

TOWNSHIP OF LACEY ZONING BOARD OF ADJUSTMENT SUBMISSION REQUIREMENTS

VARIANCE APPLICATIONS

A. Variance Application Submission Checklist:

- Twelve (12) Collated & Folded sets of the following:**
 - Twelve (12) copies of completed and signed Application Form & Checklist (pages 1-5)**
 - Three (3) Full-size Signed & Sealed & Nine (9) Reduced, 11x17 Copies of Proposed Plans [Plot Plan & Architectural Plan (if applicable)]**
 - Twelve (12) copies of Survey**
 - Twelve (12) copies of Site Photos (if applicable)**
 - Twelve (12) copies of Corporate or Partnership Ownership Disclosure (if the applicant or record owner of the property is a corporation or partnership)**
 - Twelve (12) copies of Certified 200' List obtained from Tax Assessor**
- Digital submission of entire application submission including Application, Proposed Plans (PDF), Plot Plan (PDF), Survey, site photos & any other submission documents (sent by email, file transfer or flash drive)**
- Three(3) copies of Certificate of Payment of Taxes (Can be printout of taxes paid online)**
- Completed W-9 Form (1)**
- Payment of Application Fee and Escrow Deposit (2 Separate Checks)**

LACEY TOWNSHIP APPLICATION FOR DEVELOPMENT APPROVAL

PLANNING BOARD _____ **BOARD OF ADJUSTMENT** _____

THE REQUIRED NUMBER OF PLANS AND FEES MUST BE SUBMITTED WITH A COMPLETE APPLICATION PACKAGE TO THE BOARD SECRETARY PRIOR TO BEING PLACED ON THE HEARING AGENDA.

APPLICANT PLEASE CHECK ONE: **OWNER** ___ **CONTRACT PURCHASER** ___ **AGENT** ___

APPLICANT NAME _____

CONTACT PERSON _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

WORK PHONE # _____ HOME PHONE # _____ FAX # _____

OWNER OF THE PROPERTY _____

EMAIL ADDRESS: _____

DEVELOPMENT SUBJECT OF THIS HEARING

PRIMARY BLOCK _____ PRIMARY LOT _____ TAX MAP _____

ADDITIONAL BLOCKS AND LOTS: _____

CURRENT ZONE _____ PROJECT NAME _____

PROJECT LOCATION _____

PROJECT DESCRIPTION _____

CLASSIFICATION

NUMBER OF ACRES _____ NUMBER OF LOTS _____ NUMBER OF DWELLINGS _____

- | | |
|---|--|
| <input type="checkbox"/> CONCEPT PLAN | <input type="checkbox"/> MAJOR SITE PLAN PRELIMINARY |
| <input type="checkbox"/> MINOR SUBDIVISION | <input type="checkbox"/> MAJOR SITE PLAN FINAL |
| <input type="checkbox"/> MAJOR SUBDIVISION PRELIMINARY | <input type="checkbox"/> GENERAL DEVELOPMENT PLAN |
| <input type="checkbox"/> MAJOR SUBDIVISION FINAL | <input type="checkbox"/> STATUTORY EXTENSION |
| <input type="checkbox"/> SITE PLAN PRELIMINARY | <input type="checkbox"/> STREET VACATION |
| <input type="checkbox"/> SITE PLAN FINAL | <input type="checkbox"/> AMENDED SITE PLAN |
| <input type="checkbox"/> CONDITIONAL USE | <input type="checkbox"/> ZONE CHANGE REQUEST |
| <input type="checkbox"/> MINOR SITE PLAN | <input type="checkbox"/> MISCELLANEOUS _____ |
| <input type="checkbox"/> DESIGN WAIVER FOR ROAD IMPROVEMENT PLAN | |
| <input type="checkbox"/> APPEAL OF DECISION OF THE ADMINISTRATIVE OR ZONING OFFICER | |
| <input type="checkbox"/> INTERPRETATION OF ZONING MAP/ORDINANCE | |
| <input type="checkbox"/> VARIANCE FOR BUILDING LOT NOT FRONTING ON AN IMPROVED STREET | |
| <input type="checkbox"/> BULK VARIANCE; DESCRIBE TYPE: _____ | |
| <input type="checkbox"/> USE VARIANCE; DESCRIBE TYPE: _____ | |

