OWNER & ADDRESS REPORT

DOWNE TWP

200' CERTIFIED LIST
BLK: 76 LOT: 14

BLOCK	LOT	QUAL	CLA	PROPERTY OWNER	PROPERTY LOCATION	Add'l Lots
66	18		1	LAZICKI, SABRINA ET ALS 7 S RIDGEFIELD AVE HEWITT NJ 07421	126 GARRISON AVE	
69	7		2	SCOLERI, JACKQUELINE 145 HOWARD AVENUE FRANKLINVILLE NJ 08322	125 GARRISON AVE	
69	8		2	JOHN-HOLMES, SEETHA 2 STURBRIDGE CT MEDFORD NJ 08055	127 GARRISON AVE	
69	9		2	FOX, ELLSWORTH J & RUTH E PO BOX 263, 129 GARRISON FORTESCUE, NJ 08321	129 GARRISON AVE	
69	10	A	2	POWELL, WILLIAM H PO BOX 308 FORTESCUE NJ 08321	131 GARRISON AVE	
69	11	A	1	POWELL, WILLIAM H PO BOX 308 FORTESCUE NJ 08321	133 GARRISON AVE	
69	12		2	BLACK, STEPHEN A & BARBARA B 1020 OAK ST COATESVILLE PA 19320	128 NEWPORT AVE	
69	13	B	2	WALTER, DONALD MARK & ALISON 23 SOMERS AVE EGG HARBOR TWP, NJ 08234	126 NEWPORT AVE	
69	14	B	1	WALTER, DONALD M & ALISON V 23 SOMERS AVE EGG HARBOR TWP, NJ 08234	124 NEWPORT AVE	
70	1	C	1	RUSSICK, DON W & KIMBERLY A 138 PINE AVE RUNNEMEDE NJ 08078	23-25 PRINCETON AVE	
70	2		2	CONNOR, PATRICIA A PO BOX 31 FORTESCUE NJ 08321	19 PRINCETON AVE	
70	17		2	MCCARTNEY, EARLE R & ANNE 667 CENTRAL AVENUE WEST CAPE MAY, NJ 08204	20 CORNELL AVE	
70	18	C	2	RUSSICK, DON W + KIMBERLY A 138 PINE AVE RUNNEMEDE NJ 08078	22 CORNELL AVE	
75	1		2	KLOSTEMANN, J & G TRUST ET ALS 251 BIMINI DR N HUTCHINSON ISLAND FL 34949	132 GARRISON AVE	
75	2		2	THE ME & DN BARRON FAMILY TRUST 3750 CLARENDON AVE,UNIT33 PHILADELPHIA PA 19114	136 GARRISON AVE	
75	3		1	HAYNES, KATHLEEN M & KENNETH 108 WILLIAMS RD WOODSTOWN NJ 08098	138 GARRISON AVE	
75	4		2	ROBERTS, JOHN JR & JOANNE N 328 MAIN STREET HULMEVILLE, PA 19047	140 GARRISON AVE	
75	5		15D	FORTESCUE CHAPEL,C/O BD OF TRUSTEES PO BOX 51 FORTESCUE NJ 08321	157 NEW JERSEY AVE	CHAPEL&PARSONAGE
76	1	A	2	POWELL, WILLIAM H PO BOX 308 FORTESCUE NJ 08321	135 GARRISON AVE	

OWNER & ADDRESS REPORT

DONNE TWP

200' CERTIFIED LIST
BLK: 76 LOT: 14

BLOCK	LOT	QUAL	CLA	PROPERTY OWNER	PROPERTY LOCATION	Add'l Lots
76	2	(P)	2	RAIVELY, JAMES H JR & LINDA W P.O. BOX 320 FORTESCUE, NJ 08321	137 GARRISON AVE	
76	3		2	WEISENBURG, KATHRYN L & ROBERTA A PO BOX 123 FORTESCUE, NJ 08321	139 GARRISON AVE	
76	4		2	DEMEGLIO, EDWARD + MARY ANN P.O. BOX 53 FORTESCUE, NJ 08321	141 GARRISON AVE	
76	5		2	WILLIAMS, JOAN PO BOX 117 FORTESCUE NJ 08321	143 GARRISON AVE	
76	6		2	SALAHUDDIN, AHMED M 100 JOHN JAMES AUDUBON WY MARLTON NJ 08053	145 GARRISON AVE	
76	11	(E)	2	PIERNIKOSKI, THOMAS P.O. BOX 14737 PHILADELPHIA, PA 19134	136 NEWPORT AVE	
76	12	(E)	2	PIERNIKOSKI, THOMAS PO BOX 14737 PHILADELPHIA, PA 19134	134 NEWPORT AVE	
76	13	(P)	1	RAIVELY, JAMES H JR & LINDA W PO BOX 320 FORTESCUE NJ 08321	132 NEWPORT AVE	
76	14		2	JOHNSON, WILLIAM JR 74 LAKE ST BRIDGETON NJ 08302	130 NEWPORT AVE	
77	1		2	GRACE, JOAN PO BOX 106 FORTESCUE NJ 08321	133 NEWPORT AVE	
77	2		2	SPEACHT, WILLIAM JR + ELEANOR 6 VALLEY VIEW CIRCLE NORRISTOWN PA 19401	23 CORNELL AVE	
77	12		15F	MILLER, REX POB 110, 20 VASSAR AVE FORTESCUE NJ 08321	20 VASSAR AVE	
77	13		2	KULL, WILLIAM + JULIA PO BOX 273 FORTESCUE NJ 08321	135 NEWPORT AVE	

NOTIFICATION LIST WITHIN 200 FEET OF BLOCK(S): 76 LOT(S): 14

PLEASE NOTIFY ALL THOSE THAT ARE CHECKED BELOW:

Municipal Roads

[X] Downe Township
c/o Township Clerk
288 Main Street
Newport, NJ 08345

County Roads

[ ] Robert Brewer, Planning Board Director
Cumberland County Planning Board
County Complex
790 E Commerce St
Bridgeton, N.J. 08302

Waterways

[ ] NJDEP
Bureau of Coastal & Land Use Compliance & Enforcement
Mail Code 401-04C
401 East State Street
PO Box 420
Trenton, NJ 08625-0420

[ ] Delaware River and Bay Authority
P.O. Box 71
New Castle, DE 19720

Municipal Lines

Cumberland County

[ ] Commercial Township
c/o City Clerk
1768 Main Street
Port Norris, NJ 08349

[ ] Lawrence Township
c/o Township Clerk
PO Box 697, 357 Main Street
Cedarville, NJ 08311

[ ] City of Millville
c/o Township Clerk
PO Box 609, 12 S. High Street
Millville, NJ 08332

UTILITY LIST FOR DOWNE TOWNSHIP

All of the following utility companies must be notified:

Atlantic City Electric
Real Estate Right of Way Department
5100 Harding Highway
Mays Landing, NJ 08330

Bell Atlantic NJ Inc. S & L Taxes
1095 Ave of the Americas
New York, NY 10036

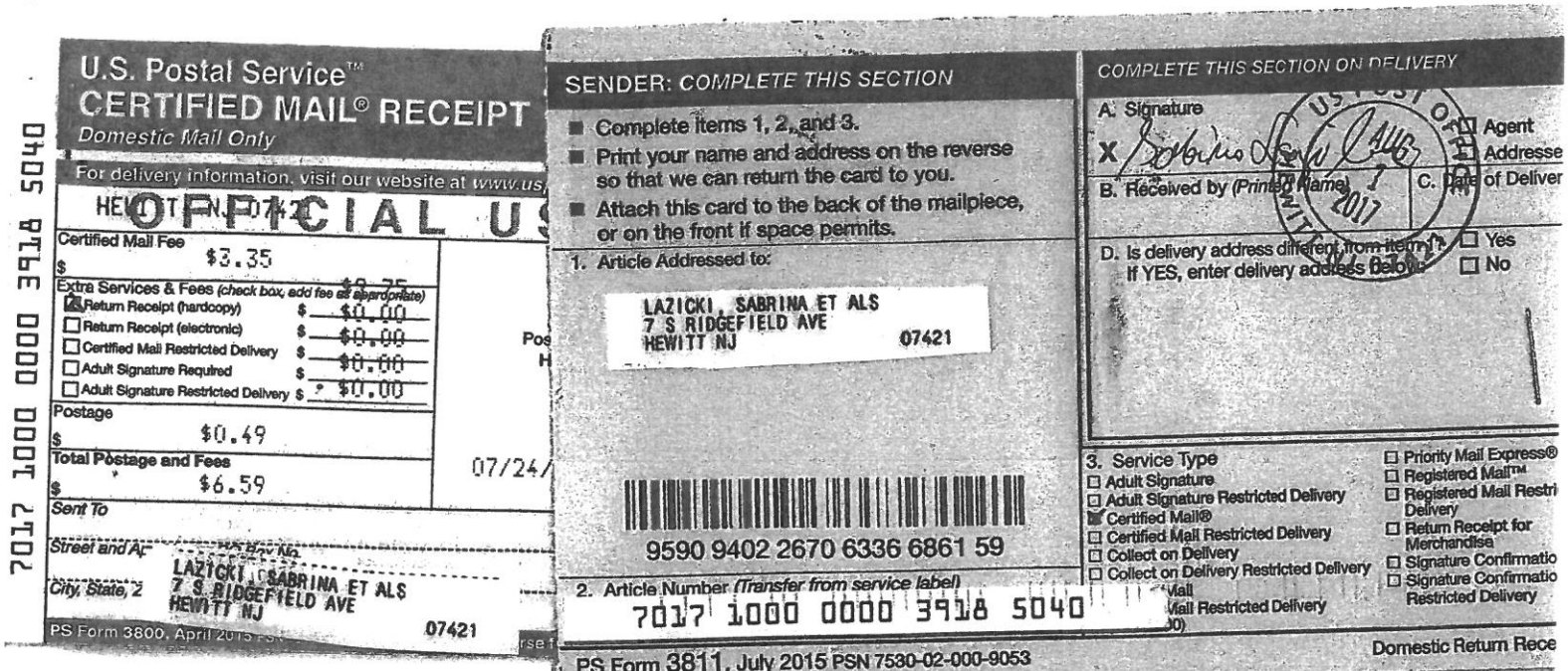
Comcast Financial Agency Corporation
1500 Market Street
Philadelphia, PA 19102-2148

Cumberland County Dept. of Planning & Development
Attn: Robert Brewer, Sherry Riendeau
790 E. Commerce Street
Bridgeton, NJ 08302

Middlesex Water Company
1500 Ronson Road
Iselin, NJ 08830-3020

Public Service Electric & Gas Co. (PSE&G) *(Transmission or High Tension Lines)*
Manager - Corporate Properties
80 Park Plaza, T6B
Newark, NJ 07102

South Jersey Gas Company
Corporate Headquarters
P.O. Box 577
Hammonton, NJ 08037



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HEWITT NJ 07421

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Certified Mail Fee $3.35
Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $0.00
- [ ] Return Receipt (electronic) $0.00
- [ ] Certified Mail Restricted Delivery $0.00
- [ ] Adult Signature Required $0.00
- [ ] Adult Signature Restricted Delivery $0.00

Postage $0.49
Total Postage and Fees $6.59
07/24/

Sent To
Street and Apt. No.
City, State, ZIP+4
LAZICKI, SABRINA ET ALS
7 S RIDGEFIELD AVE
HEWITT NJ 07421

PS Form 3800, April 2015

7017 1000 0000 3918 5040

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LAZICKI, SABRINA ET ALS
7 S RIDGEFIELD AVE
HEWITT NJ 07421

9590 9402 2670 6336 6861 59

2. Article Number (Transfer from service label)
7017 1000 0000 3918 5040

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Rece

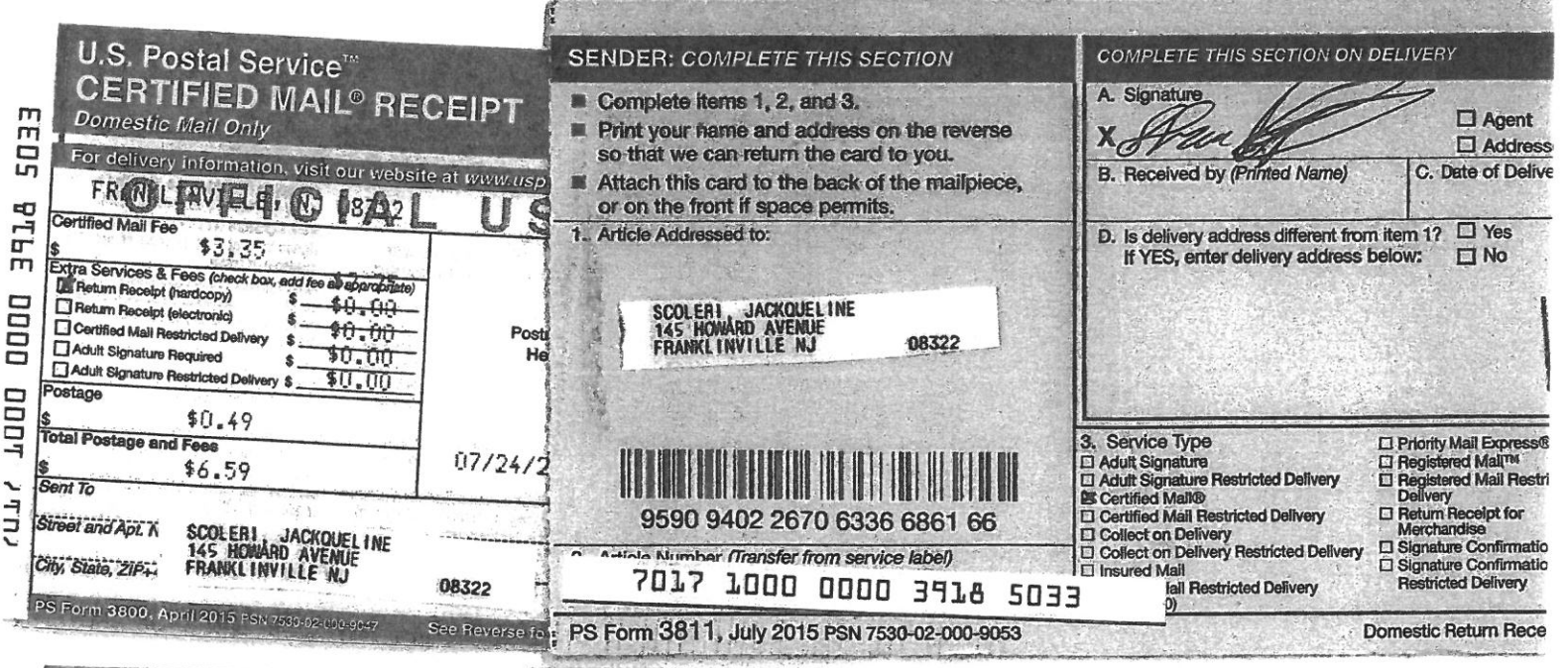
COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] Agent / Addressee

B. Received by (Printed Name) C. Date of Deliver
[illegible] 7 2017

D. Is delivery address different from item 1? Yes / No
If YES, enter delivery address below:

3. Service Type
- [ ] Adult Signature
- [ ] Adult Signature Restricted Delivery
- [x] Certified Mail®
- [ ] Certified Mail Restricted Delivery
- [ ] Collect on Delivery
- [ ] Collect on Delivery Restricted Delivery
- [ ] Insured Mail
- [ ] Priority Mail Express®
- [ ] Registered Mail™
- [ ] Registered Mail Restri Delivery
- [ ] Return Receipt for Merchandise
- [ ] Signature Confirmatio
- [ ] Signature Confirmatio Restricted Delivery



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FRANKLINVILLE NJ 08322

OFFICIAL US

Certified Mail Fee $3.35
Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $0.00
- [ ] Return Receipt (electronic) $0.00
- [ ] Certified Mail Restricted Delivery $0.00
- [ ] Adult Signature Required $0.00
- [ ] Adult Signature Restricted Delivery $0.00

Postage $0.49
Total Postage and Fees $6.59
07/24/2

Sent To
Street and Apt. No.
City, State, ZIP+4
SCOLERI, JACKQUELINE
145 HOWARD AVENUE
FRANKLINVILLE NJ 08322

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse fo

7017 1000 0000 3918 5033

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SCOLERI, JACKQUELINE
145 HOWARD AVENUE
FRANKLINVILLE NJ 08322

9590 9402 2670 6336 6861 66

2. Article Number (Transfer from service label)
7017 1000 0000 3918 5033

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Rece

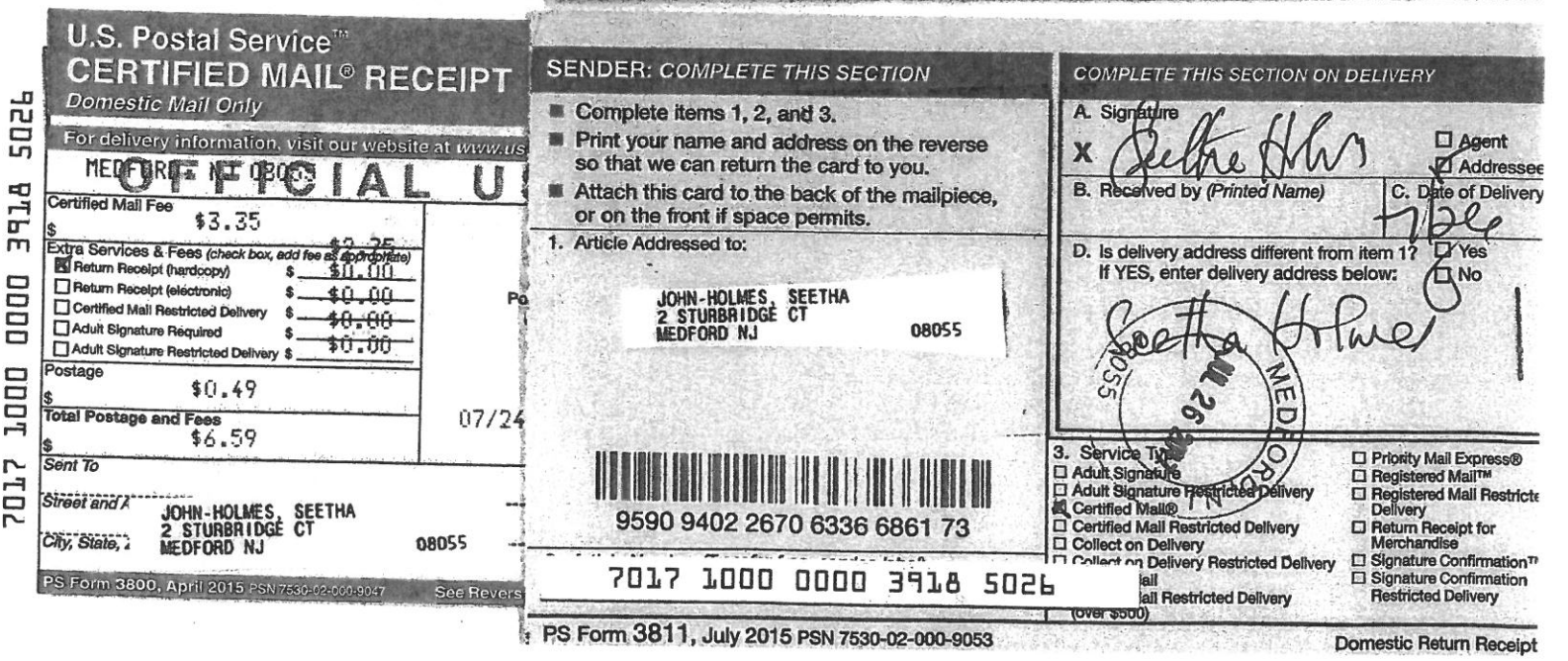
COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] Agent / Address

B. Received by (Printed Name) C. Date of Delive

D. Is delivery address different from item 1? Yes / No
If YES, enter delivery address below:

3. Service Type
- [ ] Adult Signature
- [ ] Adult Signature Restricted Delivery
- [x] Certified Mail®
- [ ] Certified Mail Restricted Delivery
- [ ] Collect on Delivery
- [ ] Collect on Delivery Restricted Delivery
- [ ] Insured Mail
- [ ] Priority Mail Express®
- [ ] Registered Mail™
- [ ] Registered Mail Restri Delivery
- [ ] Return Receipt for Merchandise
- [ ] Signature Confirmatio
- [ ] Signature Confirmatio Restricted Delivery



