APPLICATION TO TOWNSHIP OF TOMS RIVER PLANNING BOARD FOR CONDITIONAL USE APPROVAL

1) UNIFIED LAND DEVELOPMENT APPLICATION FORM COMPLETED, SIGNED AND ESCROW REPLENISHMENT AGREEMENT.

2) ALL ITEMS LISTED IN THE DEVELOPMENT APPLICATION CHECKLIST – SCHEDULE “A” SUBMISSION REQUIREMENTS

3) FEES:

   A. NON-REFUNDABLE ADMINISTRATIVE FEES:

      1) CONDITIONAL USE $500.00

   B. ESCROW FEE:

      1) CONDITIONAL USES $1000.00

   Plus any other fees which may be required pursuant to 348-3.4.

   * The non-refundable fee and escrow fee shall be paid separately. Both checks shall be made payable to “Township of Toms River”. Exact change will be accepted.

4) ALL OTHER SUBMISSIONS THAT MAY BE REQUESTED BY THE BOARD ENGINEER OR MAY BE REQUIRED BY LAW.

5) ANY SUBMITTALS THAT MAY BE REQUIRED PURSUANT TO ARTICLE IX OF CHAPTER 348 OF THE CODE.

Revised 11/04/2011
w:\Engineering & Community Development\Planning Board\Application Forms\Conditional Use Instruction
Development Application Checklist
Township of Toms River
33 Washington Street
Toms River, NJ 08753
732 341-1000

Schedule “A” Submission Requirements

( ) 1. Original and five copies of the Unified Land Development Application form, fully completed, signed and notarized
( ) 2. Fees in accordance with §348-3.4
( ) 3. Form W-9 and Escrow Replenishment Agreement
( ) 4. Original and 8 copies of signed and sealed property survey less than one year old
( ) 5. 10 copies of plot plan showing proposed improvements; or 8 sets of subdivision plat or site plans (11 sets of 11x17 required five days prior to Board meeting)
( ) 6. 10 sets of architectural floor plans and façade elevations (if any)
( ) 7. Completed Schedule “B” checklist and a list of any waiver requests, together with a statement of reasons why waivers should be granted.
( ) 8. One of the following
   ( ) a. A letter of interpretation from the N.J. D.E.P. indicating the absence of freshwater wetlands, or indicating the presence and verifying delineation of the boundaries of freshwater wetlands and related transition areas
   ( ) b. A finding by the Board Engineer, on applications for principal or accessory structures on existing single-family or two-family lots, that there are no freshwater wetlands on the lot or within 200 feet thereof
( ) 9. If a corporation, limited liability company, or partnership, list the names and addresses of all parties owning at least 10% of the entity as required by N.J.S.A. 40:55D-48.1 et seq. (Blank disclosure forms are available at the Board office.)
( ) 10. Copy of application filed with Ocean County Planning Board
( ) 11. Copy of application filed with Toms River Municipal Utilities Authority
( ) 12. Copy of application filed with Ocean County Soil Conservation District
( ) 13. Statement of operations
( ) 14. Tree Management Plan, with fees
( ) 15. Evidence of filing with water company (United Water or NJ American)
( ) 16. Flood Zone Certification Form – For any area in a Flood Zone, for Board of Adjustment Applications only

Application Name: ________________________________
Block: _______ ; Lot(s) ____________________________
Reviewed by: _______________________________
Date: ________________

Rev. 03 28 14
## Schedule B Checklist

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<tr>
<th>Plan Specifications</th>
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<tr>
<td>1 Clear, legible plat at a scale of not less than 1&quot; = 60'</td>
<td>X</td>
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<tr>
<td>2 Signature, seal, address, license number of professional preparing plat.</td>
<td>X</td>
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<td>3 Plat based on land survey less than 12 months old.</td>
<td>X</td>
<td>X</td>
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<td>4 Sheet size up to 30&quot;x42&quot;.</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>5 Each sheet numbered and titled.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</table>