PREVIOUS VARIANCE AT THIS LOCATION: YES ___ NO ___ IF YES, YEAR _____

TYPE OF VARIANCE APPLIED FOR _____ APPROVED ___ DENIED ___

LACEY TOWNSHIP APPLICATION FOR DEVELOPMENT APPROVAL

PROFESSIONALS

ATTORNEY _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
TELEPHONE NUMBER _____ EMAIL ADDRESS: _____

ENGINEER _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
TELEPHONE NUMBER _____ EMAIL ADDRESS: _____

ARCHITECT _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
TELEPHONE NUMBER _____ EMAIL ADDRESS: _____

SURVEYOR _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
TELEPHONE NUMBER _____ EMAIL ADDRESS: _____

CERTIFICATION

I (WE) _____ HEREBY CERTIFY THAT THE PROPOSED WORK THAT IS THE SUBJECT OF THIS APPLICATION IS AUTHORIZED BY THE OWNER OF RECORD AND THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

X

SIGNATURE OF OWNER, CONTRACT PURCHASER OR OWNER'S AUTHORIZED AGENT

+ FOR BOARD SECRETARY'S USE ONLY +

APPLICATION NUMBER

ESCROW ACCOUNT NUMBER

APPLICATION RECEIVED:

APPLICATION FEE _____

ESCROW FEE _____

**SUBMISSION REQUIREMENTS
LACEY TOWNSHIP BOARD OF ADJUSTMENT**

VARIANCE APPLICATION

Applicant: _____ Owner: _____
 Engineer/Designer: _____ Person Completing This Form: _____
 Date: _____ Block: _____ Lot: _____
 Address: _____

(To be completed by Board Secretary) Application#

Date Submitted:

Official Street Address:

Date of Public Hearing:

GENERAL REQUIREMENTS INFORMATION REQUIRED FOR ALL VARIANCES AND APPROVALS UNDER N.J.S.A. 40:55D-34	Complete Yes	Complete No	Waiver Request
1.) Application (form A)			
2.) Certificate of taxes paid from the Tax Collector's Office			
3.) A two hundred (200) FT radius area map showing the relationship to all affected lands, structures and the property in question. The plan shall be notarized, if prepared by the Applicant, as to the truthfulness and accuracy thereof or be certified by an engineer or land surveyor licensed to do business in the State of New Jersey. NO COMBINED PLOT PLAN AND TWO HUNDRED FT. RADIUS AREA MAPS WILL ACCEPTED.			
4.) Plans or renderings for the intended use or variance, showing any building or structure to be erected, with an elevation of each side of the building being shown. If a new principal structure is proposed including a structure on an undersized lot, a set of plans that demonstrates compliance and adequately describes its appearance so as to allow the Board to determine its compatibility with the character of the surrounding District. (Required Copies: (3) Three)			
5.) A certified list of property owners within 200 FT of the subject property obtained from the Tax Assessor's Office.			
6.) Form of notice to be mailed certified to all property owners within 200 FT ten (10) days prior to the assigned hearing date.	To be provided		
7.) Affidavit of service with the attached post marked certified mailing receipts.	To be provided		
8.) Notice to the general public must be given by publication in the Official Newspaper of the Board Newspaper of the Board ten (10) days prior to the hearing date	To be provided		
9.) Photographs of the property in question and structures within 200 FT and displayed in the format provided by the Board.			
TECHNICAL CHECKLIST	Complete Yes	Complete No	Waiver Request
1.) Eleven (11) copies of a plot plan of the property in question based on a survey prepared by a licensed land surveyor or engineer containing sufficient information regarding the application drawn to scale and showing applicable setbacks, elevation, lot size, lot coverage and other			

