

GIORDANO, HALLERAN & CIESLA, P.C.

A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW
WWW.GHCLAW.COM

JOHN A. GIUNCO, ESQ.
SHAREHOLDER
JGIUNCO@GHCLAW.COM
DIRECT DIAL: (732) 219-5496

Please Reply To:
125 HALF MILE ROAD
SUITE 300
RED BANK, NJ 07701
(732) 741-3900
FAX: (732) 224-6599

May 8, 2025

Client/Matter No. 15763-0071

VIA COURIER

Heather Kepler, Zoning Board of Adjustment Secretary
Township of Neptune
25 Neptune Boulevard
Neptune, New Jersey 07753

**Re: HMH - Jersey Shore University Medical Center
 Bulk Variance Application (Signs)
 19-21 Davis Avenue, Neptune, NJ
 Block 1201, Lot 4**

Dear Ms. Kepler:

Our firm represents **HMH – Jersey Shore University Medical Center** (the “Applicant”) in connection with the enclosed application (“Application”) to the Township of Neptune (“Borough”) Zoning Board of Adjustment (“Board”) seeking bulk variance approval for property located at 19-21 Davis Avenue, also known as Block 12-1, Lot 4 (the “Property”). The Property is located in the Civic (“C”) Zone.

By way of background, the Applicant previously received variance relief for signage from the Planning Board, pursuant to Resolution 17-21, to permit six (6) wall mounted signs, copy of that Resolution is attached.

With this Application, the Applicant proposes to mount three (3) additional wall signs; one (1) above the entrance and two (2) on the western façade of the HOPE Tower which requires bulk “c” variance relief from the Township Ordinance 426.07B.1(c) which permits one (1) wall mounted sign whereas, Applicant proposes three (3).

GIORDANO, HALLERAN & CIESLA
A Professional Corporation
ATTORNEYS-AT-LAW

Heather Kepler, Zoning Board Secretary
May 8, 2025
Page 2

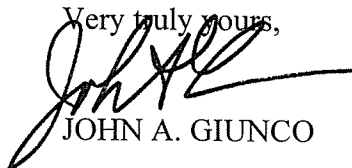
In support of this Application enclosed please find fifteen (15) copies of the following enclosures:

1. Neptune Township Board of Adjustment Application;
2. Denial Letter from the Zoning Officer dated April 7, 2025;
3. Resolution No. 17-21 dated November 8, 2017;
4. Brand Book prepared by Philadelphia Sign dated April 10, 2024 and signed by Jere Murdoch, PE on May 6, 2025 consisting of nine (9) sheets;

In addition, enclosed please find:

5. Check in the amount of \$1,500 representing the application fee;
6. Check in the amount of \$1,250 representing the escrow fee;
7. Copy of the 200' certified property owner list dated April 28, 2025
8. W-9;

Please review the enclosed and advise the undersigned, or Denise Wegryniak, if you require any additional information. Thank you for your time and attention to this matter.

Very truly yours,

JOHN A. GIUNCO

JAG/dw

Enclosures

cc: Douglas Campbell
Malene Butler – Philadelphia Sign
Jake T. Russo, Esq.
Denise M. Wegryniak

Giordano, Halleran & Ciesla, PC

Check Date: 05/07/2025 Payee: Neptune Township

Attorney Business Account

Vendor Number: 0000560 Check Number: 000012385

Date	Invoice No.	Description	Amount of Invoice
05/07/2025		15763-0071	1,250.00
			1,250.00

THE PAGE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

Giordano, Halleran & Ciesla
A Professional Corporation
Attorneys-At-Law

Attorney Business Account
125 Half Mile Road, Suite 300
Red Bank, NJ 07701-6777

Manasquan Bank
2221 Landmark Place
Wall Township, NJ 08736

012385

55-7216/2212

Date
05/07/2025

Amount
*****1,250.00

Pay: One Thousand Two Hundred Fifty and 00/100 Dollars

Pay
To the
Order of Neptune Township



VOID AFTER ONE YEAR

VOID RED INK
PAID WITH DEBIT

⑈012385⑈ ⑆221272167⑆ 1498000404⑈

Giordano, Halleran & Ciesla, PC

Check Date: 05/07/2025 Payee: Neptune Township

Attorney Business Account

Vendor Number: 0000560 Check Number: 000012384

Date	Invoice No.	Description	Amount of Invoice
05/07/2025		15763-0071	1,500.00
			1,500.00