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MEDFORD NJ 08055

OFFICIAL U

Certified Mail Fee $3.35
Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $0.00
- [ ] Return Receipt (electronic) $0.00
- [ ] Certified Mail Restricted Delivery $0.00
- [ ] Adult Signature Required $0.00
- [ ] Adult Signature Restricted Delivery $0.00

Postage $0.49
Total Postage and Fees $6.59
07/24

Sent To
Street and Apt. No.
City, State, ZIP+4
JOHN-HOLMES, SEETHA
2 STURBRIDGE CT
MEDFORD NJ 08055

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Revers

7017 1000 0000 3918 5026

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOHN-HOLMES, SEETHA
2 STURBRIDGE CT
MEDFORD NJ 08055

9590 9402 2670 6336 6861 73

2. Article Number (Transfer from service label)
7017 1000 0000 3918 5026

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] Agent / Addressee

B. Received by (Printed Name) C. Date of Delivery
7/26

D. Is delivery address different from item 1? Yes / No
If YES, enter delivery address below:
Seetha Holmes

3. Service Type
- [ ] Adult Signature
- [ ] Adult Signature Restricted Delivery
- [x] Certified Mail®
- [ ] Certified Mail Restricted Delivery
- [ ] Collect on Delivery
- [ ] Collect on Delivery Restricted Delivery
- [ ] Priority Mail Express®
- [ ] Registered Mail™
- [ ] Registered Mail Restricte Delivery
- [ ] Return Receipt for Merchandise
- [ ] Signature Confirmation™
- [ ] Signature Confirmation Restricted Delivery

(over $500)

7017 1000 0000 3918 5019

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FORTESCUE NJ 08321

OFFICIAL USE

Certified Mail Fee	$3.35
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.49
Total Postage and Fees	$6.59

0320
03

Postmark Here

07/24/2017

Sent To
Street and Apt. FOX, ELLSWORTH J & RUTH E
PO BOX 263, 129 GARRISON
City, State, ZIP FORTESCUE, NJ 08321

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1000 0000 3727 7045

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FORTESCUE NJ 0832

OFFICIAL US

Certified Mail Fee	$3.35
	$2.75
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$
☐ Adult Signature Restricted Delivery	$
Postage	$0.49
Total Postage and Fees	$6.59

Postm
Her

07/24/2

Sent To
Street and
City, State, POWELL, WILLIAM H
PO BOX 308
FORTESCUE NJ 08321

PS Form 3800, April 2015 See Reverse for

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

POWELL, WILLIAM H
PO BOX 308
FORTESCUE NJ 08321

9590 9402 2670 6336 6862 96

2. Article Number (Transfer from service label)
7016 0910 0001 3727 7045

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X William Powell ☐ Agent ☐ Address

B. Received by (Printed Name) William Powell
C. Date of Deliv 7-27-1

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restri Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmatio
☐ Signature Confirmatio Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Rece

7017 1000 0000 3918 5750

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COATESVILLE PA 1920

OFFICIAL U

Certified Mail Fee	$3.35
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.49
Total Postage and Fees	$6.59

Po

07/24/

Sent To
Street and Apt. No BLACK, STEPHEN A & BARBARA B
1020 OAK ST
City, State, ZIP+4 COATESVILLE PA 19320

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse f

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BLACK, STEPHEN A & BARBARA B
1020 OAK ST
COATESVILLE PA 19320

9590 9402 2670 6336 6861 97

2. Article Number (Transfer from service label)
7017 1000 0000 3918 5750

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Barbara Black ☐ Agent ☑ Addressee

B. Received by (Printed Name) Barbara Black
C. Date of Delivery 7/27/17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restrict Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receip

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EGG HARBOR TOWNSHIP, NJ 08234

OFFICIAL U

Certified Mail Fee	$3.35
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$2.75 $0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$0.00
Postage	$0.49
Total Postage and Fees	$6.59

07/2

Sent To

Street

WALTER, DONALD MARK & ALISON
23 SOMERS AVE
City, EGG HARBOR TWP, NJ 08234

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Rever

7016 0910 0001 3727 6925

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WALTER, DONALD MARK & ALISON
23 SOMERS AVE
EGG HARBOR TWP, NJ 08234

9590 9402 2670 6336 6862 03

2. Article Number *(Transfer from service label)*

7016 0910 0001 3727 6925

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receip

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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RUNNEMEDE NJ 08078

OFFICIAL U

Certified Mail Fee	$3.35
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$2.75 $0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$0.00
Postage	$0.49
Total Postage and Fees	$6.59

07/24

Sent To

Street and
City, State,

RUSSICK, DON W + KIMBERLY A
138 PINE AVE
RUNNEMEDE NJ 08078

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse

7016 0910 0001 3727 6895

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

RUSSICK, DON W + KIMBERLY A
138 PINE AVE
RUNNEMEDE NJ 08078

9590 9402 2670 6336 6862 41

2. Article Number *(Transfer from service label)*

7016 0910 0001 3727 6895

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receip

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delive

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation
- ☐ Signature Confirmation Restricted Delivery

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Domestic Mail Only

For delivery information, visit our website at www.usp

FORTESCUE NJ 08321

OFFICIAL US

Certified Mail Fee	$3.35
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$2.75 $0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$0.00
Postage	$0.49
Total Postage and Fees	$6.59

07/24/

Sent To

Street and Apt.
City, State, ZIP:

CONNOR, PATRICIA A
PO BOX 31
FORTESCUE NJ 08321

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse

7016 0910 0001 3727 6918

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CONNOR, PATRICIA A
PO BOX 31
FORTESCUE NJ 08321

9590 9402 2670 6336 6862 10

2. Article Number *(Transfer from service label)*

7016 0910 0001 3727 6918

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Recei

COMPLETE THIS SECTION ON DELIVERY

A. Signature

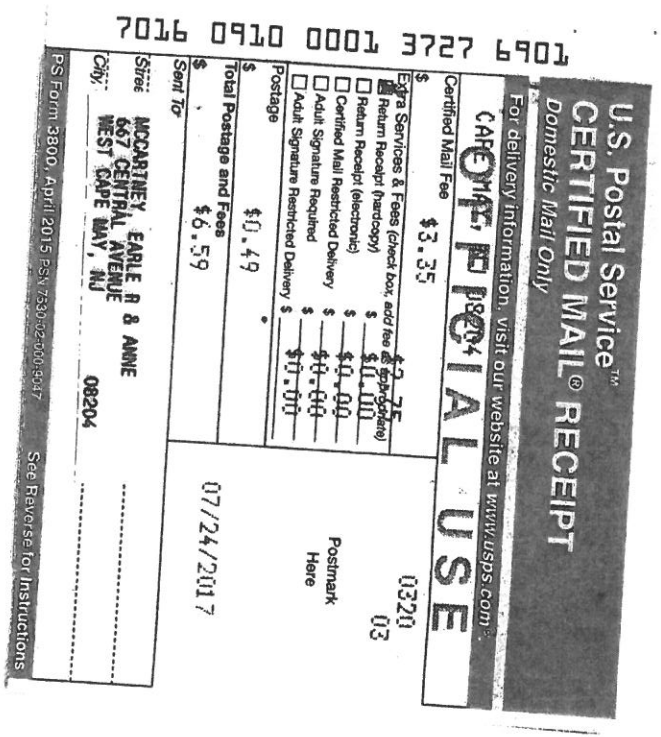
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delive

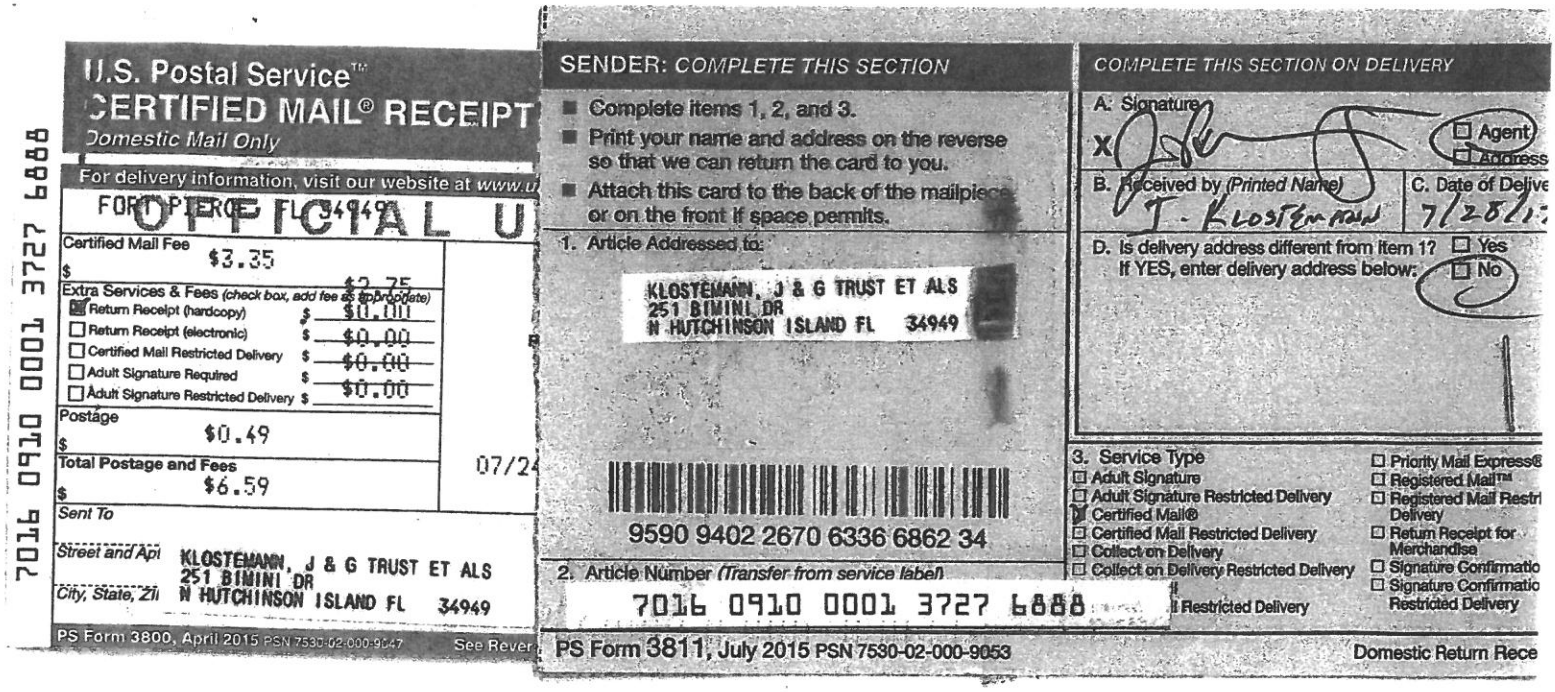
Patti Connor 7/25/201

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation
- ☐ Signature Confirmation Restricted Delivery


7016 0910 0001 3727 6901
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com®
OFFICIAL USE
Certified Mail Fee $3.35
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $0.00
Return Receipt (electronic) $0.00
Certified Mail Restricted Delivery $0.00
Adult Signature Required $0.00
Adult Signature Restricted Delivery $0.00
Postage $0.49
Total Postage and Fees $6.59
Sent To
Street MCCARTNEY, EARLE R & ANNE
667 CENTRAL AVENUE
City, State, ZIP+4® WEST CAPE MAY, NJ 08204
PS Form 3800, April 2015 PSN 7530-02-000-9047
See Reverse for Instructions
07/24/2017
0320
03
Postmark Here


William H. Johnson, Jr.
74 Lake Street
Bridgeton, NJ 08302
CERTIFIED MAIL®
7016 0910 0001 3727 6901
UNITED STATES POSTAL SERVICE®
1000
08204
U.S. POSTAGE
PAID
FAIRTON, NJ
08320
JUL 24, 17
AMOUNT
$6.59
R2305E125550-03
MCCARTNEY EARLE R & ANNE
667 CEN
WEST CA
176 NFE 1 716C0007/28/17
FORWARD TIME EXP RTN TO SEND
MCCARTNEY
900 OCEAN DR APT 221
CAPE MAY NJ 08204-5402
RETURN TO SENDER



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.u

FORT PIERCE FL 34949

OFFICIAL U

Certified Mail Fee $3.35
Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $0.00
- [ ] Return Receipt (electronic) $0.00
- [ ] Certified Mail Restricted Delivery $0.00
- [ ] Adult Signature Required $0.00
- [ ] Adult Signature Restricted Delivery $

Postage $0.49
Total Postage and Fees $6.59

07/24

Sent To
Street and Apt KLOSTEMANN, J & G TRUST ET ALS 251 BIMINI DR
City, State, Zi N HUTCHINSON ISLAND FL 34949

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Rever

7016 0910 0001 3727 6888

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece or on the front if space permits.

1. Article Addressed to:

KLOSTEMANN, J & G TRUST ET ALS
251 BIMINI DR
N HUTCHINSON ISLAND FL 34949

9590 9402 2670 6336 6862 34

2. Article Number (Transfer from service label)
7016 0910 0001 3727 6888

COMPLETE THIS SECTION ON DELIVERY

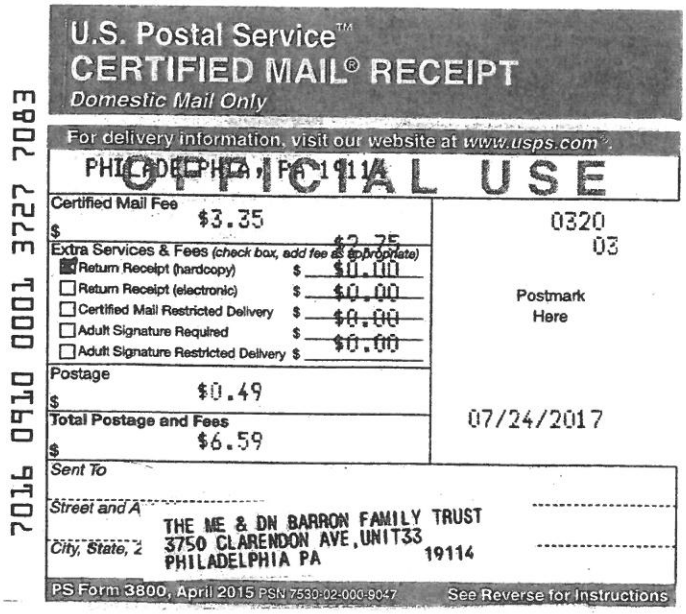
A. Signature
X [signature] ☐ Agent ☐ Address

B. Received by (Printed Name) T. KLOSTEMANN C. Date of Delive 7/28/17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- [x] Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restri Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmatio
- ☐ Signature Confirmatio Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Rece



U.S. Postal Service™
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PHILADELPHIA, PA 19114

OFFICIAL USE

Certified Mail Fee $3.35
Extra Services & Fees (check box, add fee as appropriate)
- [x] Return Receipt (hardcopy) $0.00
- [ ] Return Receipt (electronic) $0.00
- [ ] Certified Mail Restricted Delivery $0.00
- [ ] Adult Signature Required $0.00
- [ ] Adult Signature Restricted Delivery $

Postage $0.49
Total Postage and Fees $6.59

0320
03

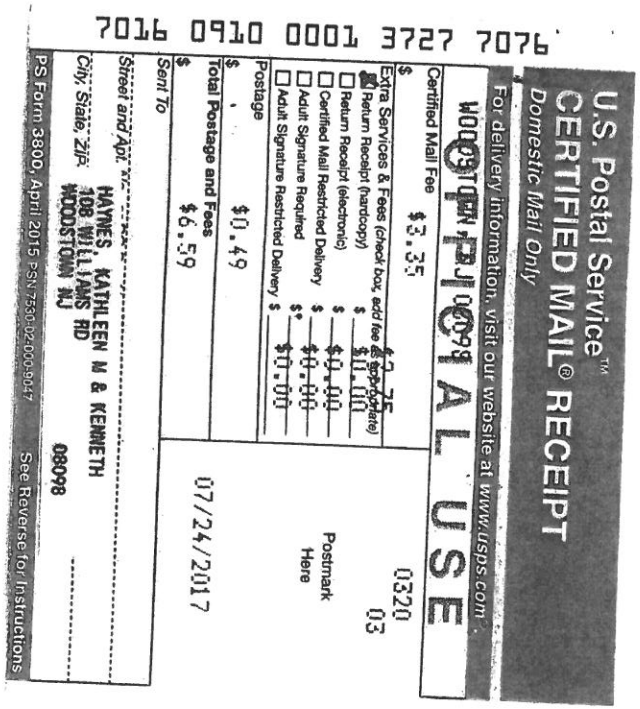
Postmark Here

07/24/2017

Sent To
Street and A THE ME & DN BARRON FAMILY TRUST
City, State, Z 3750 CLARENDON AVE, UNIT33 PHILADELPHIA PA 19114

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 0910 0001 3727 7083



7016 0910 0001 3727 7076

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WOODSTOWN PO 08098

Certified Mail Fee $3.35
Extra Services & Fees (check box, add fee as appropriate) $2.75
☑ Return Receipt (hardcopy) $ $0.00
☐ Return Receipt (electronic) $ $0.00
☐ Certified Mail Restricted Delivery $ $0.00
☐ Adult Signature Required $ $0.00
☐ Adult Signature Restricted Delivery $ $0.00
Postage $0.49
Total Postage and Fees $6.59

07/24/2017

0320
03

Postmark Here

Sent To
Street and Apt. No.: HAYNES, KATHLEEN M & KENNETH
City, State, ZIP: 108 WILLIAMS RD
WOODSTOWN NJ 08098

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

William H. Johnson, Jr.
74 Lake Street
Bridgeton, NJ 08302

CERTIFIED MAIL®

7016 0910 0001 3727 7076

UNITED STATES POSTAL SERVICE®

1000

08098

U.S. POSTAGE PAID
FAIRTON, NJ
08320
JUL 24, 17
AMOUNT
$6.59
R2305E125550-03

HAYNES, KATHLEEN M & KENNETH
108 WILLIAMS RD
WOODSTOWN NJ 08098

176 NFE 1 316I0007/24/17
FORWARD TIME EXP RTN TO SEND
HAYNES
5753 HIGHWAY 85 N
CRESTVIEW FL 32536-9365

RETURN TO SENDER

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.