### General Information

| 6 Existing and proposed lot lines with dimensions, bearing and curve data. | X | X | X | X | X | X | X |
| 7 Key map showing site location and streets, street names, and zone boundaries within 500 ft. | X | X | X | X | X | X | X |
| 8 The block: applicant name, name of development, preparer, tax sheet, lot and block numbers, date prepared, application type, and zoning district. | X | X | X | X | X | X | X |
| 9 Names, addresses and block and lot numbers of all owners within 200 feet. | X | X | X | X | X | X | X |
| 10 Data of original and all revisions. | X | X | X | X | X | X | X |
| 11 Written and graphic map scale. | X | X | X | X | X | X | X |
| 12 North arrow with reference meridian. | X | X | X | X | X | X | X |
| 13 Date and signature as per the "Map Filing Law". | X | X | X |
| 14 Table of zoning requirements, showing existing conditions, nonconformities and proposed variances. | X | X | X | X | X | X | X |
| 15 Area of the tract and of each lot. | X | X | X | X | X | X | X |

### Natural Features

| 16 For proposed site improvements, regarding or disturbance over 150 sq. ft., existing and proposed contours at one foot intervals showing surface drainage and topography within 50 ft. | X | X |
| 17 Existing and proposed contours at one foot intervals showing surface drainage and topography within 200 ft. | X | X | X | X |
| 18 All existing watercourses and related areas that are subject to 100 year floods under FEMA standards. | X | X | X | X | X | X | X |
| 19 Wetlands and wetland transition area boundaries | X | X | X | X | X | X | X |
| 20 Features required for Tree Management Plan under the provisions of Chapter 348-12. | X | X | X | X | X | X | X |

### Human Features

| 21 Show existing structures and setbacks from existing and proposed property lines, indicating those to be modified or removed or to remain. | X | X | X | X | X | X | X |
| 22 Location of proposed buildings, first floor and basement or cellar elevations | X | X | X | X | X | X | X |
| 23 Building and impervious coverage calculations. | X | X | X |
| 24 Existing and proposed easements, rights-of-way and their purposes. | X | X | X | X | X | X | X |
| 25 Existing and proposed manholes, sewer lines, stormwater management facilities, waterlines, fire hydrants, and utility poles within 200 feet. | X | X | X | X | X | X | X |
| 26 Location of existing wells and septic systems. | X | X | X | X | X | X | X |

Reviewed by: 

Rev. 10/26/10

Date:         
| Application: | Schedule B Checklist | Planning Board | Zoning Board |
| Block Lot(s) | Township of Toms River |
| | | | |
| **Major Site Plan** | **Final Major Site Plan** | **Minor Site Plan** | **Final Major Site Plan** | **Minor Site Plan** | **Bulk Variance** | **Use Variance** | Applicant Submittal | Board Recusal | Not Applicable | Waiver (Attach Reason) |
| 27 Plans and profiles of proposed utility layouts, including sewers, storm drains, water, gas, and electric, showing feasible connections to existing or proposed utility systems as well as channel section details, pipe sizes, types and flows, road crown and slippage. | X | X | X | X | X | X | X |
| 28 Monumentation required as part of the "Map Filing Law" | | | | | X | X | X |
| 29 Off-street parking and loading spaces required and proposed, and location and dimensions of access drives, aisles, and parking stalls. | X | X | X | X | X | X | X |
| **Streets** | | | | | | | |
| 30 Location, names and widths of all existing and proposed streets, sidewalks and street widenings within 200 feet of the site. | X | X | X | X | X | X | X |
| 31 Plans, profiles and cross-sections of paved areas, curbs and sidewalks. | X | X | X | X | X | X | X |
| **Miscellaneous** | | | | | | | |
| 32 Soil boring logs in accordance with Chapter 348-0.93(24) or 348-8.10B(16). | X | X | X | X |
| 33 Exterior lighting plan showing the location, direction of illumination, amount of illumination expressed in horizontal foot candles, wattage and drawn details of all outdoor lighting standards and fixtures. | X | X | X | X | X | X | X |
| 34 Landscaping and buffering plan showing the location, type of tree or shrub and the location, type and amount of each type of ground cover. | X | X | X | X | X | X | X |
| 35 Soil erosion and sediment control plan consistent with the requirements of the local Soil Conservation District. | X | X | X | X |
| 36 Stormwater system maintenance plan including: specific preventive maintenance tasks and schedules; cost estimates including the estimated cost of sediment, debris, and trash removal; and the name, address and telephone number of the party responsible for maintenance. | X | X | X | X |
| 37 Maintenance manual in book form for NJDEP "major" stormwater projects, which includes one or more acres of site disturbance or 0.25 acres or more of additional impervious surface. Submit three copies. | X | X | X | X | X | X | X |
| 38 Storm drainage calculations. | | | | | | | X |
| 39 Stormwater management facilities showing all aspects of the stormwater system on the grading plan. | X | X | X | X | X | X |
| 40 All sign locations and drawn details showing the size, construction type, height, and content of all signs. | X | X | X | X | X | X |
| 41 Drawn details of screening to be used for the refuse storage areas, outdoor equipment and bulk storage. | X | X | X | X | X | X |
| 42 Drawings, details and written descriptions, as needed, to address the management of solid waste, recyclables and any hazardous materials requiring special handling under State or Federal codes. | X | X | X | X | X | X | X |