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

Giordano, Halleran & Ciesla
A Professional Corporation
Attorneys-At-Law

Attorney Business Account
125 Half Mile Road, Suite 300
Red Bank, NJ 07701-6777

Manasquan Bank
2221 Landmark Place
Wall Township, NJ 08736

012384

55-7216/2212

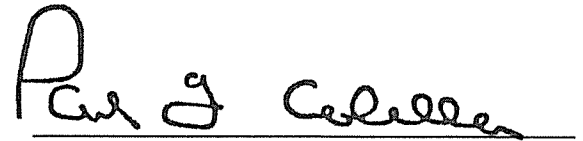
Date
05/07/2025

Amount
*****1,500.00

Pay: One Thousand Five Hundred and 00/100 Dollars

Pay
To the
Order of

Neptune Township



VOID AFTER ONE YEAR

VOID RED INK
FADING WITH HEAT

⑈012384⑈ ⑆221272167⑆ 1498000404⑈

COMPLETENESS CHECKLIST for USE and/or BULK VARIANCES

§802B. Completeness Checklist for Use Variance and Bulk Variance Request. (Last revised by Ordinance No. 13-17.)

Prior to the issuance of a Certificate of Completeness, the Administrative Officer shall determine that the following documents have been submitted:

C	I	N/A	W*	
[C = Complete I = Incomplete N/A = Not Applicable W = Waiver Requested*]				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Twenty-five (25) copies of completed and signed application form, which must include the following:
				<input checked="" type="checkbox"/> Applicant's name, address, telephone number, facsimile number and e-mail address.
				<input checked="" type="checkbox"/> Property Owner's name, address, telephone number, facsimile number and e-mail address.
				<input checked="" type="checkbox"/> Applicant's interest in the property.
				<input checked="" type="checkbox"/> Name, address, telephone number, facsimile number and e-mail address of the Applicant's attorney (if represented), and any and all other professional representatives.
				<input checked="" type="checkbox"/> Street address of property under consideration.
				<input checked="" type="checkbox"/> Tax Block and Lot numbers of property.
				<input checked="" type="checkbox"/> Zoning District in which property is located.
				<input checked="" type="checkbox"/> Description of the property.
				<input checked="" type="checkbox"/> Description of the proposed development.
				<input checked="" type="checkbox"/> Type of application (i.e., Use Variance or Bulk Variance).
				<input type="checkbox"/> Identification of subject property's Special Flood Hazard Area Zone.
				<input checked="" type="checkbox"/> Executed copy of "Authorization & Consent Form" Part C.
				<input checked="" type="checkbox"/> Executed copy of "Certificate of Ownership" Part D, if applicable.
				<input checked="" type="checkbox"/> Executed copy of "Certificate of Corporation/Partnership", if applicable.
				<input checked="" type="checkbox"/> Verification of taxes paid (this will be further verified by the Administrative Officer).
				<input checked="" type="checkbox"/> Executed copy of "Escrow Agreement" Part E.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Twenty-five (25) copies of the property deed(s). Fifteen (15) copies as instructed.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Twenty-five (25) copies of the Zoning Permit denial. Fifteen (15) copies as instructed.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Required plans, folded, no larger than 30" x 42".
				PLEASE NOTE: Only folded plans will be accepted, and all submitted plans must be to scale.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Twenty-five (25) copies of current signed & sealed survey, prepared by a New Jersey Licensed Professional Land Surveyor.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Five (5) copies of site plans/construction plans with initial submission and with each subsequent submission, for completeness review. Brand Book
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Once the application is deemed complete, twenty (20) additional full-sized paper site plans/construction plans, plus one (1) reduced-size paper copy of the plans (no larger than 11" x 17"), and one (1) CD containing the plans in .pdf format.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Six (6) copies of Tree Removal Application package in accordance with §525 (if applicable).
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Community Impact Statement (for Use Variance only).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Application Fee \$ <u>1,500.00</u> Escrow Deposit \$ <u>1,250.00</u> in accordance with schedule.
				PLEASE NOTE: Application Fee and Escrow Deposit must be paid in separate checks.

*Any request for a waiver must include a written explanation for the request.

The information below roughly outlines the steps involved in processing an application for a Use and/or Bulk Variance:

After you submit your application, fees, and supporting documents, your application will be reviewed for completeness. At that time, you will receive notification advising you whether your application is “complete”. If your application is deemed “incomplete”, you will be asked to provide the additional information as outlined in the notification. If your application is deemed “complete”, you will receive a letter advising you of your scheduled hearing date.