LANGHORNE, PA 19047

OFFICIAL U

Certified Mail Fee	$3.35
Extra Services & Fees (check box, add fee as appropriate)	$2.75
☑ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.49
Total Postage and Fees	$6.59
Sent To	
Street and Apt	ROBERTS, JOHN JR & JOANNE N
City, State, Zi	328 MAIN STREET HULMEVILLE, PA 19047

07/2

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Revers

7016 0910 0001 3727 7069

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ROBERTS, JOHN JR & JOANNE N
328 MAIN STREET
HULMEVILLE, PA 19047

9590 9402 2670 6336 6862 72

2. Article Number (Transfer from service label)
7016 0910 0001 3727 7069

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Joanne Roberts ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Joanne Roberts 7/26/17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

LANGHORNE, PA 19047
JUL 26 2017
USPS

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail
☐ Mail Restricted Delivery
00)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restrict Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receip

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Domestic Mail Only

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FORTESCUE, NJ 08321

OFFICIAL U

Certified Mail Fee	$3.35
Extra Services & Fees (check box, add fee as appropriate)	$2.75
☑ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.49
Total Postage and Fees	$6.59
Sent To	
Street and Apt. No., or PO Box No.	
City, State, Z	FORTESCUE CHAPEL,C/O BD OF TRUSTEES PO BOX 51 FORTESCUE NJ 08321

07/24

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse

7016 0910 0001 3727 7052

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FORTESCUE CHAPEL,C/O BD OF TRUSTEES
PO BOX 51
FORTESCUE NJ 08321

9590 9402 2670 6336 6862 89

2. Article Number (Transfer from service label)
7016 0910 0001 3727 7052

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
7/26/17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail
☐ Mail Restricted Delivery
00)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricte Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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FORTESCUE, NJ 08321

OFFICIAL U

Certified Mail Fee	$3.35
Extra Services & Fees (check box, add fee as appropriate)	$2.75
☑ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$
Postage	$0.49
Total Postage and Fees	$6.59
Sent To	
Street and	RAIVELY, JAMES H JR & LINDA W
City, State,	P.O. BOX 320 FORTESCUE, NJ 08321

07/24

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Revers

7017 1000 0000 3918 5200

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

RAIVELY, JAMES H JR & LINDA W
P.O. BOX 320
FORTESCUE, NJ 08321

9590 9402 2670 6336 6860 50

2. Article Number (Transfer from service label)
7017 1000 0000 3918 5200

COMPLETE THIS SECTION ON DELIVERY

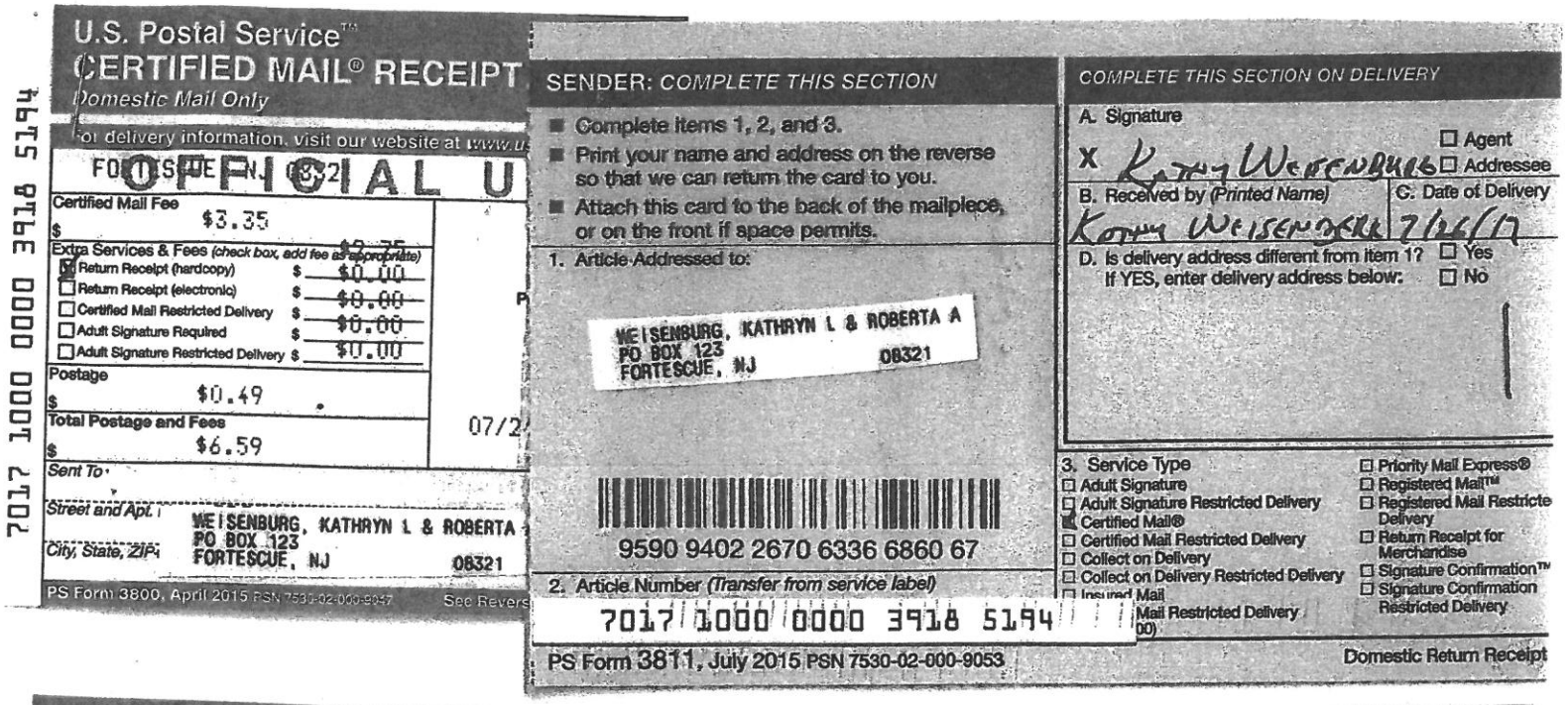
A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Deliver
James H Raively 7/25

D. Is delivery address different from item 1? ☑ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ ail
☐ ail Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restrict Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receip



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FORTESCUE NJ 08321

OFFICIAL USE

Certified Mail Fee	$3.35
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$0.00
Postage	$0.49
Total Postage and Fees	$6.59
Sent To	
Street and Apt. No.	WEISENBURG, KATHRYN L & ROBERTA A
City, State, ZIP+4	PO BOX 123 FORTESCUE, NJ 08321

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1000 0000 3918 5194

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WEISENBURG, KATHRYN L & ROBERTA A
PO BOX 123
FORTESCUE, NJ 08321

9590 9402 2670 6336 6860 67

2. Article Number (Transfer from service label)
7017 1000 0000 3918 5194

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

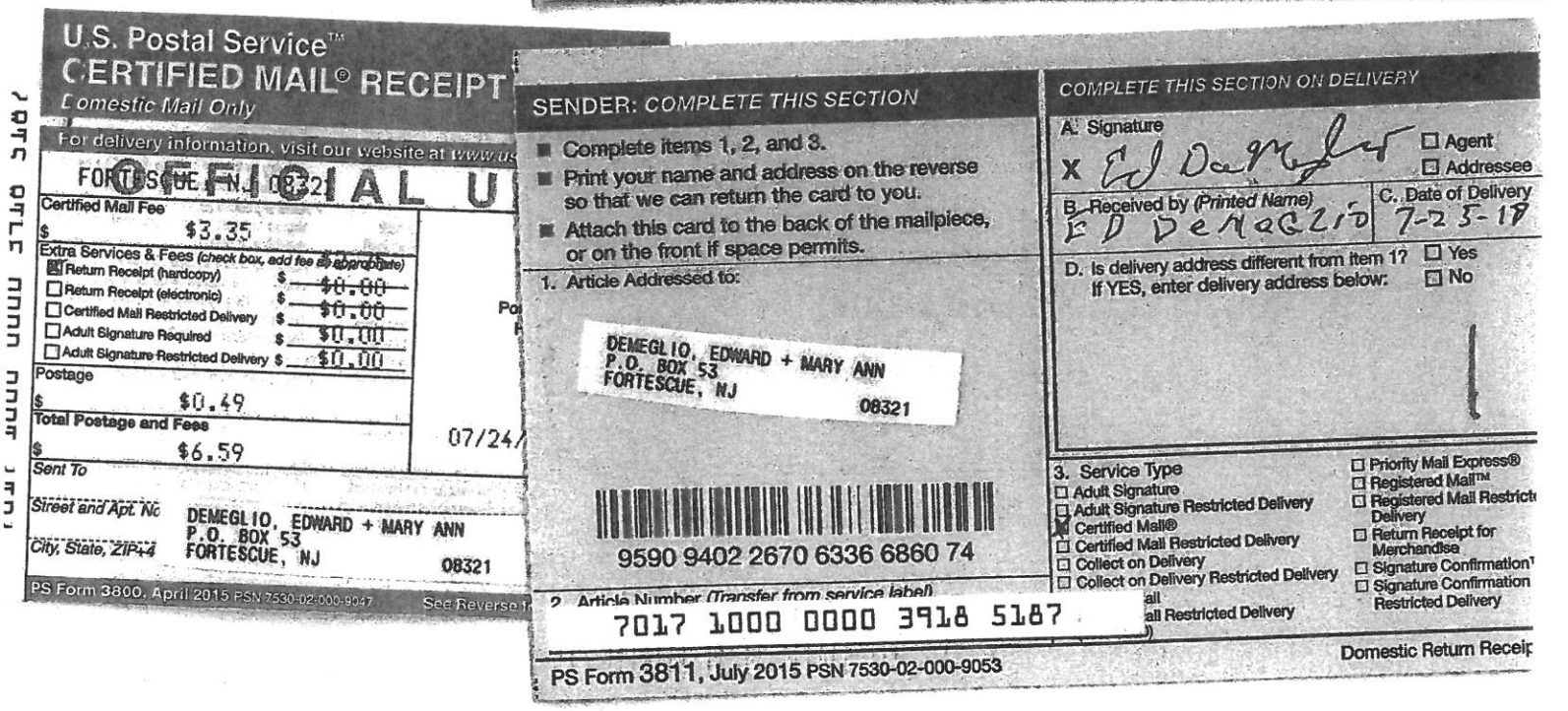
COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kathy Weisenburg ☐ Agent ☐ Addressee

B. Received by (Printed Name) Kathy Weisenburg
C. Date of Delivery 7/26/17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery



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FORTESCUE NJ 08321

OFFICIAL USE

Certified Mail Fee	$3.35
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$0.00
Postage	$0.49
Total Postage and Fees	$6.59
Sent To	
Street and Apt. No.	DEMEGLIO, EDWARD + MARY ANN
City, State, ZIP+4	P.O. BOX 53 FORTESCUE, NJ 08321

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1000 0000 3918 5187

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DEMEGLIO, EDWARD + MARY ANN
P.O. BOX 53
FORTESCUE, NJ 08321

9590 9402 2670 6336 6860 74

2. Article Number (Transfer from service label)
7017 1000 0000 3918 5187

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

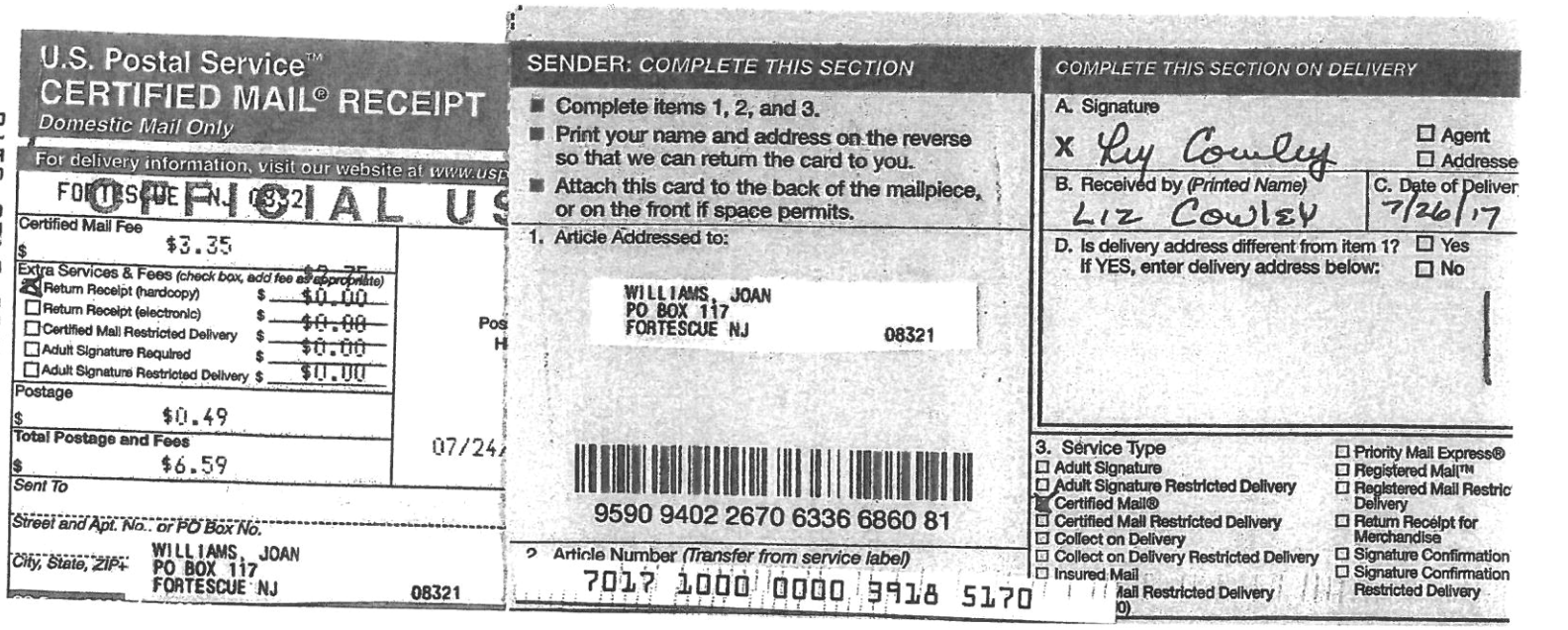
COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ed DeMeglio ☐ Agent ☐ Addressee

B. Received by (Printed Name) Ed DeMeglio
C. Date of Delivery 7-25-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery



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FORTESCUE NJ 08321

OFFICIAL USE

Certified Mail Fee	$3.35
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy)	$0.00
☐ Return Receipt (electronic)	$0.00
☐ Certified Mail Restricted Delivery	$0.00
☐ Adult Signature Required	$0.00
☐ Adult Signature Restricted Delivery	$0.00
Postage	$0.49
Total Postage and Fees	$6.59
Sent To	
Street and Apt. No., or PO Box No.	WILLIAMS, JOAN
City, State, ZIP+4	PO BOX 117 FORTESCUE NJ 08321

7017 1000 0000 3918 5170

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WILLIAMS, JOAN
PO BOX 117
FORTESCUE NJ 08321

9590 9402 2670 6336 6860 81

2. Article Number (Transfer from service label)
7017 1000 0000 3918 5170

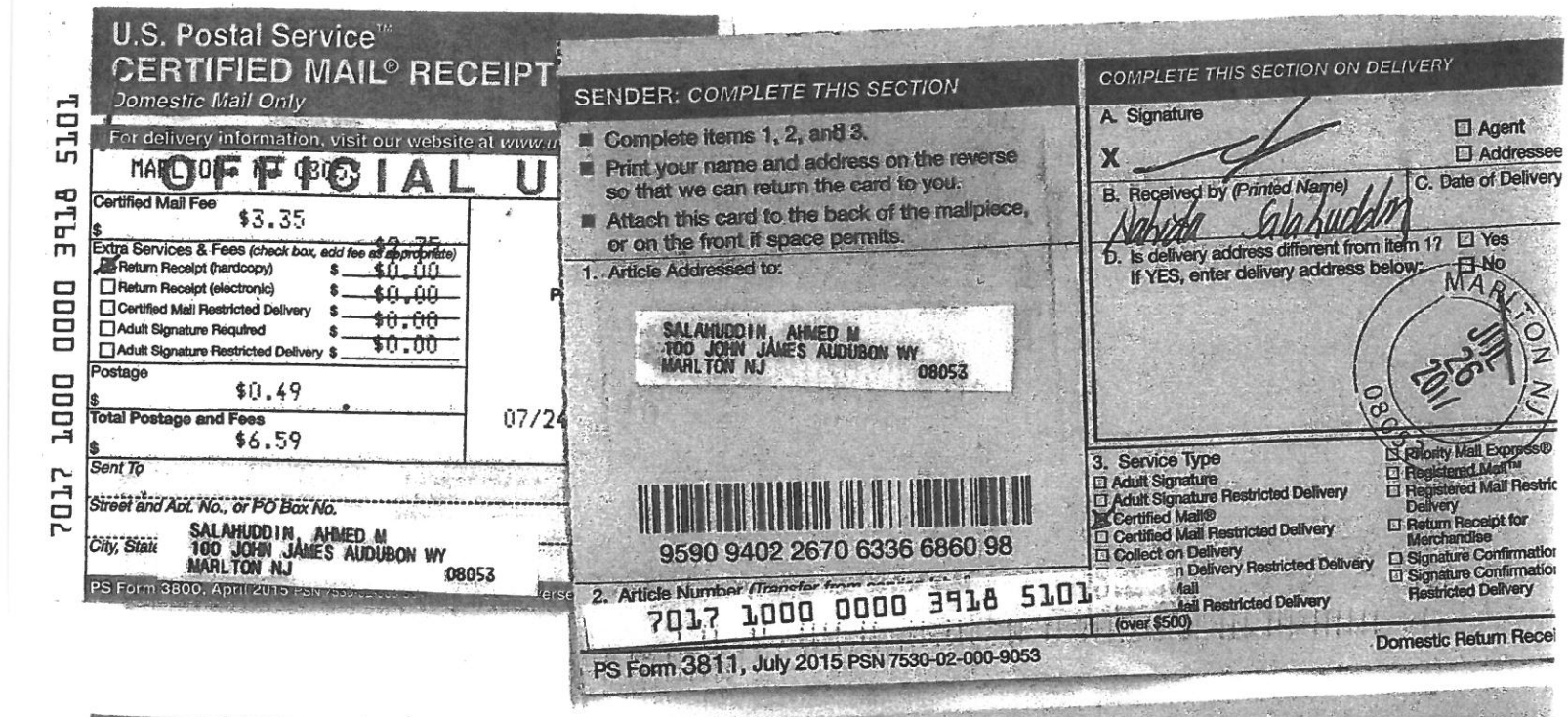
COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Liz Cowley ☐ Agent ☐ Addressee

B. Received by (Printed Name) Liz Cowley
C. Date of Delivery 7/26/17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation
☐ Signature Confirmation Restricted Delivery



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Domestic Mail Only
For delivery information, visit our website at www.u
MARLTON NJ 08053
OFFICIAL U
Certified Mail Fee $3.35
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $3.75 $0.00
Return Receipt (electronic) $0.00
Certified Mail Restricted Delivery $0.00
Adult Signature Required $0.00
Adult Signature Restricted Delivery $
Postage $0.49
Total Postage and Fees $6.59
07/24
Sent To
Street and Apt. No., or PO Box No.
City, State
SALAHUDDIN, AHMED M
100 JOHN JAMES AUDUBON WY
MARLTON NJ 08053
PS Form 3800, April 2015 PSN

7017 1000 0000 3918 5101

SENDER: COMPLETE THIS SECTION
- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

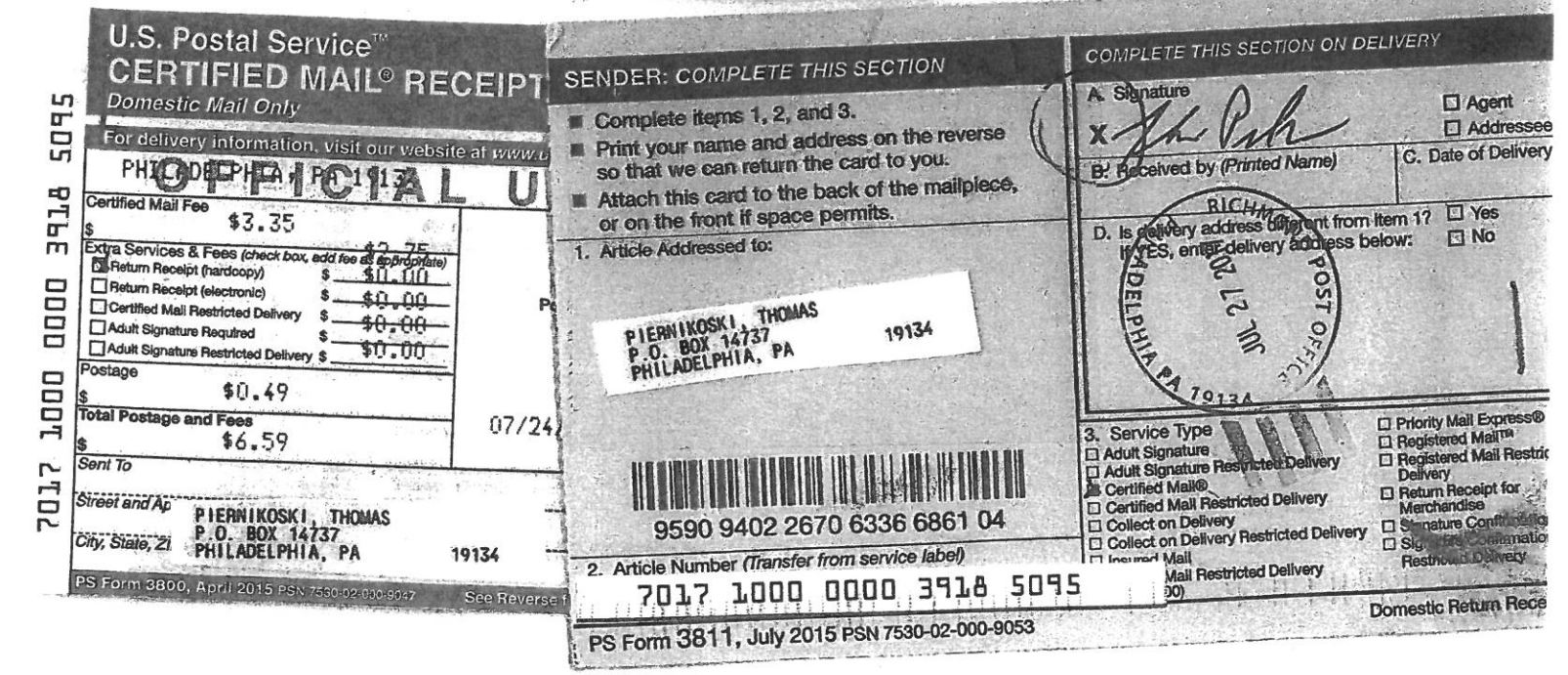
1. Article Addressed to:
SALAHUDDIN, AHMED M
100 JOHN JAMES AUDUBON WY
MARLTON NJ 08053