bulk requirements.			
a.) Drawn to an appropriate scale not greater than one inch = 50 feet and NOT to be combined with the two hundred (200) FT radius area map.			
b.) Clearly depicted on a sheet size no smaller than 8½ x 11 inches			
2.) For <u>All</u> Applications (Except additions or improvements to existing single family dwelling) the following additional information is required:			
a.) A current survey of the property with the lot, metes and bounds and the direction and distance to the nearest intersecting street.			
b.) All existing or proposed easements and/or lands dedicated to public use			
c.) All existing and proposed buildings and structures, with all dimensions and with front, side and rear yard setback dimensions indicated, and with required setback lines shown.			
d.) All buildings and structures located on all adjacent properties with dimensions and setbacks noted.			
e.) Any existing or proposed sidewalks and driveways.			
f.) The name of the street(s) and the composition of the surface of the street(s) which the lot abuts.			
g.) Sufficient street elevations (centerline, gutter and top-of-curb, if applicable) and existing and proposed lot elevations; specifying those for the finished first floor and garage floor elevations of the proposed structure related to the abutting street elevations. The lowest floor of any structure, including garage, first floors and any floor area intended as usable space other than area conforming to the definitions set forth in the BOCA code, Uniform Construction Code, and according to NGVD (National Geodetic Vertical Datum) and the source of datum so noted.			
h.) Drainage flow arrows shall be provided to clearly depict the directions of stormwater runoff.			
i.) If applicable, grading or the creation of sump conditions on adjacent lots shall be shown together with permission specifically granted by the owner of said adjacent lots.			
j.) The limits of clearing and soil disturbance; any trees to be saved and, in general, the requirements as specified in the Lacey Township Tree Ordinance (Chapter 98).			
k.) The location of any freshwater wetlands or a statement on the plan that none exist.			

THE FOLLOWING ADDITIONAL INFORMATION IS REQUIRED FOR CURRENTLY UNDEVELOPED PROPERTIES WHICH REQUIRE VARIANCES BY VIRTUE OF BEING <u>UNDERSIZED</u>	Complete Yes	Complete No	Waiver Request
1.) Information in the form of Title Binders or similarly constructed documents which clearly trace the chain of ownership of the property from the adoption of the Zoning Ordinance which made the property nonconforming. All documents shall be duly signed and sealed by the owner, purchaser and / or Applicant and shall be duly witnessed by a notary public of the State of New Jersey . (3) copies.			
2.) Contract of Sale for the property should it have been recently purchased.			
3.) A grading and storm water management plan prepared in accordance with the following standards and requirements:			
a.) Methods or provisions to abate or prevent any adverse surface drainage /or storm water			

runoff impacts or conditions to adjacent and / or downstream lots.			
b.) Drainage calculations using the USDA Soil Conservation Service TR-55 analyses for the 25 year frequency rainfall of 6.2 inches in 24 hours. Calculations indicating capacities requiring volumes, rate of recharge shall be prepared and certified by a New Jersey licensed professional engineer			
FOR SUBDIVISIONS AND SITE PLANS	Complete Yes	Complete No	Waiver Request
1.) Any applications for subdivision or site plan approval must comply with the checklist for completion utilized by the Planning Board for the respective application			

**THE FOLLOWING PAGES
ARE FOR YOUR USE AND/OR
INFORMATION ONLY AND
SHOULD NOT BE INCLUDED IN
PACKETS/COPY SETS.**



Township of Lacey

Assessor's Office

818 LACEY ROAD
FORKED RIVER, NJ 08731
(609) 693-1100 Ext. 2242

Web Site: www.LaceyTownship.org

APPLICATION FOR CERTIFIED LIST

Date: _____

Name: _____

Address: _____

Phone: _____

Directions: Submit this application along with a copy of a 200 foot radius map of property in question, and a \$10.00 fee. The list will be ready within 7 working days once application is filed. When completed, I prefer:

A Phone call to pick-up Mail email: _____

Request is hereby made for a certified list of **current addresses for the current owners (due to Daniel's Law owner's names will not be provided)** of property within a 200 foot radius of property known as:

BLOCK: _____ LOT(S): _____

I understand that upon application of said certified list, payment in the amount of ten dollars (\$10.00) must be rendered.