When you receive your hearing letter, it will include further instructions regarding the process necessary to notify the public of your application, and the notice requirements for the newspaper.

PLEASE NOTE: It is helpful to the Board that you provide as much detailed information as possible regarding your proposal. Recent photographs of the entire structure/property, clearly showing front, sides and rear, are strongly suggested. In general, the Board can make its decision at the first meeting/hearing unless the Applicant has failed to provide sufficient information.

Once the Board has rendered a decision, a resolution will be prepared indicating the variance has been granted or denied; this resolution will be memorialized at the next scheduled meeting/hearing. Approximately two (2) to five (5) days after the memorialization of the resolution, it will be mailed to you or to your attorney (should you be represented by an attorney).

Following memorialization, you will be required to publish a “Notice of Decision” in the Township-approved newspaper – The Coaster, 111 Main Street, Asbury Park, NJ 07719. When placing your ad, you must request an “Affidavit of Publication”, the original “Affidavit of Publication” of your notice must be submitted to the Board Office once the Notice has been published.

Please be aware that any objector to your approval/denial has up to forty-five (45) days after your notice is published in the newspaper to file an appeal of the decision of the Board.

Please note that application fees are not refundable whether your application has been approved or denied; however, any unused portion of your escrow deposit will be refunded to you. A written request for such refund must be received by the Board Office in order to begin the refund process.

Should you have any questions or require assistance with the application process, please contact the Board Office either by phone (732-988-5200 .x. 270), or by email (hkepler@neptunetownship.org).

§ 1000 Application and Escrow Fees

A. Fee schedule. Every application for development shall be accompanied by a check payable to the municipality in accordance with the following schedule:

TABLE 10.1: APPLICATION FEES

Type of Application				Administrative Fee
Appeals and Interpretations				\$100.00
Appeal to Governing Body				\$250.00
Conceptual/Informal Reviews				\$50.00
Bulk Variances	Residential			\$100.00
	Nonresidential			\$250.00 per variance
Use Variances				\$750.00
Conditional Use				\$500.00
Subdivision	Minor			\$750.00
	Major	Preliminary		\$750.00 plus \$75.00 per lot.
		Final		\$500.00 plus \$40.00 per lot.
Site Plan	Minor Site Plan			\$500.00
	Major Site Plan	Residential	Prelim	\$750.00 plus \$60.00 per dwelling unit
			Final	50% of Preliminary
		Non-residential	Prelim	\$1,500.00 plus \$50.00 per acre, plus \$0.08 per square foot of proposed building area.
			Final	50% of preliminary
General Development Plan				\$2,000.00
Certified List per MLUL 40:55D-12c.				\$10.00 or \$0.25/name, whichever is greater
Special Meeting				\$1,500.00
Resubmission or Revision Fee				\$100.00 or 40% of original fee, whichever is greater
Tax Map Revisions				\$300.00 plus \$25.00 per lot or unit.
Zone Change Request				\$250.00
Appeal to the Township Committee				\$250.00
Tree Removal Permit				For new residential building lots, \$25.00 dollars per tree, up to a maximum of \$300.00 per lot; For all other properties, \$25.00 per tree up to a maximum of \$600.00 for each acre.
Zoning Permit				\$35.00
Historic Preservation Commission Certificate of Appropriateness				\$10.00
Certification of Pre-existing Nonconforming Use (from Administrative Officer or Zoning Board of Adjustment)				\$100.00 per use.
Research Letter (from Administrative Officer)				\$75.00
Extension of Approvals				\$250.00
Soil Removal				\$100.00 per lot.
Historic Preservation Commission Demolition (partial or total)				\$25.00