9590 9402 2670 6336 6860 98

2. Article Number (Transfer from service label)
7017 1000 0000 3918 5101

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
Agent
Addressee
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
MARLTON NJ JUL 26 2017 08053
3. Service Type
Adult Signature
Adult Signature Restricted Delivery
Certified Mail®
Certified Mail Restricted Delivery
Collect on Delivery
Collect on Delivery Restricted Delivery
Mail Restricted Delivery
(over $500)
Priority Mail Express®
Registered Mail™
Registered Mail Restric Delivery
Return Receipt for Merchandise
Signature Confirmation
Signature Confirmation Restricted Delivery
Domestic Return Recei



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CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.u
PHILADELPHIA PA 19134
OFFICIAL U
Certified Mail Fee $3.35
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $3.75 $0.00
Return Receipt (electronic) $0.00
Certified Mail Restricted Delivery $0.00
Adult Signature Required $0.00
Adult Signature Restricted Delivery $
Postage $0.49
Total Postage and Fees $6.59
07/24
Sent To
Street and Ap
City, State, Zi
PIERNIKOSKI, THOMAS
P.O. BOX 14737
PHILADELPHIA, PA 19134
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse f

7017 1000 0000 3918 5095

SENDER: COMPLETE THIS SECTION
- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

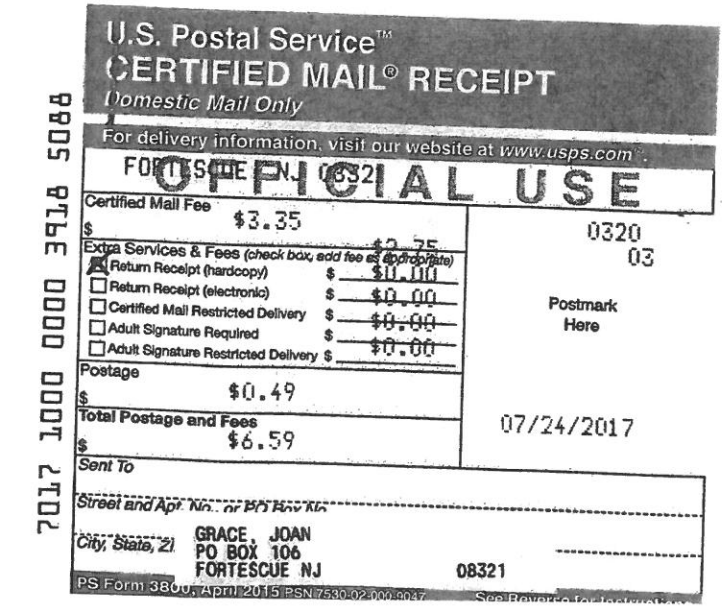
1. Article Addressed to:
PIERNIKOSKI, THOMAS
P.O. BOX 14737
PHILADELPHIA, PA 19134

9590 9402 2670 6336 6861 04

2. Article Number (Transfer from service label)
7017 1000 0000 3918 5095

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
Agent
Addressee
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
RICHMOND VA POST OFFICE JUL 27 2017 19134A
3. Service Type
Adult Signature
Adult Signature Restricted Delivery
Certified Mail®
Certified Mail Restricted Delivery
Collect on Delivery
Collect on Delivery Restricted Delivery
Mail Restricted Delivery
Priority Mail Express®
Registered Mail™
Registered Mail Restric Delivery
Return Receipt for Merchandise
Domestic Return Rece



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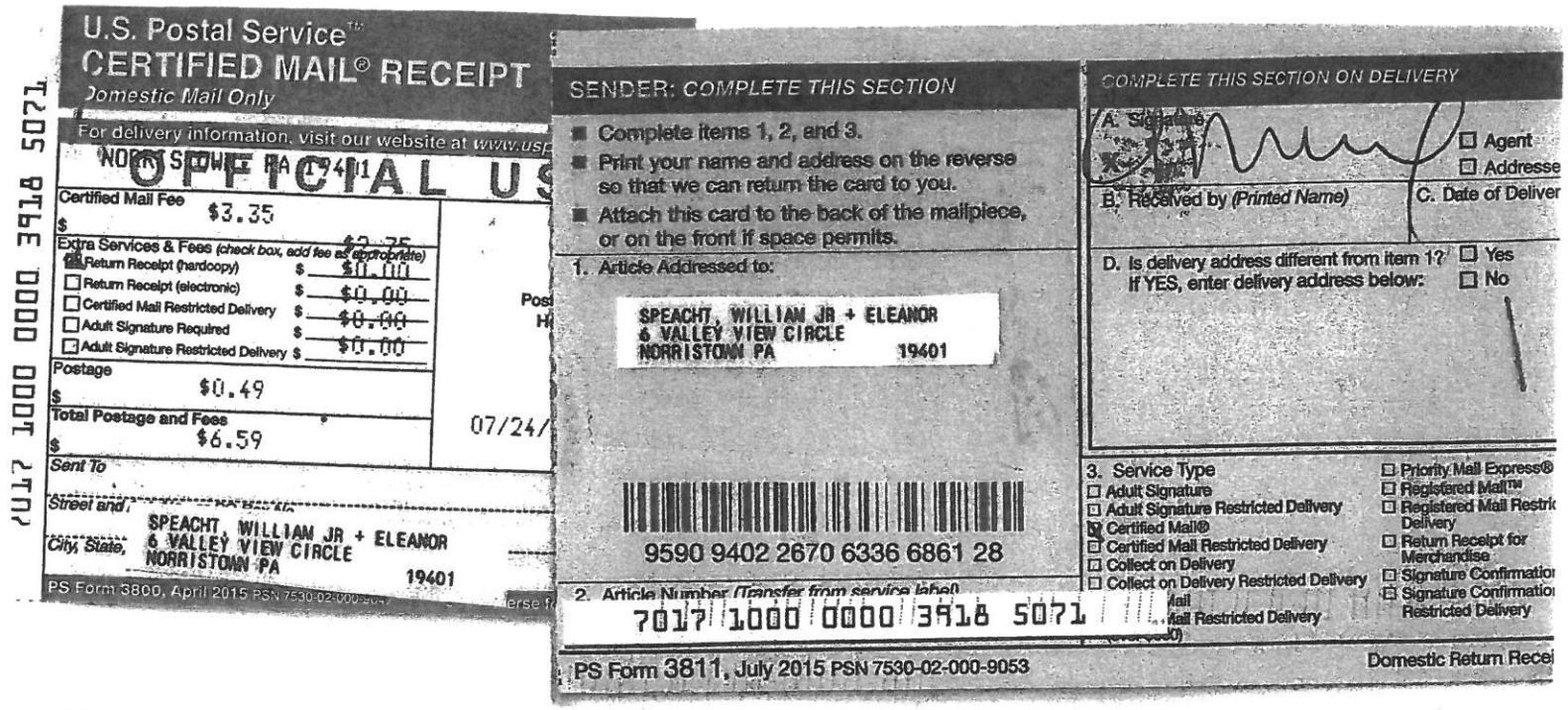
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.
FORTESCUE NJ 08321
OFFICIAL USE
Certified Mail Fee $3.35
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $3.75 $0.00
Return Receipt (electronic) $0.00
Certified Mail Restricted Delivery $0.00
Adult Signature Required $0.00
Adult Signature Restricted Delivery $
Postage $0.49
Total Postage and Fees $6.59
0320
03
Postmark Here
07/24/2017
Sent To
Street and Apt. No., or PO Box No.
City, State, Zi
GRACE, JOAN
PO BOX 106
FORTESCUE NJ 08321
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

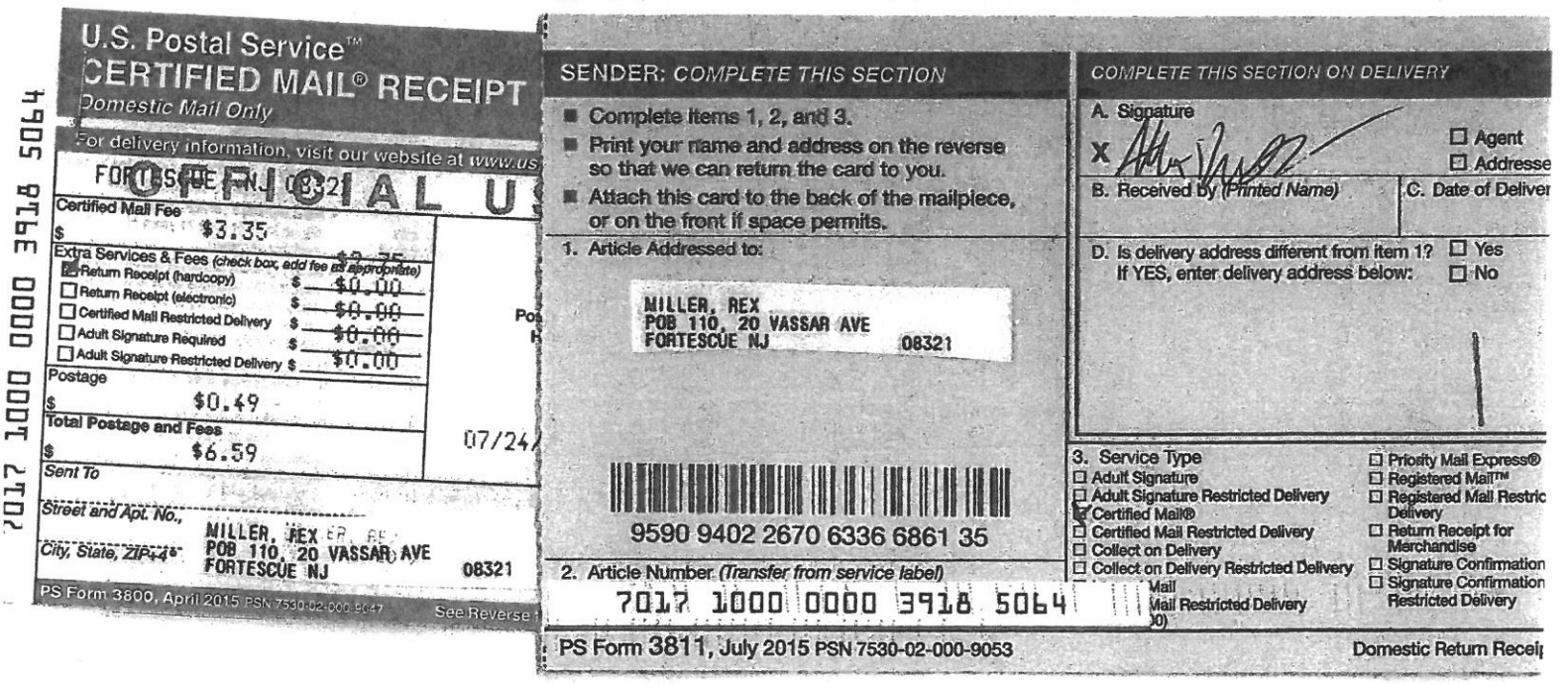
7017 1000 0000 3918 5088



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com
NORRISTOWN PA 19401
OFFICIAL USE
Certified Mail Fee $3.35
Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $0.00
☐ Return Receipt (electronic) $0.00
☐ Certified Mail Restricted Delivery $0.00
☐ Adult Signature Required $0.00
☐ Adult Signature Restricted Delivery $0.00
Postage $0.49
Total Postage and Fees $6.59
07/24/
Sent To
Street and Apt. No.,
City, State, ZIP+4®
SPEACHT, WILLIAM JR + ELEANOR
6 VALLEY VIEW CIRCLE
NORRISTOWN PA 19401
PS Form 3800, April 2015 PSN 7530-02-000-9047
7017 1000 0000 3918 5071

SENDER: COMPLETE THIS SECTION
■ Complete items 1, 2, and 3.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.
1. Article Addressed to:
SPEACHT, WILLIAM JR + ELEANOR
6 VALLEY VIEW CIRCLE
NORRISTOWN PA 19401
9590 9402 2670 6336 6861 28
2. Article Number (Transfer from service label)
7017 1000 0000 3918 5071

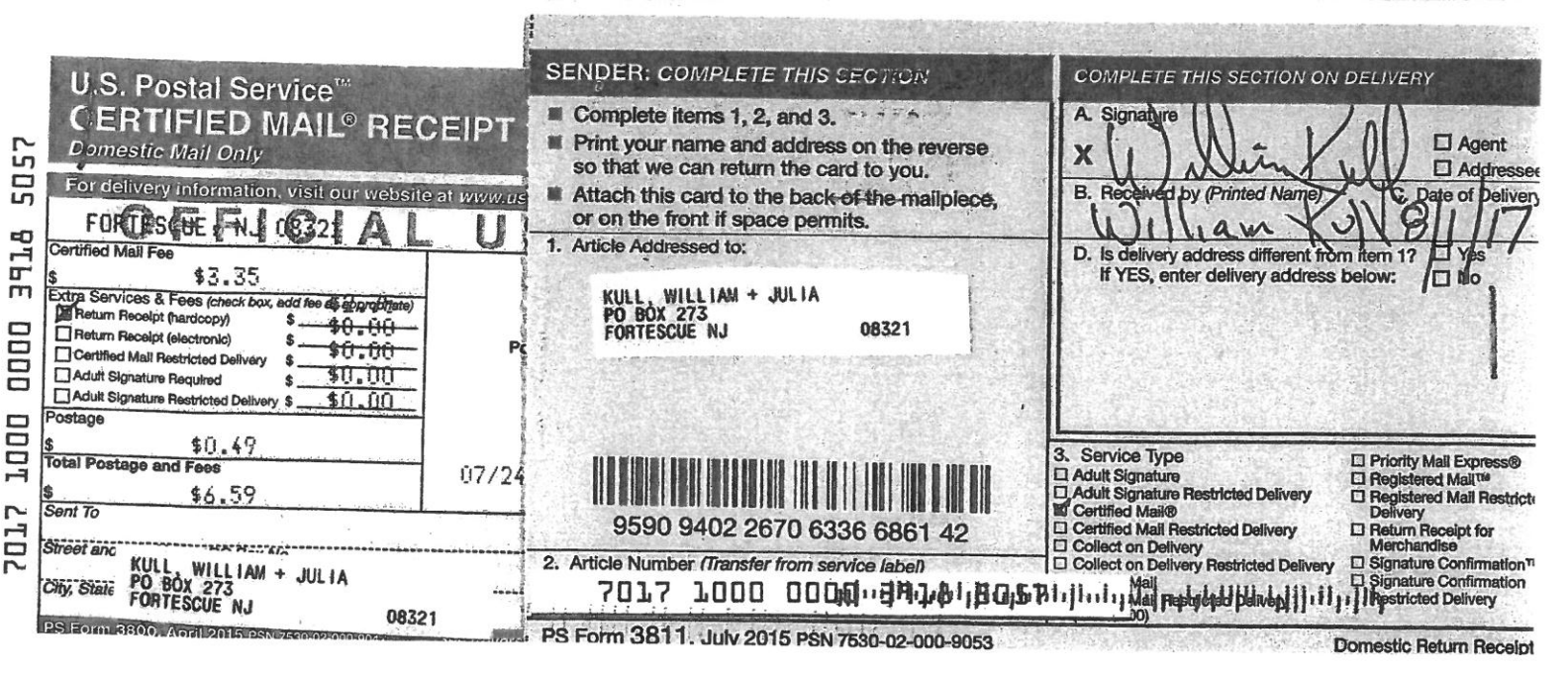
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
☐ Agent
☐ Addressee
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation
☐ Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053
Domestic Return Receipt



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com
FORTESCUE NJ 08321
OFFICIAL USE
Certified Mail Fee $3.35
Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $0.00
☐ Return Receipt (electronic) $0.00
☐ Certified Mail Restricted Delivery $0.00
☐ Adult Signature Required $0.00
☐ Adult Signature Restricted Delivery $0.00
Postage $0.49
Total Postage and Fees $6.59
07/24/
Sent To
Street and Apt. No.,
City, State, ZIP+4®
MILLER, REX
POB 110, 20 VASSAR AVE
FORTESCUE NJ 08321
PS Form 3800, April 2015 PSN 7530-02-000-9047
7017 1000 0000 3918 5064

SENDER: COMPLETE THIS SECTION
■ Complete items 1, 2, and 3.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.
1. Article Addressed to:
MILLER, REX
POB 110, 20 VASSAR AVE
FORTESCUE NJ 08321
9590 9402 2670 6336 6861 35
2. Article Number (Transfer from service label)
7017 1000 0000 3918 5064

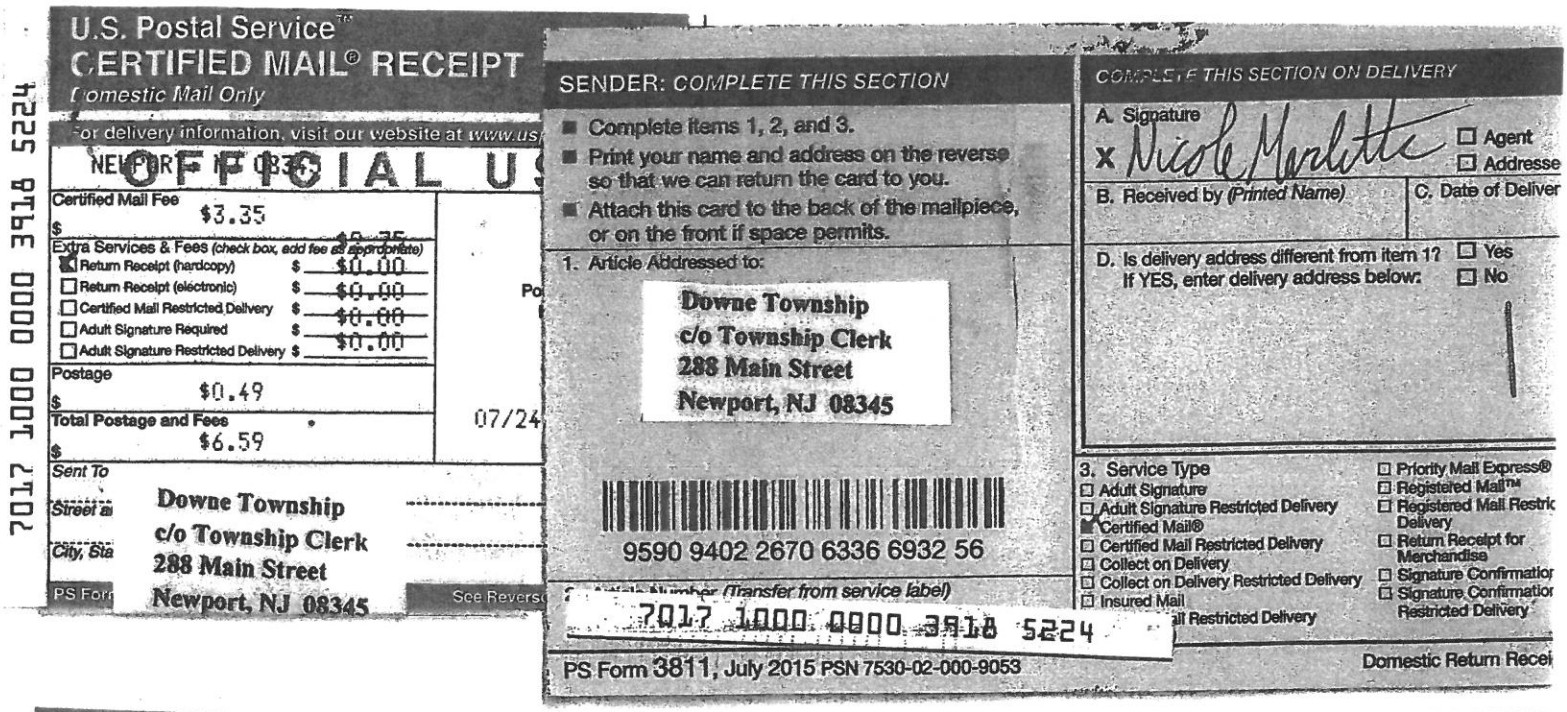
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
☐ Agent
☐ Addressee
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation
☐ Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053
Domestic Return Receipt



