 awarded to Van Note Harvey

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 # ____

Rec'd Date ____

Ready Date ____

Total Pages ____

Final Cost

Total ____

Deposit ____

Balance Due ____

Balance Paid ____

Records Provided

Responded 11/20/2017

Custodian Signature Date

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

#105

2600 Bayshore Road, Villas, NJ 08251
Phone -609-886-2005 * Fax 609-886-9488
jpicard@townshipoflower.org
General Township Records * Julie Picard, Township Clerk

RCVD NOV 13 '17

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 Veronica MI ____ Last Name Walters

E-mail Address VeronicaWalters94@gmail.com

Mailing Address 5 Dennis Creek Dr. Apt

City CMCH State NJ Zip 08251

Telephone (609) 780-4144 FAX ____

Preferred Delivery: Pick Up X US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Veronica Walters Date 11/13/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) -- actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Any Code Violations for 110 E Delaware Parkway Villas NJ 08251 from August 2016 - June 2017

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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

emailed 11/15/17
Called to let know
Copies available

Custodian Signature Date

Filed
Rec'd
11/15/2017
emailed to requestor
nothing was

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251
*Phone -609-886-2005 * Fax 609-886-9488*
jpicard@townshipoflower.org
*General Township Records * Julie Picard, Township Clerk*

Important Notice

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

Requestor Information – Please Print

First Name KATHY MI ____ Last Name TIEDTKE

E-mail Address KATHY.TIEDTKE@PEMCO-LIMITED.COM

Mailing Address PEMCO-LIMITED c/o BUSINESS FILINGS INC. 820 BEAR TAVERN RD.

City WEST TRENTON State NJ Zip 08628

Telephone (720) 509-3248 FAX (303) 284-8026

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 ____ Date 11/15/17

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

My name is Kathy and I work for Pemco-Limited on behalf of Fannie Mae. I am tasked to ensure our properties are in compliance with local municipalities regarding registration and code violations.

Attached OPRA is for the reference property: 313 BROADWAY, VILLAS, NJ 08251 in CAPE MAY COUNTY at BLOCK# 382 and LOT# 24.

The information I am looking for is as follows:

1) Copies of any open permits.

2) Copies of open code violations attached to the property that could result in a fine/summons, and/or prevent the sale of the property. If there are open invoices, please send copies along with the fee breakdown.

3) Has this property been registered as vacant under Fannie Mae? If yes, when was it registered and what was the registration fee? If not, please advise how long we have to register before a penalty is applied along with the form.

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

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

emailed 11/20

Custodian Signature ____ Date ____

#1071 emailed 11/20 ✓

Julie Picard

From: Captain Martin Biersbach <biersbach@lowertownshippolice.com>
Sent: Thursday, November 16, 2017 4:30 PM
To: Julie Picard
Subject: Fwd: Request For Public Records

Read 11/16/2017
emailed to Gary Rose/Walt/Sue

--- Forwarded message ---
From: noreply@lowertownshippolice.com
Sent: November 16, 2017 4:10:11 PM
To: administration@lowertownshippolice.com
Subject: Request For Public Records

Request For Public Records

11 Questions

Rose- Nothing

Sue- Nothing

Walt (Nothi

1) Name
June Watson

2) Street Address
Dallas TX 75234

3) Address (cont.)
Dallas TX 75234

4) City
Dallas

5) State
Texas

6) Zip Code
75234

7) Work Phone
8555124803

8) Home Phone
8555124803

9) Fax
888-908-3471

#108 ✓

RCVD NOV 13 '17

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251

*Phone -609-886-2005 * Fax 609-886-9488*

jpicard@townshipoflower.org

*General Township Records * Julie Picard, Township Clerk*

Important Notice

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

Requestor Information – Please Print

First Name Aimee MI K Last Name Pacheco

E-mail Address aimee.pacheco@pemco-limited.com

Mailing Address c/o PEMCO Ltd, 820 Bear Tavern Rd

City West Trenton State NJ Zip 08628

Telephone 720-509-3245 FAX 303-284-8026

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 Aimee Pacheco Date 11/09/2017

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 e-mail my response to this OPRA request.