Signature

For office use only:

LIST #: _____

DATE REC: _____

CASH: CHECK: # _____

FEES

APPLICATION FEE:

All applications require a Non-refundable Administration Fee (\$200.00) **\$ 200.00**

ESCROW DEPOSITS: (NOTE: **PURPOSE OF ESCROWS:** Escrow deposits are intended to cover the entire cost of review by board professionals. This chapter estimates the total cost of review of a land use application; however, the applicant is responsible for any and all professional fees associated with the approval process. The escrow deposit shall be utilized to reimburse the Planning or Zoning Board Attorney for the preparation of any resolution of other legal services in connection with a development application.)

Variance Matters:

Undersized lots with insufficient lot area/lot width	(\$3,000)	\$_____00
“c” variance requests (bulk variances and setbacks <u>except</u> for undersized lots with insufficient lot area)		
	(\$2,000) Initial variance	\$_____00
“d” variance requests (use variances)	(\$3,000)	\$_____00
Each additional variance	(\$200) each additional variance	\$_____00
At the discretion of the Board during workshop:		
Minimum Escrow Deposit: Planning Review	(\$1,700)	\$_____00
Minimum Escrow Deposit: Appraiser Review	(\$1,000)	\$_____00

Other Land Use Applications:

Amendment of previously granted board approval (50%) of the original fee:		\$_____00
Request for interpretation of the zoning ordinance	(\$500.)	\$_____00
Appeal of a decision of the Zoning Officer	(\$500)	\$_____00
Property not fronting on an improved road	(\$3,000)	\$_____00
Substantial revision to pending application before the Board, (30%) of the original fee:		\$_____00

NOTE: TWO (2) SEPARATE CHECKS ARE REQUIRED

1.) ADMINISTRATIVE FEES TOTALING:	\$200.00
2.) ESCROW FEES TOTALING:	\$_____

IN ORDER FOR THE APPLICATION TO BE DEEMED COMPLETE AND LISTED FOR HEARING, THE APPLICANT SHALL SUBMIT THE INFORMATION REQUIRED.

IN ALL CASES THE APPLICANT MUST APPEAR IN PERSON OR BE REPRESENTED BY AN ATTORNEY-AT-LAW OF THE STATE OF NEW JERSEY.

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2	Business name/disregarded entity name, if different from above.		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>		
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	6	City, state, and ZIP code		
	7	List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-					
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

TOWNSHIP OF LACEY
DEPARTMENT OF COMMUNITY DEVELOPMENT
LAND USE

818 LACEY ROAD , FORKED RIVER, NJ 08731 (609) 693-1100 FAX (609) 693-8466
EMAIL LACEY.LANDUSE@LACEYTOWNSHIP.ORG

ADMINISTRATIVE SECRETARY – SUSAN CONNOR, EXT. 2251

REMINDER

PURPOSE OF ESCROW DEPOSITS

“Escrow Deposits” are estimated with the intention to cover the entire cost of review by Board Professionals. The Township’s Fee schedule estimates the total cost of review of a land use application; however the applicant is responsible for any and ALL professional fees associated with the approval process that exceeds the estimated escrow deposit. The escrow deposit shall be utilized to reimburse the Planning or Zoning Board Attorney/Engineer/Planner and Appraiser for the preparation of any resolutions or other legal services / engineering-planning & appraisal reviews in connection with a development application.

The applicant is responsible to contact the Township when there is an address change and or sale of the property during the application process.

PUBLIC LEGAL NOTICE PROCEDURES

Please note: all of the below procedures must be followed exactly otherwise your application may be delayed to a later hearing date and you will have to re-notice.

YOU MUST WAIT UNTIL YOU ARE ASSIGNED A HEARING DATE BEFORE NOTICING

1. **You must send a certified mail letter** to everyone within 200 ft. including all the Utility Companies (taken from the list of property owners obtained from the Tax Assessor's Office-see application to obtain the list included in this packet).
 - A copy of the notice letter should be included in each envelope, addressed to each person or company on the list.
 - Please ensure that each "certified mail receipt" has the corresponding address written on it and each receipt is postmarked. It is also advised that you peel & stick the matching certified mail identifier (20 digit number) to the tax assessor's list next to the name/address whom it was sent to.
 - Letters must be postmarked by the post office a minimum of 10 days prior to the hearing date (not including the hearing date).** **Double & triple check** that you have addressed and included everyone correctly