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com
FORTESCUE NJ 08321
OFFICIAL USE
Certified Mail Fee $3.35
Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $0.00
☐ Return Receipt (electronic) $0.00
☐ Certified Mail Restricted Delivery $0.00
☐ Adult Signature Required $0.00
☐ Adult Signature Restricted Delivery $0.00
Postage $0.49
Total Postage and Fees $6.59
07/24
Sent To
Street and
City, State
KULL, WILLIAM + JULIA
PO BOX 273
FORTESCUE NJ 08321
PS Form 3800, April 2015
7017 1000 0000 3918 5057

SENDER: COMPLETE THIS SECTION
■ Complete items 1, 2, and 3.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.
1. Article Addressed to:
KULL, WILLIAM + JULIA
PO BOX 273
FORTESCUE NJ 08321
9590 9402 2670 6336 6861 42
2. Article Number (Transfer from service label)
7017 1000 0000 3918 5057

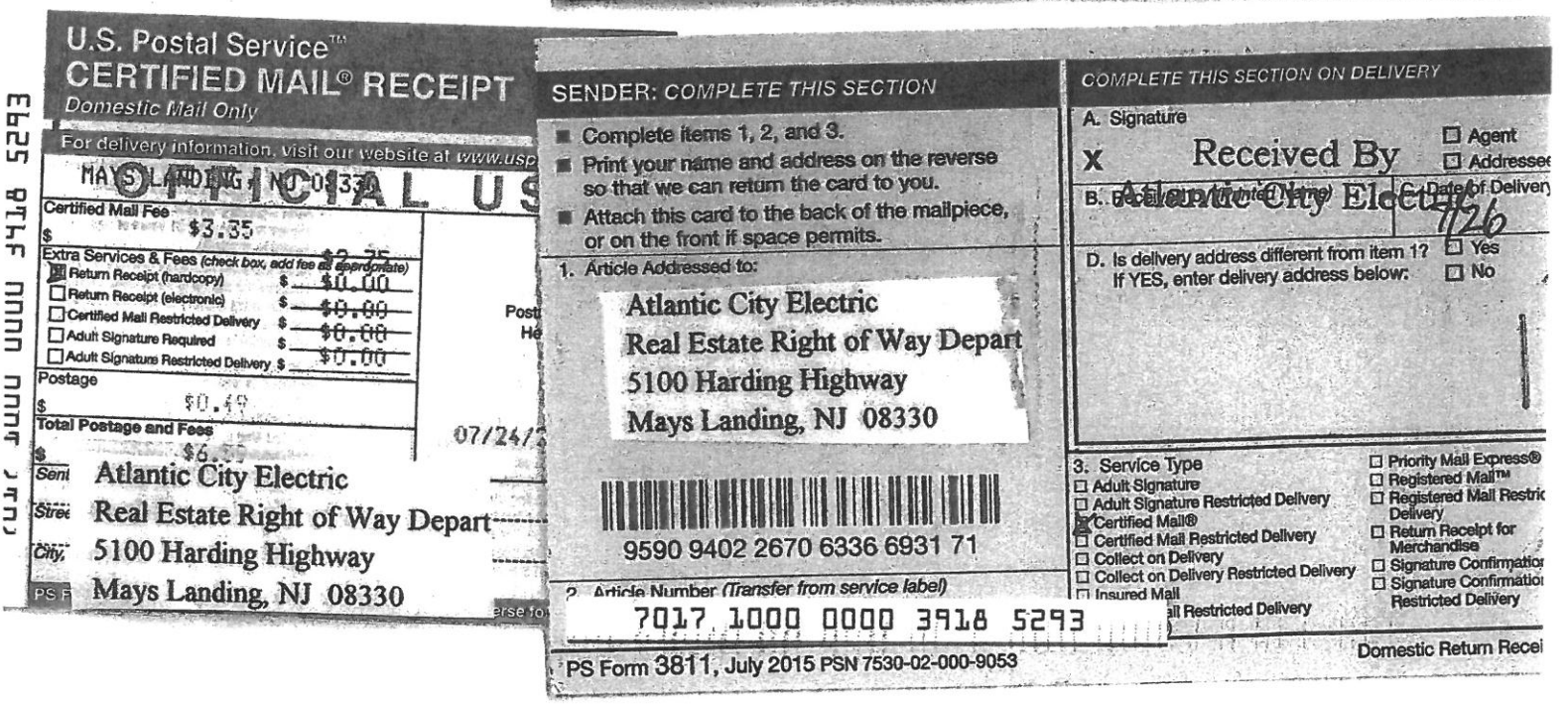
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
William Kull
☐ Agent
☐ Addressee
B. Received by (Printed Name)
William Kull
C. Date of Delivery
8/1/17
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053
Domestic Return Receipt



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com
NEWPORT, NJ 08345
OFFICIAL USE
Certified Mail Fee $3.35
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) $0.00
☐ Return Receipt (electronic) $0.00
☐ Certified Mail Restricted Delivery $0.00
☐ Adult Signature Required $0.00
☐ Adult Signature Restricted Delivery $
Postage $0.49
Total Postage and Fees $6.59
07/24
Sent To
Street and Apt. No.: Downe Township
c/o Township Clerk
City, State, ZIP+4: 288 Main Street
Newport, NJ 08345
PS Form 3800
7017 1000 0000 3918 5224

SENDER: COMPLETE THIS SECTION
■ Complete items 1, 2, and 3.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.
1. Article Addressed to:
Downe Township
c/o Township Clerk
288 Main Street
Newport, NJ 08345
9590 9402 2670 6336 6932 56
2. Article Number (Transfer from service label)
7017 1000 0000 3918 5224
PS Form 3811, July 2015 PSN 7530-02-000-9053
Domestic Return Receipt

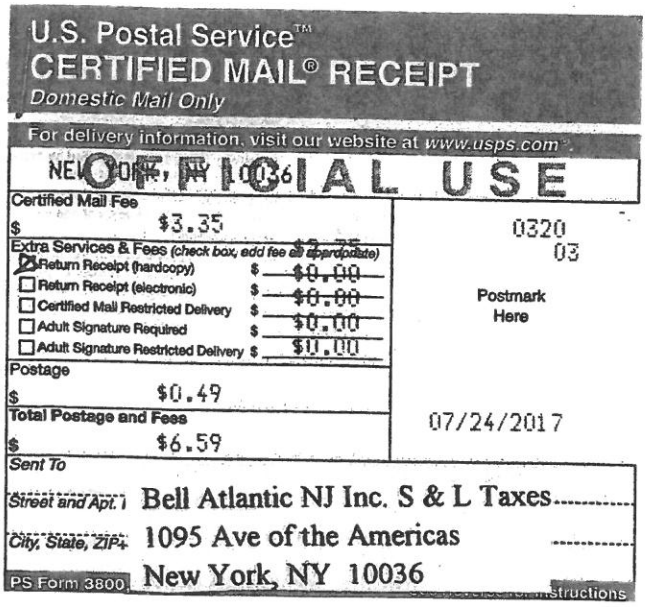
COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Nicole Merlotte ☐ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation
☐ Signature Confirmation Restricted Delivery



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com
MAYS LANDING, NJ 08330
OFFICIAL USE
Certified Mail Fee $3.35
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) $0.00
☐ Return Receipt (electronic) $0.00
☐ Certified Mail Restricted Delivery $0.00
☐ Adult Signature Required $0.00
☐ Adult Signature Restricted Delivery $
Postage $0.49
Total Postage and Fees $6.59
07/24/2017
Sent To
Street and Apt. No.: Atlantic City Electric
Real Estate Right of Way Depart
City, State, ZIP+4: 5100 Harding Highway
Mays Landing, NJ 08330
PS Form 3800
7017 1000 0000 3918 5293

SENDER: COMPLETE THIS SECTION
■ Complete items 1, 2, and 3.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.
1. Article Addressed to:
Atlantic City Electric
Real Estate Right of Way Depart
5100 Harding Highway
Mays Landing, NJ 08330
9590 9402 2670 6336 6931 71
2. Article Number (Transfer from service label)
7017 1000 0000 3918 5293
PS Form 3811, July 2015 PSN 7530-02-000-9053
Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X Received By ☐ Agent ☐ Addressee
B. Received by (Printed Name) Atlantic City Electric C. Date of Delivery 7/26
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation
☐ Signature Confirmation Restricted Delivery



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com
NEW YORK, NY 10036
OFFICIAL USE
Certified Mail Fee $3.35
Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) $0.00
☐ Return Receipt (electronic) $0.00
☐ Certified Mail Restricted Delivery $0.00
☐ Adult Signature Required $0.00
☐ Adult Signature Restricted Delivery $0.00
Postage $0.49
Total Postage and Fees $6.59
0320
03
Postmark Here
07/24/2017
Sent To
Street and Apt. No.: Bell Atlantic NJ Inc. S & L Taxes
City, State, ZIP+4: 1095 Ave of the Americas
New York, NY 10036
PS Form 3800
7017 1000 0000 3918 5286

7017 1000 0000 3918 5279

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

PHILADELPHIA PA 19102

OFFICIAL USE

Certified Mail Fee $3.35	0320 03
Extra Services & Fees (check box, add fee as appropriate)	
☑ Return Receipt (hardcopy) $0.00	
☐ Return Receipt (electronic) $0.00	Postmark Here
☐ Certified Mail Restricted Delivery $0.00	
☐ Adult Signature Required $0.00	
☐ Adult Signature Restricted Delivery $0.00	
Postage $0.49	
Total Postage and Fees $6.59	07/24/2017

Sent To
Street and Apt. No., or
City, State, ZIP+4®

Comcast Financial Agency Corp
1500 Market Street
Philadelphia, PA 19102-2148

PS Form 3800, Apr ... Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Comcast Financial Agency Corp
1500 Market Street
Philadelphia, PA 19102-2148

9590 9402 2670 6336 6867 53

2. Article ...

COMPLETE THIS SECTION ON DELIVERY

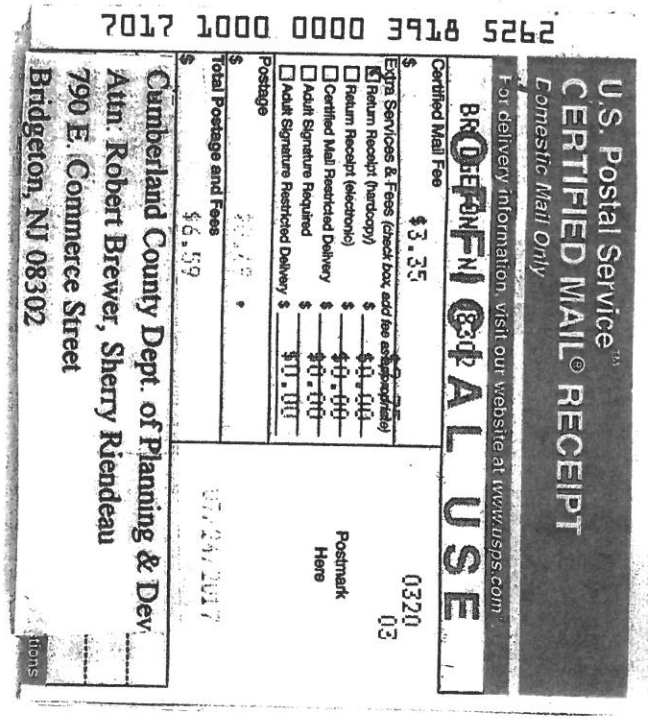
A. Signature
X COMCAST CORPORATION ONE COMCAST CENTER PHILADELPHIA, PA 19103-2838
☐ Agent
☐ Addressee

B. Received by (Printed Name) ... Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for ...se
...Confirmation™
...Confirmation Delivery

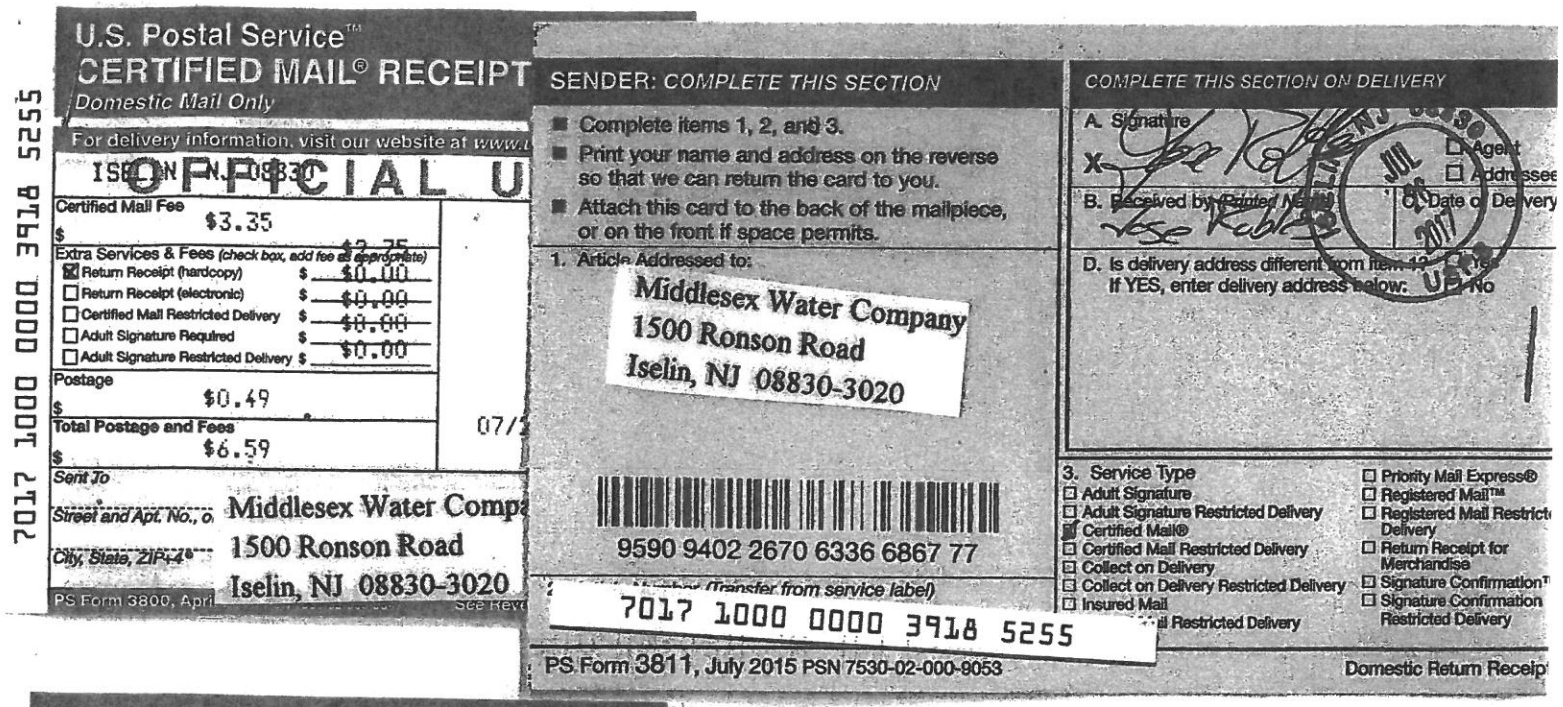
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt



FTB

Cumberland County Dept. of Planning & Development
Attn: Robert Brewer, Sherry Riendeau
790 E. C
Bridgeto

NIXIE 176 FE 1 0007/27/17
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 08302181974 *0803-02111-24-40



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com
ISELIN NJ 08830
OFFICIAL USE
Certified Mail Fee $3.35
Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $0.00
☐ Return Receipt (electronic) $0.00
☐ Certified Mail Restricted Delivery $0.00
☐ Adult Signature Required $0.00
☐ Adult Signature Restricted Delivery $0.00
Postage $0.49
Total Postage and Fees $6.59
07/
Sent To
Street and Apt. No., o Middlesex Water Compa
City, State, ZIP+4 1500 Ronson Road
Iselin, NJ 08830-3020
PS Form 3800, Apri See Rev
7017 1000 0000 3918 5255

SENDER: COMPLETE THIS SECTION
- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Middlesex Water Company
1500 Ronson Road
Iselin, NJ 08830-3020

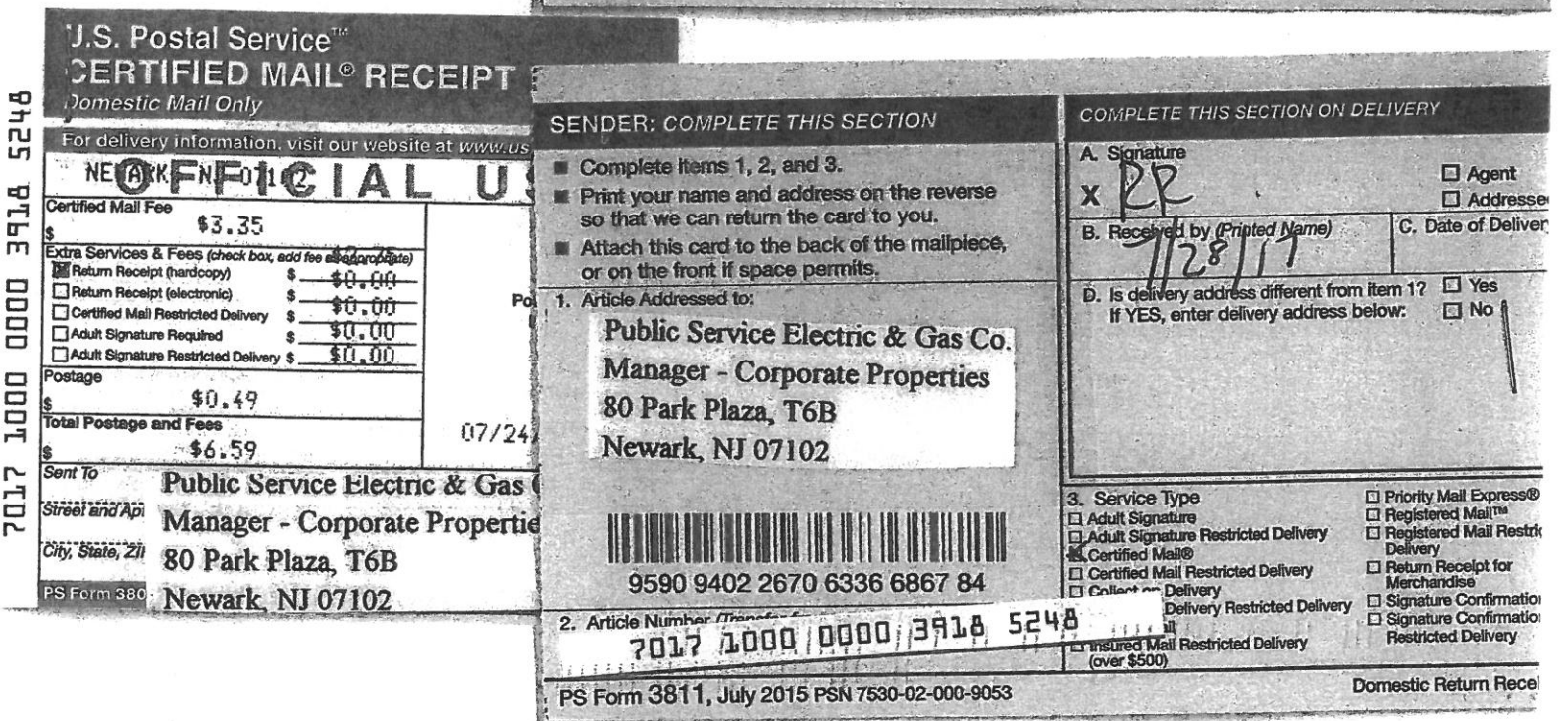
9590 9402 2670 6336 6867 77

2. Article Number (Transfer from service label)
7017 1000 0000 3918 5255

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
☐ Agent
☐ Addressee
B. Received by (Printed Name)
C. Date of Delivery
JUL 2017
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com
NEWARK NJ 07102
OFFICIAL USE
Certified Mail Fee $3.35
Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $0.00
☐ Return Receipt (electronic) $0.00
☐ Certified Mail Restricted Delivery $0.00
☐ Adult Signature Required $0.00
☐ Adult Signature Restricted Delivery $0.00
Postage $0.49
Total Postage and Fees $6.59
07/24
Sent To Public Service Electric & Gas
Street and Api Manager - Corporate Properties
City, State, Zi 80 Park Plaza, T6B
PS Form 380 Newark, NJ 07102
7017 1000 0000 3918 5248