I need a copy of any 1. open permits and 2. open code violations that are attached to this property that could result in a fine, summons and/or prevent the sale of this property to a third party.

5 Carlton Dr, ~~Mays Landing, NJ~~ Lower Twp.
Block 494.16 / Lot 4

Thank you!

AGENCY USE ONLY

Est. Document Cost _____

Est. Delivery Cost _____

Est. Extras Cost _____

Total Est. Cost _____

Deposit Amount _____

Estimated Balance _____

Deposit Date _____

AGENCY USE ONLY

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

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

AGENCY USE ONLY

Tracking Information

Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost

Total _____
Deposit _____
Balance Due _____
Balance Paid _____

11/14/17 Sent ~~Records Provided~~ No open code violations Code Bldg.

11/20/17 Emailed Response see attached

Custodian Signature Date

Read #109
11/14/2017

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas NJ 08251
Phone 609-886-2005 * Fax 609-886-9488
ckammer@townshipoflower.org
Claudia R. Kammer, Township Clerk

Important Notice

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Requestor Information – Please Print

First Name Peter MI Last Name Hein

E-mail Address Ra-Taxes@indecomm.net taxes@indecomm.net

Mailing Address 1206 Energy Lane

City St Paul State MN Zip 55108

Telephone 201-355-0433 FAX 866-422-3403

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax X E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature Peter Date 11/14/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: $.05 per page letter size
$.07 per page legal size

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 let us know if there is any open code violations or any open or expired permits for the below property.

Address: 100 KENVIL RD North Cape May NJ 08204.

Block: 783; Lot: 104

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
Filed - Closed
Partial - Closed

AGENCY USE ONLY

Tracking Information
Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

emailed to Walt Rose
11/20/17 Emailed Response

Custodian Signature

Acknowledged

RCVD NOV 13 '17

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas NJ 08251
*Phone 609-886-2005 * Fax 609-886-9488*
ckammer@townshipoflower.org
Claudia R. Kammer, Township Clerk

#110 ✓

Important Notice

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

RCVD NOV 13 '17

Requestor Information – Please Print

First Name June MI ____ Last Name Watson

E-mail Address yashika.srivastava@slkgroup.com

Mailing Address 2727 LBJ Freeway Suite 420, Dallas TX 75234

City Dallas State TX Zip 75234

Telephone 855-512-4803 FAX 888-908-3471

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 june Date 11/09/2017

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: $.05 per page letter size
$.07 per page legal size

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 advise if there are any unrecorded special assessments (open invoices/Liens) that are not recorded on the tax bill and /or if any special assessments have been transferred to the county to be assessed to the property taxes such as weeds, tall grass mowing, fees, fines etc. for the stated property. Also please advise if there are presently any OPEN/EXPIRED Building permits
and / or OPEN Code violations that needs to be addressed for the same for the following property:
Address: 104 East Pacific Avenue Villas NJ 08251

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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

11/14/17 Sent to:
Tax
Assessor - Nothing
Code - No open complaints
BOA - attached

Custodian Signature ____ Date ____

RCVD NOV 13 '17

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251
Phone -609-886-2005 * Fax 609-886-9488
jpicard@townshipoflower.org
General Township Records * Julie Picard, Township Clerk

Fill

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 Robert MI ____ Last Name Blue

E-mail Address roswald@robertblue.com

Mailing Address Robert E. Blue, Consulting Engineers, P.C. at 1149 Skippack Pike

City Blue Bell State PA Zip 19422

Telephone 610-277-9441 x31 FAX ____

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE X / HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature ____ Date November 7, 2017

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.

Hired by the owner of the Bay Shore Mall to work on field survey, boundary, legal descriptions and existing conditions.

3845 Bayshore Rd
North Cape May, NJ 08204

If you have any information on the property that would benefit the owner, please let us know.

Thanks,

Richard Oswald
610-277-9441 x16
Robert E. Blue, Consulting Engineers, P.C.