2. **You must publish the notice of hearing in one of the official newspapers below.** The publication date must be a **minimum of 10 days prior to the hearing date** (please note submission dates for publication could be 4-6 days lead time)
Ex: if your hearing date is on Jan 10, then postmark date and date of publication must be on or before Dec. 31 (10 days prior not including the date of hearing).
 - Prior to sending your notice to the Newspaper, please call/email to make payment arrangements for the publication.
 1. **The Beacon**
Attn: Legal Department 732-922-6000 Ext. 3662 **Email: ALEGALS@gannettnj.com**
When emailing please include your name, address, phone number; Indicate you would like them to publish your notice in THE BEACON once and forward an affidavit of publication to you. Make sure the publish date will be 10 days prior to the hearing date as explained above.
----- OR -----
 2. **The Asbury Park Press**
Attn: Legal Department 1-888-516-9220 **Email: applegals@gannett.com**
When emailing please include your name, address, and phone number. Indicate you would like them to publish your notice in the ASBURY PARK PRESS once and forward an affidavit of publication to you. Make sure the publish date will be 10 days prior to the hearing date as explained above.

3. **You will need to return the following to the Board Secretary before the hearing date:**
 - a. The certified mailing receipts stamped by the post office (only the small green & white "Certified Mail Receipts" with postmark dates, not the green signed forms returned to you); Put each receipt in order of the 200' list, a copy of the letter sent to neighbors, along with the 200' list from the tax assessor.
 - b. The affidavit of publication and copy of the ad which the newspaper will send to you once your notice is published.
 - c. Signed and notarized Affidavit of Service (included in this packet) along with all of the above.

PUBLIC NOTICE
LACEY TOWNSHIP BOARD OF ADJUSTMENT
OCEAN COUNTY, NEW JERSEY

PLEASE TAKE NOTICE that the undersigned, _____ applicant/agent, has appealed to the Lacey Township Board of Adjustment under **Application #V**____-____ for a variance from the requirements of the Zoning ordinance. The property in question is situated in the _____ Zone and located on Tax Lots: _____ in Tax Block: _____ on the Official Tax Map page: _____ of the Township of Lacey. The street address is: _____.

THE APPLICANT is requesting the following relief: _____

THE APPLICANT seeks the following bulk variances in conjunction with the application:

- Proposed _____
_____ whereas _____ is required.

AND ANY AND ALL OTHER VARIANCES, as the Board determines necessary in accordance with the law at the time of the hearing.

A **PUBLIC HEARING** will take place on the _____ day of _____, 20____ at **6:30 pm** in the Committee Chambers of the Municipal Building, located at **818 Lacey Road, Forked River, NJ** at which time you may appear either in person, or be represented by an attorney and present any objection which you may have to the granting of this appeal.

THE APPLICANT AND SUPPORTING DOCUMENTS are on file with the office of the Board Secretary of the Lacey Township Board of Adjustment, (Office of Community Development) Location: 124 South Main Street in Forked River, NJ and is available for inspection during normal business hours. Monday-Friday: 8:30am - 4:30pm.

THIS NOTICE IS SUBMITTED in accordance with the requirements of the Municipal Land use Law.

Applicant/Agent

AFFIDAVIT OF SERVICE

ZONING BOARD OF ADJUSTMENT, TOWNSHIP OF LACEY

STATE OF NEW JERSEY

} SS.

COUNTY OF OCEAN

_____, being duly sworn, according to law, upon oath, deposes and says:

1. Deponent is the applicant in a proceeding before the Board of Adjustment, Township of Lacey, being an appeal under the Zoning Ordinance, and which has Application No. # V ___ - _____ and relates to premises in the Township of Lacey, bearing street address _____

also known as Block: _____ Lot(s): _____, of the Lacey Township Tax Map.

2. Deponent gave written notice of the hearing of this application to each and all of the owners of the property affected by said application based upon the Lacey Township's Tax Assessor's certified list, as listed on the duplicate Forms of Notice annexed to this Affidavit and at the respective times and in the manner indicated on each notice. Also annexed hereto the proof of mailing receipts for each notice.

Applicant

Sworn and subscribed to before me
this _____ day of _____, 20____

Notary Public of New Jersey