SENDER: COMPLETE THIS SECTION
- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Public Service Electric & Gas Co.
Manager - Corporate Properties
80 Park Plaza, T6B
Newark, NJ 07102

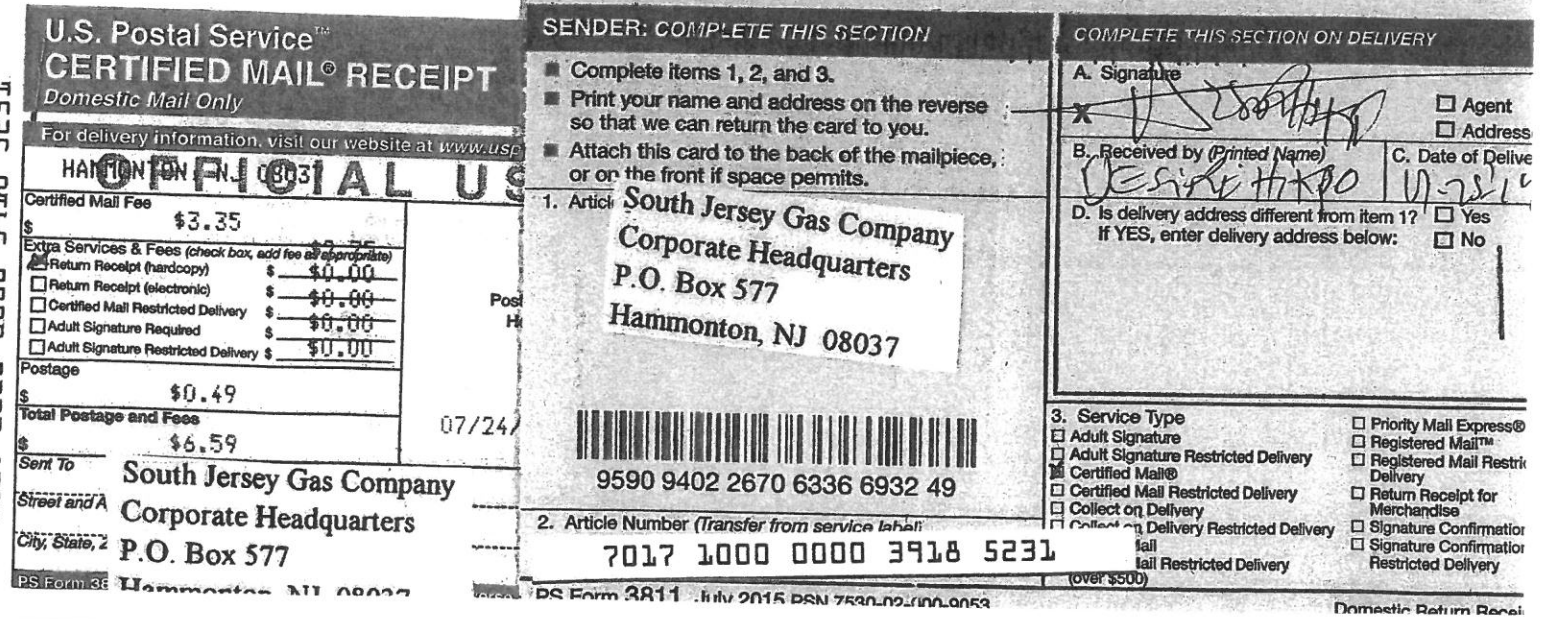
9590 9402 2670 6336 6867 84

2. Article Number (Transfer from service label)
7017 1000 0000 3918 5248

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X RR
☐ Agent
☐ Addressee
B. Received by (Printed Name) 7/28/17
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation
☐ Signature Confirmation Restricted Delivery



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com
HAMMONTON NJ 08037
OFFICIAL USE
Certified Mail Fee $3.35
Extra Services & Fees (check box, add fee as appropriate)
☑ Return Receipt (hardcopy) $0.00
☐ Return Receipt (electronic) $0.00
☐ Certified Mail Restricted Delivery $0.00
☐ Adult Signature Required $0.00
☐ Adult Signature Restricted Delivery $0.00
Postage $0.49
Total Postage and Fees $6.59
07/24
Sent To South Jersey Gas Company
Street and A Corporate Headquarters
City, State, Z P.O. Box 577
PS Form 38 Hammonton, NJ 08037
7017 1000 0000 3918 5231

SENDER: COMPLETE THIS SECTION
- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
South Jersey Gas Company
Corporate Headquarters
P.O. Box 577
Hammonton, NJ 08037

9590 9402 2670 6336 6932 49

2. Article Number (Transfer from service label)
7017 1000 0000 3918 5231

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY
A. Signature
X
☐ Agent
☐ Addressee
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation
☐ Signature Confirmation Restricted Delivery

LAURA J. SCRUGGS

Attorney-at-Law

22 West Commerce Street
Bridgeton, NJ 08302

P: (856)451-8600
C: (856)207-1455
F: (856)451-3005
LJScruggsEsq@aol.com

Certified Public Accountant

Master of Science in Taxation

July 24, 2017
[via hand-delivery]

Chairman & Board Members
Downe Township Planning Board
c/o Board Secretary
288 Main Street
Newport, NJ 08345

Re: Johnson Conditional Use
and other applicable Variances or Waivers
130 Newport Ave
Block 76 Lot 14
R-2 Zone

Dear Chairman and Board Members:

In response to the Engineering Report from Tedesco Engineering LLC dated July 6, 2017 and the Board Meeting on July 11, 2017 please accept the following as amendments to the above Application:

1. Enclosed is check #5960 dated July 24, 2017 in the amount of $1,000.00 ($500.00 for Conditional Use and $500.00 for Variance) as an escrow deposit requested by the Board Solicitor. Applicant requests that pursuant to NJSA 40:55D-67(b) that the $500.00 fee for the Conditional Use Application includes the review for any needed variances and that the $500.00 deposited for a Variance review be returned to the Applicant so that duplicate fees are not imposed.

2. 14 copies of Survey of 130 Newport Avenue, Fortescue by Fralinger Engineering, PA dated 7/13/17.

3. 14 copies of aerial photo of the neighborhood by Fralinger Engineering PA dated 7/13/17 highlighting front setbacks on Newport Avenue homes showing all, except one, do not meet the bulk requirements, and:

   a. highlighting Raively Variance at adjacent property fronting 137 Garrison Avenue and its backyard at 132 Newport Ave, granted on 12/10/2001 approving reduced front and side setbacks [copy of Zoning File relating to variance attached]; and

   b. highlighting Grace Zoning Permit 2005-19 at property across the street at 133 Newport Avenue permitting reduced front setbacks (on both street sides on Newport Avenue and Cornell Avenue) without variance [copy of Grace Zoning Permit file attached].

4. Submissions requested in Engineering Report:

   a. 14 copies of a Letter from Richard H. Daniels, Esquire as Cumberland County Board of Health Solicitor to Dr. Stanley Bagan, Chairman dated November 2, 2010 explaining Letter of NO ACTION from the Health Department allowing use of preexisting septic system attached.

   b. The prior Variance application was under NJSA 40:55D-70(c)(1) and NJSA 40:55D-70(c)(2). Although the Court upheld the Board's denial of this relief, the Court found that Applicant had satisfied the negative criteria for a (c)(2) variance.

   c. A survey identified above is attached depicting the structures on Applicant's property.

5. Also attached are 14 copies of a letter on behalf of the sole objector, Kathryn L. Weisenburg, to Applicant's previous variance application, from the attorney Dean R. Marcolongo to Edward F. Duffy, Board Solicitor dated September 6, 2011 indicating "...that mobile homes are conditional uses within this zone..." and suggests that a (D)(3) Use Variance may be necessary.

Applicant will present testimony at the hearing by Applicant and/or Professionals and reserves the right to submit additional proofs pending the receipt of any updated Engineering Reports

from the Board Engineer, testimony of the Board Engineer, and any persons or objectors at the Board hearing in this matter.

An Affidavit of Mailing of the Notice of Hearing to Owners and Proof of Publication of said Notice will be sent under separate cover prior to the hearing.

Respectfully,

Laura J. Scruggs

Laura J. Scruggs
Attorney for Applicant

CC: William H. Johnson, Jr.

State of New Jersey

Township of Downe

GOVERNMENT RECORDS REQUEST FORM

REC'D BY: _____

DATE: _____

Important Notice

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

Requestor Information – Please Print

First Name LAURA MI J Last Name SCRUGGS

Company LAURA J. SCRUGGS ESQ

Mailing Address 22 WEST COMMERCE ST

City BRIDGETON State NJ Zip 08302 Email LJScruggsEsq@aol.com

Business Hours Telephone: Area Code 856 Number 207-1455 Extension _____

Preferred Delivery: Pick Up X US Mail _____ On Site Inspect _____

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 Laura J. Scruggs Date 3/27/2012

Payment Information

Maximum Authorization Cost $ _____

Select Payment Method

Cash Check Money Order _____

Fees: 5¢ per page – letter size
7¢ per page – legal size

CD's/Tape: $0.50 each

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Copy of Zoning File re: 137 Garrison Ave BL. 76 LT 2
132 Newport Ave BL. 76 LT 13
owned by James + Linda Paively
- any & all applications; letters; variance approvals, request is for entire file.
Approx 10-15yrs ago.

AGENCY USE ONLY

Est. Document Cost _____
Est. Delivery Cost _____
Est. Extras Cost _____
Total Est. Cost 1.56
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 $1.56
Deposit _____
Balance Due _____
Balance Paid _____

Records Provided

Custodian Signature

3/27/12
Date

PUBLIC NOTICE

TAKE NOTICE that the Combined Planning Board of the Township of Downe, at its Meeting held on December 10, 2001, rendered the following decision:

1. RICCI BROS. SAND CO. INC. - West side Dragston Road, Downe Township, NJ, known as Block 35, Lots 7, 8, and 9; and Block 36, Lots 13, 14, 15, 16, 18 and 23. M-1 Zone. Applicant's request for renewal of resource extraction permit as previously granted, together with bulk variance relief. Granted.

2. SITECH CORP. - West side of Fortescue Road, Downe Township, New Jersey, known as Block 11, Lot 39. R-1 Zone. Applicant's request for minor subdivision to create two conforming lots. Lot 39 to consist of 88,130 square feet; and Lot 39.01 to consist of 79,865 square feet. Granted.

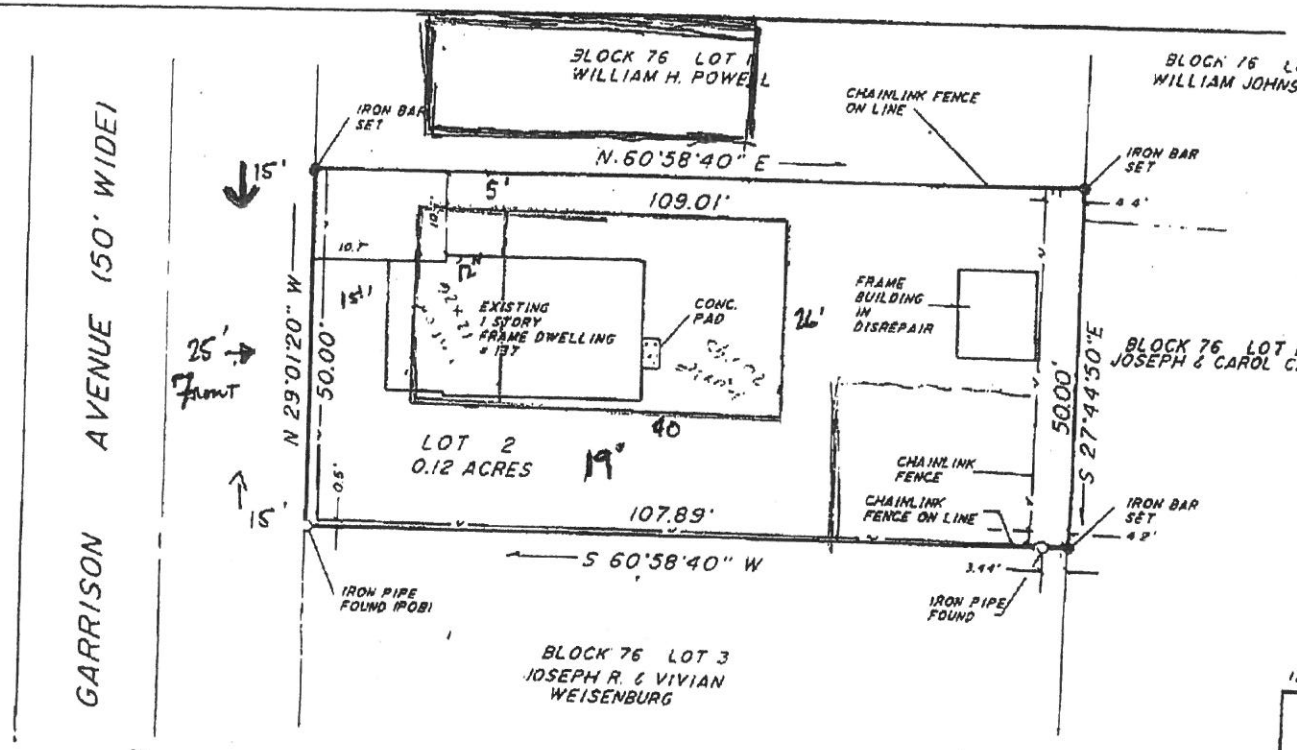
3. JAMES H. RAIVELY, JR. - East side of Garrison Avenue, Downe Township, NJ, known as Block 76, Lot 2. R-2 Zone. Applicant's request to construct 40' x 26' home, together with 12' x 26' deck, together with side yard variance of 5 feet whereas the Zone requires 15 feet; and front yard variance of 15 feet whereas the Zone requires 25 feet. Granted.

4. BETTER MATERIALS CORP. - North side of Dragston Road, Downe Township, NJ, known as Block 33, Lot 4 and Block 35, Lots 2, 3, 4 and 5. M-1 Zone. Applicant's request to renew resource extraction permit as previously granted, together with bulk variance relief. Granted.

COMBINED PLANNING BOARD
OF THE TOWNSHIP OF DOWNE

Sarah L. Livoti

SARAH L. LIVOTI, Secretary



GENERAL NOTES

1. TAX MAP REFERENCE:
   SHEET: 29
   BLOCK: 76
   LOT: 2
2. DEED REFERENCE:
   BOOK 1517 PAGE: 270
3. AREA: 0.12 ACRES

11/15/01 REVISE SCALE/TITLE BLOCK T.M.F.

SURVEY-PREPARED FOR
James Raively and Linda Weber Raively

MUNICIPALITY	DOWNE TOWNSHIP	
COUNTY& STATE	CUMBERLAND COUNTY, NEW JERSEY	
SCALE 1" = 20'	DATE 3/20/2000	DRAWN BY T.M.F.
COMMISSION NUMBER	20282.00	CHKD BY

Albert A. Fralinger, Jr., P.A.
Fralinger Engineering
CONSULTING ENGINEERS, PLANNERS
ENVIRONMENTAL SCIENTISTS & LAND SURVEYORS
WEST PARK EXECUTIVE CAMPUS, 629 SEELOK PIKE
BRIDGETON, NEW JERSEY 08302
(609) 451-2990 PHONE
(609) 455-9702 FAX

Barry S. Jones 3/21/2000
BARRY S. JONES, P.L.S., P.P.
PROFESSIONAL LAND SURVEYOR N.J. LIC. NO. 27574
PROFESSIONAL PLANNER N.J. LIC. NO. 4098

To James Raively and Linda Weber Raively
Commonwealth Land Title Insurance Company
of New Jersey
Colonial Bank FSB, it's Successors and/or
Assigns, As Their Interest May Appear.

"IN CONSIDERATION FOR THE FEE PAID FOR MAKING THIS SURVEY, I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE, INFORMATION, BELIEF AND PROFESSIONAL OPINION, THAT THIS SURVEY IS ACCURATE (EXCEPT FOR SUCH APURTENANCES OR EASEMENTS, IF ANY, THAT MAY BE LOCATED BELOW THE SURFACE OF THE LAND AND WHICH ARE NOT VISIBLE), THIS DECLARATION IS MADE ONLY TO THE HEREON NAMED PARTIES FOR THE PURCHASE AND/OR MORTGAGE OF THE HEREON DELINEATED PROPERTY BY THE ABOVE NAMED PURCHASER. NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY THE LAND SURVEYOR FOR USE OF THIS SURVEY FOR ANY OTHER PURPOSE INCLUDING, BUT NOT LIMITED TO, USE OF THIS SURVEY FOR A SURVEY, AFFIDAVIT, RESALE OF PROPERTY, OR USE BY ANY OTHER PERSON NOT NAMED IN THIS CERTIFICATION EITHER DIRECTLY OR INDIRECTLY."

NO FRESHWATER WETLANDS, AS DEFINED BY THE NEW JERSEY "FRESHWATER WETLANDS PROTECTION ACT" (N.J.S.A. 13:9B-1), ARE INTENDED TO BE SHOWN OR DELINEATED AS PART OF THIS SURVEY.

Form No. 5
TOWNSHIP OF DOWNE

COMBINED PLANNING BOARD

APPLICATION

Please type or print all information.

To: Combined Planning Board of the Township of Downe
(Strike inapplicable terms and insert all required information. Failure to complete this application and abide by all notice provisions will result in postponement of hearing or denial of relief requested)

1. State name and address and telephone number:

A. Applicant(s): JAMES H. RAIVELY, JR.

Address: 224 SHOEMAKER RD. BRIDGETON, NJ 08302

Telephone number (856) 451-9232

B. Applicant(s) Attorney: —

(Note: Complete only if applicant's attorney is present at this meeting).

Address: /

Telephone Number: /

2. I am the Owner of Block 76 :Lot 2 on the Tax Map of the Township of Downe having the following street address:

137 GARRISON AVE.

3. The land has frontage on GARRISON AVE (Street) of 50

Feet and a depth of 107 Feet.

4. I have filed a map or sketch on the premises with the Secretary of the Combined Planning Board of the Township of Downe and the Zoning Officer which may be examined at the Municipal Building, Main Street, Newport, New Jersey. On the Map or Sketch I have indicated existing locations of boundary lines and structures and changes requested to be granted herein.

5. The land is in a _____ Zone. The present use of the land is: RESORT RESIDENCE

6. I desire to make the following changes: (here insert how the existing use will be changed or modified.)
DEMOLITION OF EXISTING HOME
HAVE A PRE-CONSTRUCTED HOME PLACED ON LOT

7. The Changes requested are/are not permitted in this zone by the Zoning Ordinance of hte Township of Downe. If permitted, set forth each section of the Ordinance by which such use is permitted.)

8. I desire the Combined Planning Board to grant the following relief:

Check one or more

Variance

( ) "A"
( ) "B"
( ) "C"
(X) "D" (BULK)
( ) Conditional Use
( ) Temporary Use

Subdivison/Site Plan (Cross out one)

( ) Minor
( ) Preliminary Major
( ) Final Major

(X) Appeal of Decision by Zoning Officer
( ) Interpretation of Zoning Map or Ordinance
( ) Other

(If an appeal from action of Zoning Officer or for ther relief, specify in detail)
FRONT AND SIDE YARD SET BACK

9. Set forth the reasons why the Zoning Board should grant your application. Specify in detail all the facts and reasons you intend to rely upon in support of your application.

TO ALLOW OFF STREET PARKING, ACCESS TO REAR YARD, IMPROVEMENT OF DWELLING STRUCTURE.

10. Set forth any previous application made to this Board for the above describe property indicating date and result. NONE

11. A hearing on this application will be held at 7:30 p.m. on _____ at the Municipal Complex, Senior Center, 228 Main Street, Newport, New Jersey.

Dated: _____

James M Fleming
Applicant

FORM #2

DOWNE TOWNSHIP COMBINED PLANNING BOARD

NOTICE OF HEARING TO PROPERTY OWNERS

TO WHOM IT MAY CONCERN:

In compliance with the Zoning Ordinance of the Township of Downe, New Jersey, notice is hereby served upon you that:

Applicant: JAMES H. RAIVELY, JR.

does hereby propose to: (give detailed description)
DEMOLITION OF EXISTING HOME.
HAVE A PRE-CONSTRUCTED HOME PLACED ON LOT.