TABLE 10.2: ESCROW FEES

Type of Application				Escrow		
Appeals and Interpretations				\$750.00		
Conceptual/Informal Board Review				\$750.00		
Conceptual/Informal Technical Review				\$1,500.00		
Bulk Variances	Residential			\$200.00		
	Residential Requiring Engineering Review			\$750.00		
	Nonresidential			\$1,250.00		
Use Variances				\$1,500.00		
Conditional Use				\$2,000.00		
Subdivision	Minor			\$4,500.00		
	Major	Preliminary		0-5 lots - \$4,500 6-24 lots - \$6,000 25-100 lots - \$8,000 101+ - \$10,000		
		Final		50% of Preliminary		
Site Plan	Minor Site Plan			\$1,500.00		
	Major Site Plan	Residential	Prelim	\$2,500.00 plus \$25.00 per dwelling unit		
			Final	50% of preliminary		
		Non-residential	Prelim	\$2,500.00 plus 0-5,000 sf - \$1,500.00 5,001-10,000 sf - \$3,500.00 10,001 - 25,000 sf - \$6,500.00 25,001-75,000 sf - \$8,500.00 75,000 sf + - \$10,000.00		
				Final	50% of preliminary	
General Development Plan				Same as Preliminary Site Plan		
Certified List				None		
Special Meeting				\$500.00		
Resubmission or Revision Fee				40% of original fee.		
Administrative Approval of Changes				\$500.00 per change.		
Appeal to the Township Committee				None		
Issuance of a Permit in Certain Areas				\$200.00		
Tree Removal Permit				\$500.00		
Zoning Permit/Certificate of Appropriateness				None		
Historic Preservation Commission Demolition				\$1,800.00		
Review of Architectural elevations by Township Architect (if required by Planning or Zoning Board Officials)				\$1,500.00		
Certification of Pre-existing Nonconforming Use (from Administrative Officer or Zoning Board of Adjustment)				None		
Extension of Approvals				\$1,000.00		
Treatment Works Approval				\$500.00		
Soil Removal				\$100.00 for review of an application by the Township Engineer and inspection of the site, plus \$0.05 per sq. foot of area disturbed due to the removal of soil		
Plot Plan/Grading Plan and As-built Survey Review				\$750.00 per lot		

B. Purpose of fees. The application charge is a flat fee to cover direct administrative expenses and is non-refundable. The escrow account is established to cover the costs of professional services including engineering, legal, planning and other expenses connected with the review of the submitted materials. In accordance with N.J.S.A. 40:55D-53 and N.J.S.A. 40:55D-53.1, sums not utilized in the review process shall be returned to the applicant upon written request. If additional sums are deemed necessary, the applicant shall be notified by certified mail or personal service of the required additional amount and shall add such sum to the escrow. Payment shall be due from the applicant within fifteen (15) days of receipt of the notice. If payment is not received within fifteen (15) days, the applicant shall be considered to be in default, and such default may be grounds for denial of the application.

C. More than one request. Where one application for development includes several approval requests, the sum of the individual required fees shall be paid.

D. Costs of review and inspection. Each applicant for subdivision or site plan approval shall agree in writing to pay all reasonable costs for professional review of the application, including costs incurred with any informal review of a concept plan which may have preceded the submission of a preliminary application. Additionally, each applicant shall agree in writing to pay all reasonable costs for the municipal inspection of the constructed improvements. All such costs for review and inspection must be paid before any construction permit is issued and all remaining costs must be paid in full before any occupancy issued or bonding is released.

E. Court reporter. If an applicant desires a court reporter, the cost of taking testimony and transcribing it and providing a copy of the transcript to the municipality shall be at the expense of the applicant who shall arrange for the reporter's attendance. The municipality provides for the tape recording of the proceedings before the Board.

F. Waiver of fees for affordable housing. Notwithstanding any other provision of this Ordinance, a waiver of municipal subdivision and site plan application fees, and zoning permit fees may be granted by the approving municipal agency for all housing units being provided by the applicant for low and moderate income families.

APPLICATION for USE and/or BULK VARIANCES

TYPE OF VARIANCE REQUESTED:

- ☒ **Bulk Variance** (front, side/rear setback, other) – **Specify:** Ordinance 416.07 B.1 (c) permits one (1) mounted wall sign whereas, Applicant proposes three (3) wall mounted wall signs
- ☐ **Bulk Variance** (lot coverage): _____
- ☐ **Use Variance** (proposal not permitted in zone): _____
- ☐ **Appeal/Interpretation of Decision:** _____
- ☐ **Other - Specify:** _____