Rev. 10/20/10

Reviewed by: ____________________________

Date: ____________________________
TOWNSHIP OF TOMS RIVER
DEPARTMENT OF LAW AND COMMUNITY DEVELOPMENT
DIVISION OF LAND USE REGULATION
UNIFIED LAND DEVELOPMENT APPLICATION

PLEASE PRINT OR TYPE:

1. APPLICANT
   NAME:
   ADDRESS:
   PHONE:
   FAX:
   E-MAIL:

2. OWNER (IF DIFFERENT FROM APPLICANT)
   NAME:
   ADDRESS:
   PHONE:
   FAX:
   E-MAIL:

3. SUBJECT PROPERTY
   STREET ADDRESS: ____________________________
   TAX MAP SHEET ____________________________
   TAX LOT ________ TAX BLOCK ________
   APPROXIMATE SIZE ________ ACRES OR ________ SQ. FEET
   ZONING DISTRICT ____________________________
   EXISTING USE OF PROPERTY: ____________________________
   COPY OF DEED ATTACHED? YES____ NO____
   DEED RESTRICTIONS: YES____ NO____
   (IF YES, PLEASE PROVIDE COPY)
4. BRIEF DESCRIPTION OF APPLICATION:

5. REQUESTED APPROVAL (CHECK ALL THAT APPLY)

- DEVELOPMENT PERMIT
- SUBDIVISION CERTIFICATION
  (N.J.S.A. 40:55D-56)
- NON-CONFORMING USE CERTIFICATION
  (N.J.S.A. 40:55D-68)
- SUBDIVISION EXEMPTION CERTIFICATE
  (N.J.S.A. 40:55D-7)
- MINOR SUBDIVISION
- PRELIMINARY MAJOR SUBDIVISION
- FINAL MAJOR SUBDIVISION
- CONDITIONALLY EXEMPT SITE PLAN
- MINOR SITE PLAN
- PRELIMINARY MAJOR SITE PLAN
- FINAL MAJOR SITE PLAN
- CONDITIONAL USE
- SPECIAL REASONS VARIANCE FOR
  COMMERCIAL USE, MULTI-FAMILY
  USE OR RESIDENTIAL
  SUBDIVISIONS
- SPECIAL REASONS VARIANCE FOR
  SINGLE OR TWO FAMILY RESIDENTIAL
  USE
  (N.J.S.A. 40:55D-70d)
- SITE PLAN OR SUBDIVISION
  ANCILLARY VARIANCE
  (N.J.S.A. 40:55d-70c)
- SINGLE UNDERSIZED RESIDENTIAL
  LOT VARIANCE
SINGLE OR TWO FAMILY RESIDENTIAL DETACHED GARAGE OR INGROUND POOL VARIANCE

ALL OTHER SINGLE OR TWO FAMILY RESIDENTIAL ACCESSORY STRUCTURES (POOL, SHED, ETC.,)

FENCE VARIANCE

SINGLE FAMILY ADDITION VARIANCE

APPEAL (N.J.S.A. 40:55D-70(A))

INTERPRETATION (N.J.S.A. 40:55d-70(B))

EXTENSIONS OF PRIOR APPROVAL

INFORMAL MEETING

AMENDED RESOLUTION

SIGN VARIANCE

N.J.S.A. 40:55d-34/35 VARIANCE

ZONING CHANGE REQUEST

6. NUMBER OF PROPOSED LOTS

7. LIST ALL VARIANCES REQUIRED: (USE SEPARATE SHEET, IF NECESSARY)

8. LIST ALL DESIGN WAIVERS REQUESTED:

9. ATTORNEY:

NAME:

ADDRESS:

TELEPHONE: FAX:

E-MAIL
10. ENGINEER:
   NAME:
   ADDRESS:
   TELEPHONE: FAX:
   E-MAIL

11. ARCHITECT:
   NAME:
   ADDRESS:
   TELEPHONE: FAX:
   E-MAIL

12. OTHER EXPERTS (USE ADDITIONAL SHEET IF NECESSARY)
   NAME:
   ADDRESS:
   TELEPHONE: FAX:
   E-MAIL

13. PUBLIC WATER LINE AVAILABLE? YES _____ NO _____

14. PUBLIC SANITARY SEWER AVAILABLE? YES _____ NO _____

15. DOES APPLICATION PROPOSE A WELL AND SEPTIC? YES_____ NO_____

16. DESCRIBE ANY OFF TRACT IMPROVEMENT REQUIRED OR PROPOSED:

17. LIST ALL REQUIRED OUTSIDE AGENCY APPROVALS AND STATUS OF SAME:
   ___________________________ ___________________________
   ___________________________ ___________________________
   ___________________________ ___________________________

4
18. LIST OF ALL MAPS, REPORTS AND OTHER MATERIALS SUBMITTED:

<table>
<thead>
<tr>
<th>QUANTITY</th>
<th>DESCRIPTION OF ITEM</th>
<th>DATE OF ITEM</th>
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19. APPLICANT’S CERTIFICATION:

I CERTIFY THAT THE FOREGOING STATEMENTS AND THE MATERIALS SUBMITTED ARE TRUE. I FURTHER CERTIFY THAT I AM THE INDIVIDUAL APPLICANT OR THAT I AM AN OFFICER OF THE CORPORATE APPLICANT AND THAT I AM AUTHORIZED TO SIGN THE APPLICATION FOR THE CORPORATION OR THAT I AM A GENERAL PARTNER OF THE PARTNERSHIP APPLICANT.

(IF THE APPLICANT IS A CORPORATION THIS MUST BE SIGNED BY AN AUTHORIZED CORPORATE OFFICER. IF THE APPLICANT IS A PARTNERSHIP, THIS MUST BE SIGNED BY A GENERAL PARTNER.)

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF ____________, 20__

NOTARY PUBLIC

SIGNATURE OF APPLICANT

20. OWNER’S CERTIFICATION:

I CERTIFY THAT I AM THE OWNER OF THE PROPERTY WHICH IS THE SUBJECT OF THIS APPLICATION, THAT I HAVE AUTHORIZED THE APPLICANT TO MAKE THIS APPLICATION AND THAT I AGREE TO BE BOUND BY THE APPLICATION, THE REPRESENTATIONS MADE AND THE DECISION IN THE SAME MANNER AS IF I WERE THE APPLICANT.

(IF THE OWNER IS A CORPORATION THIS MUST BE SIGNED BY AN AUTHORIZED CORPORATE OFFICER. IF THE OWNER IS A PARTNERSHIP, THIS MUST BE SIGNED BY A GENERAL PARTNER.)

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF ____________, 20__

NOTARY PUBLIC

SIGNATURE OF OWNER
Form W-9

Request for Taxpayer Identification Number and Certification

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

Part I

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN).

However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note: If the account is in more than one name, see the chart on page 4 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 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 on page 4.)

Sign Here

Signature of
U.S. person

Date

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Notes: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Cat. No. 10251X
Form W-9 (Rev. 1-2008)
TOWNSHIP OF TOMS RIVER

DEPARTMENT OF ENGINEERING AND COMMUNITY DEVELOPMENT

DIVISION OF LAND USE REGULATION

ESCROW REPLENISHMENT AGREEMENT

This agreement is made between the Township of Toms River ("Township") and ____________________________ ("Applicant"), and
________________________________________ ("Property Owner" if different from applicant), pursuant to the provisions of N.J.S.A. 40:55D-53.2(c).

The parties to this agreement acknowledge that the applicant has submitted an application for land development to the Toms River Township Planning Board or Board of Adjustment. In accordance with the requirements of the Toms River Township Escrow Fee Ordinance, the applicant has deposited the sum of $___________ with the Township of Toms River to cover the cost and expenses of all reviews by the professionals retained by the applicable Board regarding the submitted application.