Location:
BLOCK 76 LOT 2
137 GARRISON AVE., FORTESCUE, N.J.

I(We) have submitted an application to the Combined Planning Board of the Township of Downe. Any persons affected by this application may have an opportunity to be heard at the meeting to be held on MONDAY DEC 10 2001 at 7:30 p.m. in Municipal Building Complex, Senior Center, 228 Main Street, Newport, New Jersey.

All documents relating to this application may be inspected between the hours of 9:00 a.m. and 4:00 p.m. in the Office of the Zoning Officer, Township Hall, Newport, New Jersey.

James H Raively
Applicant/
Attorney for applicant

Note: This notice must be personally served or sent Certified Mail at least ten days before the day of the hearing. Proof of service must be given to the secretary of the Board on or before the night of the meeting.

CUMBERLAND COUNTY UNIVERSAL FORM

MUNICIPAL APPLICATION NO. _____

WHITE CANARY] MUNICIPALITY PINK-COUNTY PLANNING BD. GOLDENROD-APPLICANT

COUNTY PLANNING BOARD APPLICATION NO. _____
COUNTY CLASSIFICATION: ( ) Major; ( ) Minor

DEVELOPMENT APPLICATION FORM

(SEE INSTRUCTIONS ON BACK OF APPLICANT'S COPY)

1. The undersigned hereby makes application to the TOWNSHIP OF DOWNE (Municipality) ~~Planning Board~~ Zoning Board and the (Cross Out One)
Cumberland County Planning Board for the following (check appropriate items):

___SUBDIVISION: ( ) Sketch; ( ) Preliminary; ( ) Final; ( ) Other _____
___SITE PLAN: ( ) Preliminary; ( ) Final; Type (Minor, Major, PUD, etc.) _____
___CONDITIONAL USE, pursuant to section _____ of Municipal Ordinance
X VARIANCE: ( ) use; (X) area or bulk; ( ) other _____
(Explain Existing and Proposed Use) DWELLING USED AS RESIDENTIAL MOVE-IN A PRECONSTRUED DWELLING TO BE USED AS RESIDENCE NEW AND EXISTING DWELLING WILL BE USED FOR THE SAME
___Map Interpretation or Special Question (Explain) _____
X Appeal from Decision of Zoning Officer (Explain) FRONT AND SIDE YARD SET BACK RELIEF

2. NAME OF DEVELOPMENT (OR OWNER'S LAST NAME) RAIGELY
Location (i.e. "South Side of Main St. near Wayne Dr."): _____
Tax Map Sheet 27 Block 76 Lot(s) 2
3. NAME OF PERSON SUBMITTING THIS APPLICATION: JAMES H. RAIGELY JR.
Address: 224 SHOEMAKER RD BRIDGETON NJ. 08302 Phone: (856) 451-2232
4. NAME OF PRESENT OWNER (if other than applicant): SAME
Address: — Phone: —
5. INTEREST OF APPLICANT IF OTHER THAN OWNER (i.e. prospective buyer, lawyer, etc.): —
6. NAME AND ADDRESS OF ENGINEER, ARCHITECT, LAND SURVEYOR, OR PLANNER WHO PREPARED THE SUBMITTED DRAWINGS:
OWNER
7. DEED RESTRICTIONS THAT APPLY OR ARE CONTEMPLATED (if no restrictions state "None," if "Yes" attach copy): NONE
8. WAS A PREVIOUS APPLICATION SUBMITTED FOR THE PROPOSED DEVELOPMENT? YES(DATE _____)(X)NO
9. (IF APPLICABLE) THIS IS TO CERTIFY THAT NO TAXES OR ASSESSMENTS FOR LOCAL IMPROVEMENTS ARE DUE OR DELINQUENT ON THE PROPERTY IN QUESTION.

SIGNATURE OF TAX COLLECTOR: COPY OF THE BILL ATTACHED (PAID)

10. SUBDIVISION APPLICATIONS ONLY:
A. Total Acreage of Tract: _____ Portion Being Subdivided: _____ No. of Lots _____
B. Purpose of Subdivision (i.e. "sell lots", "settle estate", etc.): _____
C. Proposed Use of New Lot(s) (check one): ( )Residential; ( ) Commercial/Industrial; ( ) Other _____
D. If this is an application for Final Plat Approval (Major Subdivisions Only)
1) Date of Preliminary Approval _____
By: _____ (Municipality) Planning Board / Zoning Board (cross out one) _____ (date)
By: Cumberland County Planning Board (date) _____
2) If Final Plat is not identical to Preliminary Plat in regard to details and area covered, then indicate material changes _____

11. SITE PLAN APPLICATIONS ONLY Fill in Applicable Blanks
Acreage of Tract _____ Zoning Classification _____ Building Height _____
Square Footage of Structures: Existing _____ Proposed _____
Parking Spaces _____ Employees: Existing _____ Proposed _____
Square Footage of On-Site Developed Area: Existing _____ Proposed _____
Seating Capacity _____ Dwelling Units _____

12. SIGNATURE OF APPLICANT James H Raigely

(DO NOT WRITE BELOW THIS LINE - For Municipal Use Only)

A. Municipal Subdivision Classification
( ) Minor
( ) Major
Public Hearing Required? ( ) Yes ( ) No

B. Date Received by Municipality _____ and scheduled for action by Planning Board / Zoning Board (cross out one) on _____

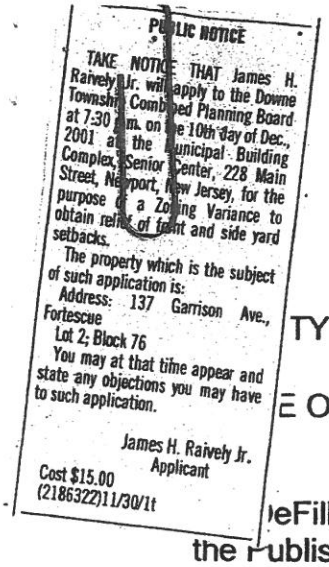
C. Will a copy of this application and four drawings be sent directly to the Cumberland County Planning Board by the Municipality on behalf of the Applicant?
( ) Yes (date sent _____) ( ) No

D. Referred to: _____ (date) _____ for review and comment

E. Application and documentation was found to be complete on (date) —

F. Municipal Filing Fee: _____

Signed _____



PUBLIC NOTICE

TAKE NOTICE THAT James H. Raively Jr. will apply to the Downe Township Combined Planning Board at 7:30 p.m. on the 10th day of Dec., 2001 at the Municipal Building Complex, Senior Center, 228 Main Street, Newport, New Jersey, for the purpose of a Zoning Variance to obtain relief of front and side yard setbacks.

The property which is the subject of such application is:

Address: 137 Garrison Ave., Fortescue

Lot 2; Block 76

You may at that time appear and state any objections you may have to such application.

James H. Raively Jr.
Applicant

Cost $15.00
(2186322)11/30/1t

PROOF OF PUBLICATION

TY OF CUMBERLAND

E OF NEW JERSEY SS

)eFillipo, of full age, being duly sworn on his/her oath saith, that he/she is the Publisher of the Bridgeton/Millville News, a Newspaper printed and published in Bridgeton in the County of Cumberland in the State of New Jersey; that the City of Bridgeton is the County Seat of said County and that the notice, of which the annexed is a printed copy, was published in said newspaper, and that the date/dates on which publication was/were so made as aforesaid are:

November 30, 2001

PUBLIC NOTICE

TAKE NOTICE THAT James H. Raively Jr. will apply to the Downe Township Combined Planning Board at 7:30 p.m. on the 10th day of Dec., 2001 at the Municipal Building Complex, Senior Center, 228 Main Street, Newport, New Jersey, for the purpose of a Zoning Variance to obtain relief of front and side yard setbacks.

The property which is the subject of such application is:

Address: 137 Garrison Ave., Fortescue

Lot 2; Block 76

You may at that time appear and state any objections you may have to such application.

James H. Raively Jr.
Applicant

Cost $15.00
(2186322)11/30/1t

Subscribed and sworn to before me, this

30th *day of* November

A.D. 2001

Pamela A. Williams

Notary Public

My Commission Expires July 8, 2004

James DeFillipo

for the Bridgeton/Millville News

State of New Jersey

Township of Downe

GOVERNMENT RECORDS REQUEST FORM

REC'D BY: _____

DATE: _____

Important Notice

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

Requestor Information – Please Print

First Name LAURA MI J Last Name SCRUGGS

Company LAURA J. SCRUGGS, ESQ.

Mailing Address 22 WEST COMMERCE ST.

City BRIDGETON State NJ Zip 08302 Email LJScruggsEsq@aol.com

Business Hours Telephone: Area Code 856 Number 207-1455 Extension ____

Preferred Delivery: Pick Up X US Mail ____ On Site Inspect ____

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 Laura J. Scruggs Date 3/29/2012

Payment Information

Maximum Authorization Cost $ ____

Select Payment Method

Cash Check Money Order ____

Fees: 5¢ per page – letter size
7¢ per page – legal size

CD's/Tape: $0.50 each

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

Extras: Extraordinary service fees dependent upon request.

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying or inspection), and if data, the medium requested.

Copy of Zoning File re: 133 Newport Ave
BL 77 LT 1
Fortescue

- owned by Joan Grace

- any & all applications, letters, variance approvals, permits, request is for entire file.

AGENCY USE ONLY

Est. Document Cost ____
Est. Delivery Cost ____
Est. Extras Cost ____
Total Est. Cost .45¢
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 .45¢
Deposit ____
Balance Due ____
Balance Paid ____

Records Provided

Custodian Signature ____ Date ____

Downe Township
ZONING PERMIT

Date: 7-21 Permit #: 2005-19

Owner: JOAN GRACE

Address: 133 NEWPORT AVE.
FORTESCUE, N.J.

Telephone #: 40 856-691-7611

Block & Lot: 77-1 Situate: FORTESCUE, Downe Twp.

Use: RESIDENTIAL Zone: R-2

Project: REMOVE EXISTING MOBILE AND REPLACE WITH MODULAR HOME IN SAME GENERAL FOOTPRINT SUBJECT TO CCHD AND OTHER APPLIC. AGENCY APPROVALS. EXPAND PERMIT TO INCLUDE 12x16 OPEN WOODEN DECK IN REAR CENTER OF HOUSE

Zoning Board Approval: N/A

Planning Board Approval: N/A

Approved: 7-21-05

Fee: $ 10.00 Rec'd # 2987

Zoning Officer

Pd 6-15-0

SUNRISE AFFORDABLE HOMES, INC.
4060 N. DELSEA DR.
NEWFIELD, NJ 08344
856-691-7611

2987

Date 7-21-05 55-534-312

Pay to the order of DOWNE TWP. $ 10 00/100

TEN & 00/100 Dollars

NEWFIELD NATIONAL BANK
NEWFIELD, NJ 08344

For GRACE ZONING APP. NEWPORT AVE.

⑈002987⑈ ⑆031205340⑆ 1100204687⑈

Township Of Downe

APPLICATION FOR ZONING PERMIT

BLOCK 77 LOT(S) 1 Date Received 7-21-05

Street Address 133 Newport Ave Application # 2005-19

Zone R-2 ( ) PINELANDS (X) NOT PINELANDS

Phone: # 556-691-7611

1. Name & Address of Applicant: Maple Homes
4060 N. Delsea, Newfield N.J.

2. Name & Address of Owner, If different from applicant: John Grace
133 Newport Ave, Fortescue

3. State Applicant's authority for filing application if other than owner: Contract

4. Describe in detail the present and proposed use(s). State whether any of the existing uses are conducted as a nonconforming use. Use separate sheet if necessary and attach to application.
Remove Mobile and Replace with Residential House on Same General Footprint. Subject to all other applicable.

5. Give dimensions of principal building 26 x 58
Give dimensions of all accessory buildings n/a
Show all buildings on the plot plan on this form or attach plans.

6. Have the above premises been the subject of any prior application to the Planning Board or Zoning Board to the applicant's knowledge? No

7. Date property was purchased 1956 +/-

Lot Line

Side Yard

Street Line — Front Yard — See Attached — Rear Yard — Lot Line

Side Yard

Lot Line

8. Signature of applicant [signature] For Owner

OFFICIAL USE ONLY

1. Approved: 7-21-05 Denied: ---

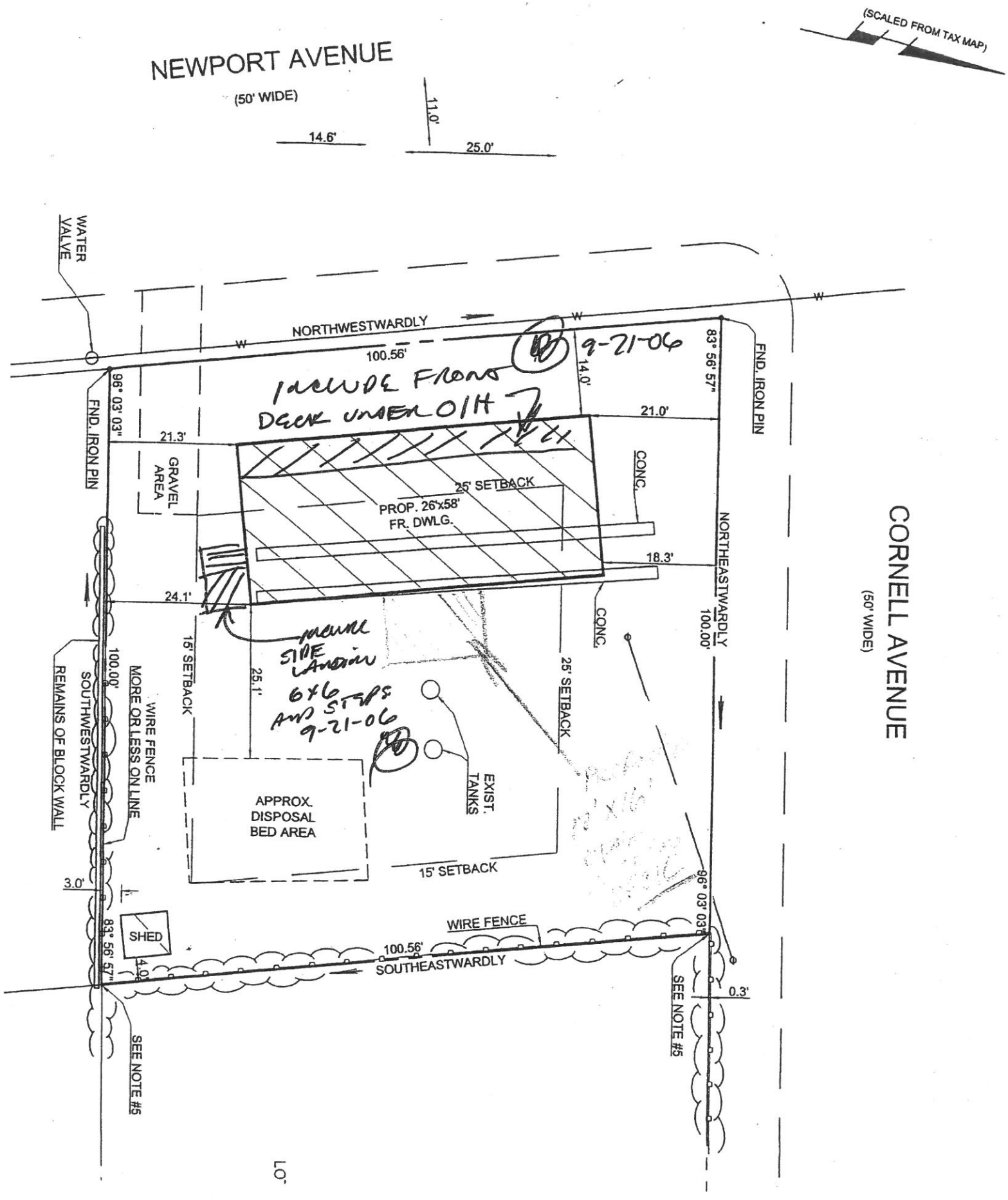
2. Zoning Permit issued on 7-21-05 Permit # 2005-19

3. Inspections were made on the following dates:

4. Comments:

[signature]
Zoning Officer

Tax Status:


(SCALED FROM TAX MAP)
NEWPORT AVENUE
(50' WIDE)
11.0'
14.6'
25.0'
WATER VALVE
NORTHWESTWARDLY
100.56'
9-21-06
INCLUDE FRONT DECK UNDER OVERHANG
83° 56' 57"
FND. IRON PIN
96° 03' 03"
FND. IRON PIN
14.0'
21.0'
21.3'
GRAVEL AREA
25' SETBACK
PROP. 26'x58' FR. DWLG.
CONC.
NORTHEASTWARDLY 100.00'
18.3'
24.1'
CONC.
CORNELL AVENUE
(50' WIDE)
MAINE SIDE LANDING 6x6 AND STEPS 9-21-06
15' SETBACK
25.1'
25' SETBACK
100.00'
SOUTHWESTWARDLY
REMAINS OF BLOCK WALL
WIRE FENCE MORE OR LESS ON LINE
APPROX. DISPOSAL BED AREA
EXIST. TANKS
15' SETBACK
3.0'
96° 03' 03"
SHED
WIRE FENCE
83° 56' 57"
4.0'
100.56'
SOUTHEASTWARDLY
0.3'
SEE NOTE #5
SEE NOTE #5
LOT

LOT 12

REVISION	DATE	DESCRIPTION
R-1	7/18/05	RELOCATE PROPOSED DWELLING

Johnson DESIGN ASSOCIATES, INC.
Certificate of Authorization 24GA27998400
ENGINEERING • SURVEYING • SOIL TESTING
722 WOOD STREET, VINELAND, N.J. 08360 (856) 691-9623 FAX: (856) 692-2943
WWW.JDAENGINEERING.COM

PLOT PLAN
LOT 1, BLOCK 77
SITUATED IN
DOWNE TOWNSHIP
CUMBERLAND COUNTY, N.J.

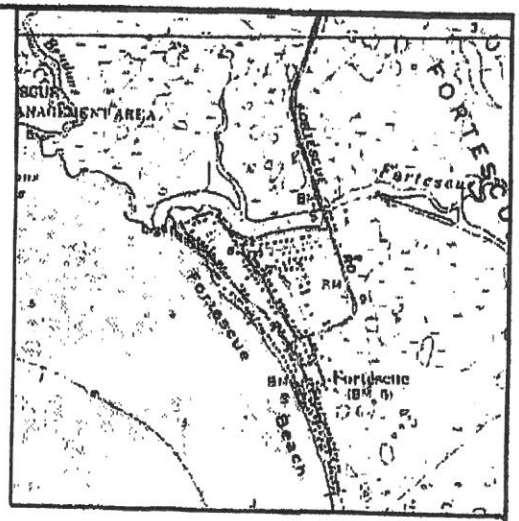
CHARLES R. DEWEES, JR.
N.J. PROFESSIONAL LAND SURVEYOR LIC. NO. GS30080
N.J. PROFESSIONAL PLANNER. LIC NO. LI03305

19 July 05

SCALE: 1" = 20'	DRAWN: W M III	DRAWING NUMBER: 05-297-S	SHEET 1 OF 1

The purpose of this drawing is to show the proposed location of the frame dwelling in relationship to the surrounding conditions and is not intended to be used as a plan of survey.