1. **Property Address:** 19-21 Davis Avenue
2. **Block:** 1201 **Lot:** 4
3. **Property is located in** C **Zoning District**, according to Neptune Township Land Development Ordinance.
4. **Name of Applicant:** Hackensack Meridian Health - Jersey Shore University Medical Center
Mailing Address: 343 Thornall Street, Edison, NJ 08837
Phone #: 732-775-5500 **Fax #:** _____ **Cell #:** _____
E-mail Address: _____
5. **Name of Owner:** Meridian Hospitals Corp., a Division of HMM Hospitals Co.
Mailing Address: 343 Thornall Street, Edison, NJ 08837
Phone #: 732-775-5500 **Fax #:** _____ **Cell #:** _____
E-mail Address: _____
6. **Interest of Applicant, if other than Owner:** Same owner
7. **Name of Contact Person:** _____
Mailing Address: _____
Phone #: _____ **Fax #:** _____ **Cell #:** _____
E-mail Address: _____
8. **Applicant's Attorney:** John A. Giunco **Company:** Giordano Halleran & Ciesla
Mailing Address: 125 Half Mile Road, Suite 300, Red Bank, NJ 07701
Phone #: 732-741-3900 **Fax #:** _____ **Cell #:** _____
E-mail Address: jgiunco@ghclaw.com
9. **Applicant's Engineer:** Jere Murdoch, P.E. **Company:** Murdoch Engineering
Mailing Address: 2399 NJ 34, Suite A-2, Manasquan, NJ 08736
Phone #: 973-570-8215 **Fax #:** _____ **Cell #:** _____
E-mail Address: _____
10. ~~Applicant's Architect:~~ Malene Butler **Company:** Philadelphia Sign
Mailing Address: 707 West Spring Garden Street, Palmyra, NJ 08065
Phone #: 856-829-1460 **Fax #:** _____ **Cell #:** _____
E-mail Address: _____
11. **Applicant's Surveyor:** _____ **Company:** _____
Mailing Address: _____
Phone #: _____ **Fax #:** _____ **Cell #:** _____
E-mail Address: _____
12. **Applicant's Planner:** _____ **Company:** _____
Mailing Address: _____
Phone #: _____ **Fax #:** _____ **Cell #:** _____
E-mail Address: _____

DESCRIPTION OF PROPERTY (e.g., Single Family Dwelling, Commercial/Retail):

Existing use of property: Hospital-Medical Office
Proposed use of property: Hospital-Medical Office
Special Flood Hazard Area: No

PRINCIPAL USE:

	REQUIRED and/or PERMITTED	EXISTING	PROPOSED
LOT SIZE			
LOT COVERAGE			
BUILDING COVERAGE			
BUILDING HEIGHT			
FRONT SETBACK			
REAR SETBACK			
SIDE SETBACK			
COMBINED SIDE SETBACK			

(If multiple lots and/or buildings, please attach additional detailed listing for each.)

ACCESSORY (if applicable): N/A

	REQUIRED and/or PERMITTED	EXISTING	PROPOSED
LOT SIZE			
LOT COVERAGE			
BUILDING COVERAGE			
BUILDING HEIGHT			
FRONT SETBACK			
REAR SETBACK			
SIDE SETBACK			
COMBINED SIDE SETBACK			

(If multiple lots and/or buildings, please attach additional detailed listing for each.)

8. Have there been any previous applications to the Planning Board or Board of Adjustment involving these premises?

☒ YES ☐ NO

If YES, please give date(s): November 8, 2017

Result of decision: Resolution adopted by the Planning Board on November 8, 2017, copy attached

9. Justification/reason(s) for variance(s) requested. (Be as specific as possible; attach additional sheets if necessary.):

Applicant proposes to construct three (3) wall mounted signs on the HOPE Tower. One (1) above the entrance and two (2) on the western facade. The signs will read "Dr. Robert H. and Mary Ellen Harris HOPE Tower". The signs will be non-illuminating. All dimensions are included in the Brand Book prepared by Philadelphia Sign.

10. If a Zoning denial has been received as part of this application, please attach.

The required submission for all applications to be complete is:

- Twenty-five (25) copies of a completed application form, inclusive of any supporting information.
- Twenty-five (25) copies and one (1) CD* of survey and/or plan(s) with one (1) additional copy of survey and/or plan(s) on 11' x 17' sheet(s).

*See §802B - Completeness Checklist for Use Variance and Bulk Variance Request for details on submission requirements.

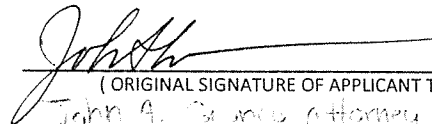
AFFIDAVIT OF APPLICATION

State of New Jersey
County of Monmouth

Hackensack Meridian Hospital
Jersey Shore University Medical Center, a Division of Meridian Hospital Corp.