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 #
Rec'd Date
Ready Date
Total Pages

Final Cost
Total
Deposit
Balance Due
Balance Paid

Records Provided

11/14 sent to Assessor

11/20/17 Emailed Response – see attached

Custodian Signature Date

#113
Rec'd 11/8/2017

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251
Phone -609-886-2005 * Fax 609-886-9488
jpicard@townshipoflower.org
General Township Records * Julie Picard, Township Clerk

Important Notice

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

Requestor Information – Please Print

First Name Audra MI D Last Name Grosso

E-mail Address audra.grosso@kennedyscmk.com

Mailing Address 120 Mountain View Blvd., PO Box 650

City Basking Ridge State NJ Zip 07920

Telephone 908-605-2918 FAX 908-848-6310

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ~~HAVE / HAVE NOT~~ been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature [signature] Date 11/7/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

The office represents William Boyce with regard to the matter Burke v. Boyce, Docket No. L-166-17/. We make this request to obtain the Certificate of Occupancy issued to William Boyce related to the property at 1402 Rosyln Avenue, New Jersey 08204

2000 - Roof Permit - Final & out
Built 1923 - NO CO

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 # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost
Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Fwd to Jose 11/8/2017
11/20/17 Emailed Response see attached

Custodian Signature Date

#141
Rec'd 11/7/2017

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251
Phone -609-886-2005 * Fax 609-886-9488
jpicard@townshipoflower.org
General Township Records * Julie Picard, Township Clerk

Important Notice

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Requestor Information – Please Print

First Name Matthew MI B Last Name Wieliczko, Esq.

E-mail Address kshuback@zwattorneys.com

Mailing Address 120 Haddontowne Ct.

City Cherry Hill State NJ Zip 08034

Telephone 856 428-6600 FAX 856 428-6314

Preferred Delivery: Pick Up ____ US Mail ____ On-Site Inspect ____ Fax ____ E-mail X

If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I *HAVE* / *HAVE NOT* been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature _____ Date 11/7/17

Payment Information

Maximum Authorization Cost $ 100.00

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.

Any and all records, licenses, reports, and complaints involving a dog residing at the home of Michael and Lisa Callahan, 209 Dune Dr., Lower Township.

Any and all records relating to an incident which occurred on August 25, 2017, involving a dog residing at the home of Michael and Lisa Callahan, 209 Dune Dr., Lower Township.

Any and all Animal Control records involving a dog residing at the home of Michael and Lisa Callahan, 209 Dune Dr., Lower Township.

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

AGENCY USE ONLY

Tracking Information
Tracking # _____
Rec'd Date _____
Ready Date _____
Total Pages _____

Final Cost
Total _____
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided -
11/21/2017 emailed response

Custodian Signature _____ Date _____

TOWNSHIP OF LOWER

OPEN PUBLIC RECORDS ACT REQUEST FORM

2600 Bayshore Road, Villas, NJ 08251
Phone -609-886-2005 * Fax 609-886-9488
jpicard@townshipoflower.org
General Township Records * Julie Picard, Township Clerk

RCVD NOV 20 '17

#15

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 Bruce MI L Last Name Young

E-mail Address bruce@bkyoungpc.net

Mailing Address 200 W Pacific Ave

City Cmcm State N.J Zip 08210

Telephone 609 886-0245 FAX 609 886-8242

Preferred Delivery: Pick Up X 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 Bruce L Young Date 11/20/17

Payment Information

Maximum Authorization Cost $

Select Payment Method

Cash Check Money Order

Fees: Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) – actual cost of material

Delivery: Delivery / postage fees additional depending upon delivery type.

Extras: Special service charge dependent upon request.

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

Code Enforcement
Violation Report
110 E Delaware Parkway
Villas N.J.
June 2017
Young vs Waters

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.

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Filled - Closed ____
Partial - Closed ____

AGENCY USE ONLY

Tracking Information

Tracking # ____
Rec'd Date ____
Ready Date ____
Total Pages ____

Final Cost

Total ____
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

emailed to Walt 11-20-17
Pickup 11/21/2017

Custodian Signature Date