EDGE OF PAVEMENT



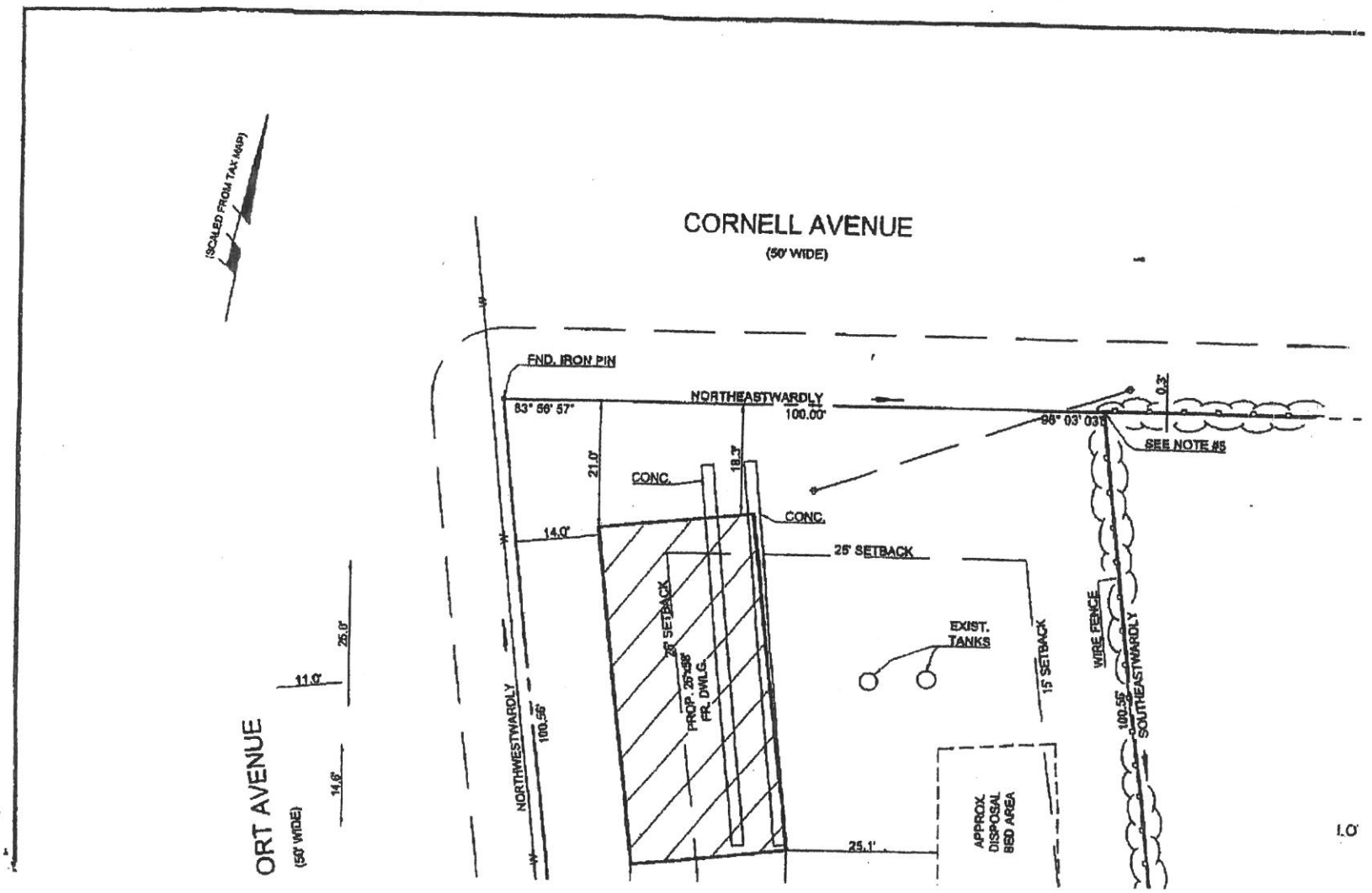
KEY MAP

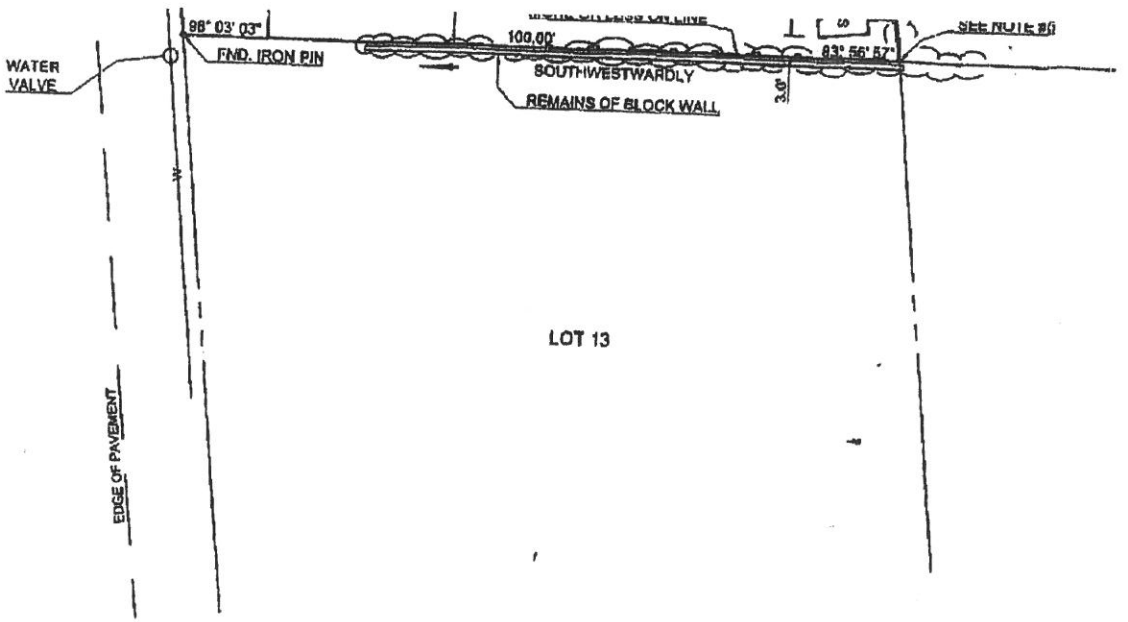
Scale 1" = 2,000' ±

ZONE R-2:

(Resort Residential Zone)

Min. Lot Size		0.5 acres
Min. Lot Frontage		50'
Min. Lot Depth		100'
Max. Lot Coverage		60%
Setbacks	Front	25'
	Side	15'


(SCALED FROM TAX MAP)
CORNELL AVENUE
(50' WIDE)
END. IRON PIN
NORTHEASTWARDLY
100.00'
83° 56' 57"
96° 03' 03"
0.3'
SEE NOTE #5
21.0'
18.7'
CONC.
CONC.
14.0'
25' SETBACK
25' SETBACK
EXIST. TANKS
15' SETBACK
WIRE FENCE
PROP. 25'x58' FR. DWLG.
NORTHWESTWARDLY
100.58'
100.58'
SOUTHEASTWARDLY
APPROX. DISPOSAL BED AREA
25.1'
ORT AVENUE
(50' WIDE)
11.0'
25.0'
14.6'



NOTES:

1. Outbound based on a Plan of Survey Lot 1, Block 77, No. 133 Newport Avenue, Downe Township, Cumberland County, New Jersey. Prepared by Land Professional Group Incorporated, dated Nov. 2, 1994 revised on 2/14/96.
2. Area of tract 10,056.00 square feet more or less.
3. Site is located in Flood Zone A 7/20/72 (special flood hazard area with date of identification) as per Department of Housing and Urban Development Federal Insurance Administration Flood Hazard Boundary Map H-13, Township of Downe, Cumberland Co., N.J., Community No. 340167A, Initial Identification Date April 20, 1973, Revised June 25, 1976.
4. The site is located "Uplands" as per the New Jersey Department of Environmental Protection I-Map online service.
5. Corner not set or found due to fence line location.

Letter from Daniels to Bagan explaining Letter of NO ACTION allowing use of preexisting septic dated 11/2/10

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N. DOUGLAS RUSSELL (1932-2009)

JEANNETTE A. PACE, PARALEGAL

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1029 Route 9 South
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☒ Please respond to the Millville Office

November 2, 2010 File No.: 2007-58

Dr. Stanley Bagan, Chairman
Cumberland Cty. Brd. of Health
201 Laurel Heights Drive
Bridgeton, NJ 08302

RE: Cumberland County Board of Health - Downe Township
Block 76, Lot 14
Septic System Matter

Dear Dr. Bagan:

I have had a chance to review the file of the Cumberland County Department of Health in regard to the above referenced matter along with the documents presented at the Board of Health meeting in September 2010 dealing with the above referenced matter.

As background I am enclosing a copy of Resolution 06-2009-02 adopted by the Board of Health in June 2009 dealing with septic system issues in Downe Township and other areas of the County.

The property in question has a previously approved on site septic system in place. The property in question never had a malfunction in the septic system as far as the records of the Department reflect. The property in question originally had a three bedroom, two bath mobile home located thereon.

The original mobile home was removed from the property in question by foreclosure, it is believed, some time ago. Some time passed during which the property in question has been vacant as to residential use, but the well and septic system are still on site and have not been removed and/or altered in any way.

The septic system problems in the past in Downe Township, especially in the Fortescue area, have always dealt with **non-approved or improperly constructed** septic systems. The property in question has an approved system on site.

Letter from Daniels to Bagan explaining Letter of NO ACTION allowing use of preexisting septic dated 11/2/10

A newer mobile home with three bedrooms and two baths of the exact size of the previous mobile home was recently moved on to the site. It appears that this was allowed by the local zoning officer.

The Health Department staff received various documentation and legal memoranda from the existing owner and the existing owner's attorney regarding the use of the existing system presently located on site. Initially the Department staff felt that a new system should be built; but, because of the documentation, legal memoranda received, the appeals process and existing Resolution No. 06-2009-02, the Department Staff decided to take no action in regard to the existing system. Thus leaving the existing approved septic system in place.

Again, there is no change in the mobile home size that is now located on the property in question, nor has it been placed in a different location on the site, nor is there likely to be any increased sewage flow or change in use. If the system fails, in the future, then a new system or other repairs will be required.

The present situation is one of a kind and not likely to be repeated. Normally, the Department finds a non-improved improperly constructed "septic system" on properties in Fortescue. There is not likely to be more approved systems on vacant lots in the future. Finally, the present situation is very close to Resolution 06-2009-02 provisions and requirements.

If you have any questions please feel free to contact me. Thank you.

Very truly yours,

Richard H. Daniels

RHD/cm

cc: Paula Ring, Vice Chairman CCBH
Virginia Preeseda, Health Officer
Kimberly Bell, Environmental Health Coordinator
Melissa Bourgeois, Administrative Assistant
Laura J. Scruggs, Esquire
Kathryn L. Weisenburg

NATHAN VAN EMBDEN
ATTORNEY AT LAW
21 E. MAIN STREET
P.O. BOX 428
MILLVILLE, NJ 08332

TELEPHONE 856/327-4220
FAX 856/327-2845

DEAN R. MARCOLONGO, ESQ.

September 6, 2011

Edward F. Duffy, Esquire
2630 E. Chestnut Avenue
Vineland, NJ 08361

RE: William H. Johnson, Jr. vs. Downe Township Combined Planning/Zoning Board; and Kathryn L. Weisenburg
Appellate Docket No.: A-003846-10 – Team 01

Dear Ed:

With regard to the above-captioned matter, please be advised that I am in receipt of your correspondence of August 24, 2011 advising that the Johnson vs. Weisenburg hearing has been rescheduled for October 11, 2011. My client, Kathryn Weisenburg, is aware of same and will be appearing at that meeting. I will not, as I have not been retained to do so.

While I understand that the scope of the hearing will address my client's appeal on the issuance of the zoning permit, I believe that you, on behalf of the Board, may also wish to address an additional issue.

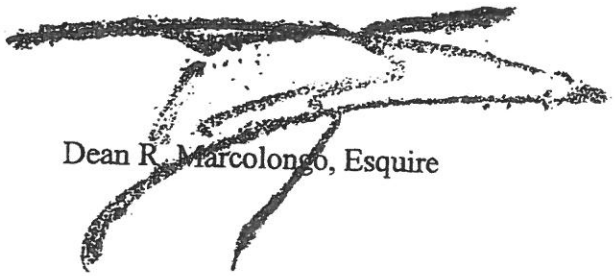
My review of the Downe Township Zoning Ordinance finds that mobile homes are conditional uses within this zone. NJSA 40:55D-3 defines a conditional use as a use permitted in a particular zoning district only upon a showing that such use in a specified location will comply with the conditions and standards for the location or operation of such use as contained in the zoning ordinance and upon the issuance of an authorization therein by the planning board. Under the circumstances, it appears that the issuance of the zoning permit is void since the zoning officer did not have the authority to issue same absent the issuance of a conditional use permit by the planning board or, in the alternative, if variances are necessary,

the granting of a (D)(3) Use Variance by the zoning board.

I hope that this information is helpful to you. You may wish to pass this information along to Ms. Scruggs prior to the hearing.

If you have any questions, please do not hesitate to contact me.

Very truly yours,



Dean R. Marcolongo, Esquire

DRM:pd
c.c. Kathryn Weisenburg
File#10313DM

DOWNE TWP. ZONING/HOUSING REPORT July 2017

Activity	Topic of Activity	Action	Date	Location	Name	Fee
Orilia	Temp CO	app'd	7/6/2017	B 81 L 5 205 Pa Ave	Temp for renovations	
zoning permit	ground solar	app'd	07/06/17	B 32 L 18 1145 Dragston	Pollock	$15.00
CO and Fire	Inspection	app'd	07/13/17	B 19 L 1 - 125 Main	Frank	$50.00
CO and Fire	Inspection	failed	07/20/17	B 68 L 26 - 18 Laura	Down	$50.00
CO and Fire	Inspection	passed	07/27/17	B 31 L 14 694 Haleyville	McCafferty	$50.00
CO and Fire	Inspection	passed	07/27/17	B 68 L 26 - 18 Laura	Down	paid 7/20
Yearly Rental Registration						
rental	single Fam	app'd	07/13/17	B 19 L 1 - 125 Main	Frank to Cain	$25.00
Letters and Correspondence						
CCDOH	ltr rec'd	ltr	7/13/2017	B 63 L 16 - 102 Del Ave	approval from County	
McFarlane - Anderson	response rec'd	ltr	7/13/2017	B 68 L 31 32 Laura	water will not be pumped	
Fay	ord 2.02 notice	ltr	7/13/2017	B 83 L 4 - 229 NJ	letter sent	
LaTona	ord 2.02 notice	ltr	7/20/2017	B 11 L 38 - 146 Fortescue	letter sent	
Clark	ord 2.02 notice	ltr	7/20/2017	B 68 L 25 - 16 Laura	letter sent	
Trefsger	ord 2.02 notice	ltr	7/20/2017	B 78 L 13 - 870 Downe	letter sent	
Carter	ord 2.02 notice	ltr	7/20/2017	B 78 L 12 - 868 Downe	letter sent	
Papiano	Occ'pcy Clarification	ltr	7/20/2017	B 1 L 1 - 200 Cove	letter sent	
Weisenburg	ltrs received	responded	7/27/2017	B 76 L 14 130 Newport A	letter sent	
Papiano	Occ'pcy Clarification	follow up	7/27/2017	B 1 L 1 - 200 Cove	call - reviewed CO needs	
LaTona	ord 2.02 notice	ltr	7/27/2017	B 23 L 219 - 501 Church	letter sent	
McParland	ord 2.02 notice	ltr	7/27/2017	B 7 L 26 - 298 Nantuxent	letter sent	
Connolly Agency	No Occ'pcy ltr	ltr rec'd	7/27/2017	B 48 L 12 - 481 Maple	no occ'y ltr for sale	
Yearly Rental Registration						**$ 25.00**
Zoning Permits						**$ 15.00**
CCO Fees						**$ 150.00**
FEES COLLECTED						**$ -**
			7.27.17			
Zoning Officer	**Scott Burnley**		**Date**			

THE NEW JERSEY
PLANNER
THE NEW JERSEY PLANNING OFFICIALS

May / June 2017 VOL. 78, No. 3 ISSN: 2168-6416

NJPO Honors Achievements in Planning

Every year NJPO honors Achievements in Planning that are projects, large and small, that reflect good sense in planning; dedicated individuals, whose efforts through planning benefit their community's quality of life; agencies on every level of government generating model approaches to planning; and organizations and initiatives promoting the ideals of sound planning. This year, the NJPO award recipients are:

Dr. James W. Hughes

James Hughes stepped down from the position of Dean of the Edward J. Bloustein School of Planning and Public Policy at the end of the 2016-2017 academic year. Dr. Hughes, who began his academic career at Rutgers as a member of the faculty in 1971, is a nationally-recognized expert on demographics, housing, and regional economics, and has been the dean of the Bloustein School since 1995.

He is author or co-author of 34 books and monographs and more than 150 articles. Among his books are *New Brunswick, New Jersey: The Decline and Revitalization of Urban America* (2016) and *New Jersey's Postsuburban Economy*, published by the Rutgers University Press, and *The Atlantic City Gamble*, published by the Harvard University Press. He was also a contributing editor to the magazine *American Demographics* for 14 years.

Dean Hughes has provided extensive budgetary and economic testimony before many New Jersey State Legislative committees, and has provided numerous policy briefings both in Washington and Trenton on demographics, housing and the economy. He has served on numerous commissions and task forces, including the NJ Governor's Commission on Jobs, Growth and Economic Development, the Economic Advisors Board of the Council of the City of New York, the NJ Governor's World Class Economy Task Force, and the NJ Governor's Property Tax Commission. Dean Hughes was previously on the corporate boards of the E'Town Corporation and the Cali Real Estate Investment Trust, and was a member of the Board of Directors of the Cooperative Housing Foundation in Washington, D.C.

NJPO Calendar of Events*

2017 Fall Mandatory Classes

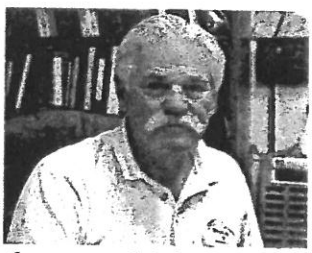
Mandatory

Date	County	Location
Sep. 23	Somerset	Municipal Complex, Hillsborough
Oct. 15‡	Bergen	Life Safety Building, Paramus
Oct. 21	Monmouth	Fire Academy, Howell

* visit www.NJPO.org for registration information.

‡ Sunday Class

Bob LaCosta, Scotch Plains



A lifelong Scotch Plains resident, Bob LaCosta has been a Class II member of the Scotch Plains Planning Board for more than 32 years, reappointed by both political parties. Bob is also the township's construction code official and zoning officer.

He has arranged local training programs for members and often, at board meetings, dispenses important information on current topics. Bob maintains the local land use ordinances and successfully brings forward amendments for adoption. Bob remains current by attending NJPO and League of Municipalities sessions and is a member of the League's Legislative Committee. He has served on countless special committees, is a key member of the Master Plan Committee and was selected to serve on the new Scotch Plains Downtown Redevelopment Committee.

Bob is the Immediate Past President of the New Jersey Building Officials and has a statewide reputation. He enjoys unparalleled respect and a local reputation that is sterling far and wide!

THE NEW JERSEY PLANNING OFFICIALS
The Association of Planning Boards & Zoning Boards of Adjustment
Founded in 1938

The New Jersey Planner is the official membership publication of The New Jersey Planning Officials Inc., published six times a year for over 9,000 local planning and zoning board members, elected officials, and professionals. Membership inquiries invited. Founded in November 1938, NJPO is non-profit 501(c)3 tax-exempt organization and, since 1939, an affiliate of the NJ State League of Municipalities.

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Vice President: Gail Glashoff
Treasurer: Shaun C. Van Doren
General Counsel: Michele Donato, Esq.
Executive Director: Jason L. Kasler, AICP, PP

Paulette Coronato, Scotch Plains

Paulette is the vice-chairman of the Scotch Plains Planning Board. We first met her in very early 1985

over the Landmark Realty builders remedy suit involving the Albert's Farm property. We were impressed that she read many of Judge Serpentelli's decisions for the Central Jersey region and even though she disagreed philosophically with much of the judicial mandate, she immersed herself in trying to learn everything about it including of course the first Mt. Laurel decision in 1975.

She then helped to encourage the NJ State legislators and Gov. Kean to come up with an affordable housing policy that would be enforced by the executive branch of government after the policy was structured in law by the NJ Senate and NJ State Assembly. The Fair Housing Act was signed into law by Gov. Kean on July 2. 1985. This Act created NJCOAH. Paulette read the NJCOAH rules and regulations as they were promulgated. She developed an appreciation for trying to understand them and then convey her knowledge to the general public. She stayed focused on the law and the rules to try to formulate the best possible affordable housing plan for Scotch Plains.

This ultimately resulted in substantive certification from NJCOAH in 1990 and again in 1996. Paulette saw the potential problems that would occur IF the judicial branch of Government was forced to take the lead. The irony today in 2017? The Judicial branch of Government is again in charge of affordable housing policies although NJCOAH existed for 30 years before it's abolition in 2015.