The applicant agrees that upon notification by mail from the Board Clerk that whenever the amount remaining in the escrow accounts drops to 25% of the original escrow fee, the applicant will agree to replenish the escrow account within ten (10) days from the date of the mailing of the notice to an extent equal to 50% of the original escrow fee. The applicant also agrees to pay any deficiencies in said account simultaneously. The applicant acknowledges that he/she has been provided with a copy of the
Township Ordinance relating to the payment and replenishment of the aforesaid escrow review fees and agrees to otherwise fully comply with the requirements of the same.

In the event there is a failure to replenish the escrow account in accordance with the terms of the Agreement, the Township has the right to withhold the zoning permit or the issuance of Certificate of Occupancy until the deficiency is paid, and if the escrow review fees are not paid within 30 days of the billing date, the Township shall have the right to lien the property in the amount of the deficiency.

TOWNSHIP OF TOMS RIVER

By ____________________________

Board Secretary

______________________________

APPLICANT SIGNATURE

Print Applicant’s Name

______________________________

OWNER’S SIGNATURE
(if applicant is not property owner)

Print Owner’s Name
TOWNSHIP OF TOMS RIVER PLANNING BOARD
CORPORATE DISCLOSURE STATEMENT

NAME OF CORPORATION: ________________________________

STATE OF NEW JERSEY:

COUNTY OF OCEAN : S. S.

__________________________________________, having been first duly
sworn according to law, upon his/her oath, deposes and says:

1. I am the ____________________________ of the above named
   Corporation. I am fully familiar with the facts concerning the names of the
   Stockholders and the percentage of the capital stock held by each stockholder in
   said Corporation as of the date of the application made before the Toms River
   Township Planning Board of which this Corporate Disclosure Statement
   constitutes a part.

2. The following information is submitted to the Toms River Township
   Planning Board, knowing that the Board relies upon the Truthfulness
   of the statements contained herein:

   A.) NAME OF CORPORATION: ________________________________

   B.) REGISTERED AGENT OF CORPORATION: ________________________________

   C.) PRINCIPAL OFFICE OF CORPORATION: ________________________________

   D.) NAMES AND ADDRESSES OF OFFICERS AND DIRECTORS OF THE
      CORPORATION: __________________________________________________________
      __________________________________________________________
      __________________________________________________________

   E.) NAMES AND ADDRESSES OF THE STOCKHOLDERS OF THE
      CORPORATION AND THE NUMBER OF SHARES OF CAPITAL STOCK
      OF THE CORPORATION ARE AS FOLLOWS: (LIST ONLY THOSE
      OWNING TEN PERCENT (10%) OR MORE OF CORPORATE STOCK):
      __________________________________________________________
      __________________________________________________________
      __________________________________________________________

   BY: ____________________________

   DATE: ____________________________

Sworn and subscribed before me this ____________________________
   day of ____________________________, 20___

__________________________________________,
Notary Public of the State of New Jersey
TOWNSHIP OF TOMS RIVER PLANNING BOARD

PARTNERSHIP DISCLOSURE STATEMENT

NAME OF PARTNERSHIP: ________________________________

STATE OF NEW JERSEY:

COUNTY OF OCEAN: S. S.

_____________________, having been first duly
sworn according to law, upon his/her oath, deposes and says:

1. I am a Partner in the above named Partnership. I am fully familiar
with the facts concerning this Partnership as of the date of the
application made before the Toms River Township Planning Board
of which this Partnership Disclosure Statement constitutes a part.

2. The following information is submitted to the Toms River Township
Planning Board, knowing that the Board relies upon the Truthfulness
of the statements contained herein:

   A.) NAME OF PARTNERSHIP: ________________________________

   B.) REGISTERED AGENT OF PARTNERSHIP:

   C.) PRINCIPAL OFFICE OF PARTNERSHIP:

   D.) NAMES AND ADDRESSES OF PARTNERS AND PERCENTAGES HELD AS
      FOLLOWS:


   ________________________________

   ________________________________

   ________________________________

   ________________________________

   ________________________________

   ________________________________

   ________________________________

   ________________________________

BY: ________________________________

DATE: ________________________________

Sworn and subscribed before me this ________________

day of ___________________ 20__

Notary Public of the State of New Jersey