(INSERT APPLICANT'S NAME)

, being of full age, being duly sworn according to Law, on oath
deposes and says that all the above statements are true.



(ORIGINAL SIGNATURE OF APPLICANT TO BE NOTARIZED)

John A. Scorsone Attorney for applicant
Hackensack Meridian Health - Jersey Shore University
Medical Center, a Division of Meridian Hospital Corp.
(PRINT NAME OF APPLICANT)

Sworn and subscribed before me this

7th day of February, 2017

[NOTARY SEAL]

DENISE M. WEGRYNIAK
A Notary Public of New Jersey
My Commission Expires August 20, 2029

(SIGNATURE OF NOTARY PUBLIC)

OWNER'S AFFIDAVIT OF AUTHORIZATION AND CONSENT STATEMENT OF LANDOWNER

WHERE APPLICANT IS NOT LANDOWNER

(Original signatures only – copies will not be accepted)

N/A

In the matter before the _____ in the Township of Neptune,
(INSERT PLANNING BOARD or BOARD OF ADJUSTMENT)
State of New Jersey, County of Monmouth, I/We, _____ ,
(INSERT PROPERTY OWNER'S NAME[S])
with mailing address of _____ ,
(INSERT PROPERTY OWNER'S MAILING ADDRESS)
of full age being duly sworn according to oath depose(s) and say(s):

"I/We am/are the Owner(s) of the subject property in connection with this application

designated as Block(s) _____ Lot(s) _____ ,

also known as _____ .
(INSERT PHYSICAL ADDRESS OF SUBJECT PROPERTY)

I/We authorize _____
(INSERT NAME OF OWNER(S)' REPRESENTATIVE APPEARING BEFORE THE BOARD)

**to appeal to the Planning Board/Board of Adjustment of the Township of Neptune for such
relief as may be required relating to the property listed above, consent to such appeal and
application, and agree that the decision of the Planning Board/Board of Adjustment on such
appeal shall be binding upon me/us as if said appeal has been brought and prosecuted directly
by me/us as the Owner(s).**

(ORIGINAL SIGNATURE OF APPLICANT TO BE NOTARIZED)

(ORIGINAL SIGNATURE OF APPLICANT TO BE NOTARIZED)

Sworn and subscribed before me this

_____ day of _____ , 20_____

[NOTARY SEAL]

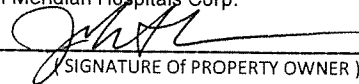
(SIGNATURE OF NOTARY PUBLIC)

SITE VISIT AUTHORIZATION OF PROPERTY OWNER

I hereby authorize any member of the Township of Neptune Planning Board or Board of Adjustment, any of said Board's professionals or any reviewing agencies of the Board to enter upon the property which is the subject matter of this application, during daylight hours, for the limited purpose of viewing same to report and comment to the Board as to the pending application.

Hackensack Meridian Health - Jersey Shore University Medical Center,
a Division of Meridian Hospitals Corp.

Date: 5/8/25


(SIGNATURE OF PROPERTY OWNER)

John A. Giunco, Attorney for Applicant

STATEMENT FROM TAX COLLECTOR

Block: 1201 Lot: 4

Property location: 19-21 Davis Avenue

Status of municipal taxes: _____

Status of assessments for local improvements: _____

Date: _____

(AUTHORIZED SIGNATURE OF TAX COLLECTOR)

ESCROW AGREEMENT

I/We fully understand an "Escrow Account" will be established to cover the costs of professional services which may include engineering, planning, and/or architectural services, and any other expenses incurred in connection with the review of this application before the Planning Board/Board of Adjustment.

The amount of the Escrow deposit will be determined by the Neptune Township Land Development Ordinance §1000 - Application and Escrow Fees, Table 10.02 - Escrow Fees.

It is the policy of Neptune Township that once an Escrow Account falls below 24% of the original deposit amount, the account must be replenished to its original amount. The only exception would be when the application is nearing completion; in such cases, the Applicant will be notified of any anticipated charges and the amount of the additional deposit required.

Payments shall be due within fifteen (15) days of receipt of the request for additional Escrow Funds. If payment is not received within that time, the Applicant will be considered to be in default, and such default may jeopardize further appearance before the Board, and delay any and all pending approvals and the issuance of building permits. Continued failure to submit requested funds will result in legal action against the property.

In accordance with N.J.S.A. 40:55D-53.1, all unused portion of the Escrow Account will be refunded upon written request from the Applicant, and verification by the Board's professionals who reviewed the application.

By signature below, I/We acknowledge receipt of Neptune Township's \$1000 - Application and Escrow Fees, and agree to all conditions listed.

Name of Applicant: Hackensack Meridian Health - Jersey Shore University Medical Center, a Division of Meridian Hospitals Corp. (PLEASE PRINT)

Property Address: 19-21 Davis Avenue

Block: 1201 Lot: 4

Applicant: John A. Giunco, Attorney for Applicant
(PRINT NAME)

Hackensack Meridian Health - Jersey Shore University Medical Center


(SIGNATURE OF APPLICANT)

Date: 5/8/15

Owner: John A. Giunco, Attorney for Owner
(PRINT NAME)


(SIGNATURE OF OWNER)

Date: 5/8/15

**NEPTUNE TOWNSHIP PLANNING BOARD
RESOLUTION NO. 17-21**

**RESOLUTION OF THE NEPTUNE TOWNSHIP PLANNING BOARD,
TOWNSHIP OF NEPTUNE, COUNTY OF MONMOUTH, STATE OF NEW
JERSEY APPROVING PRELIMINARY & FINAL MINOR SITE PLAN WITH
BULK VARIANCES FOR JERSEY SHORE UNIVERSITY MEDICAL
CENTER (JSUMC) AT 19 DAVIS AVENUE, ALSO KNOWN AND
DESIGNATED AS BLOCK 1201 LOTS 4 & 5 AS DESIGNATED ON THE
MUNICIPAL TAX MAP FOR THE TOWNSHIP OF NEPTUNE.**

WHEREAS, the applicant, Jersey Shore University Medical Center (JSUMC), has made application to the Township of Neptune Planning Board for a Preliminary and Final Major Site Plan with bulk variance approvals for the installation of signage on property known as Block 1201, Lots 4 and 5 as illustrated on the Tax Map of the Township of Neptune; and

WHEREAS, such proof of publication of notice of hearing as may be required by the New Jersey statutes and municipal ordinance requirements has been furnished; and

WHEREAS, public hearings were held concerning the application on October 11, 2017 at the Township of Neptune and testimony and exhibits were presented on behalf of the applicant and all interested parties were afforded an opportunity to be heard; and

WHEREAS, the Township of Neptune Planning Board having considered said application, testimony and exhibits submitted, and listened to the applicant's testimony, and after having received information from its professional staff, the Township of Neptune Planning Board does hereby make the following findings of fact and law:

- A. Jersey Shore University Medical Center, Hope Tower Building Project, is located at 19 Davis Avenue. The property is known as Lots 4 and 5, Block 1201 on the Municipal Tax Map Sheet 12. The site contains a total of 5.09 acres. Lot 4 is 4.59 acres and Lot 5 is .50 acres.
- B. The project is an expansion of the existing Jersey Shore University Medical Center located on the adjacent Lot 1, Block 1201. The proposed Hope Tower Building Project is the redevelopment of a property which was previously occupied by the John W. Knox Senior Citizen's Housing Project. The proposed improvements consist of the construction of a ten-story (182.5 feet), 299,850 square foot building and a nine-story (115 feet) parking garage, containing 1,476 parking spaces. The project proposes an additional 36 spaces on grade on the easterly side of the proposed parking garage for a total of 1,512 parking spaces. The Applicant received board approval under Resolution 16-12 for the development of the proposed project.

- C. Under Planning Board testimony for that project, the Applicant was directed by the Board Engineer under comment 6.A.4.f to address signage. The Applicant proposes six (6) wall mounted signs under this application submission, as listed below in the variance section.
- D. Zoning and Land Use:
- a. The property is located in the (C) Civic Zone District.
 - b. The Applicant received Planning Board approval on February 24, 2016 under Resolution No. 16-12.
- E. The following table indicates proposed variance conditions for signage from provisions of the Township Land Development Ordinance:

Maximum Permitted Size:

Location	Lettering	Permitted	Proposed
A1 – South Elevation	Hackensack Meridian <i>Health</i>	48 sq. ft.	594.75 sq. ft. (V)
A2 – South Elevation	Jersey Shore University Medical Center	48 sq. ft.	798 sq. ft. (V)
A3 – South Elevation	Meridian Health Synbol	48 sq. ft.	196 sq. ft. (V)
B – East Elevation	HOPE Tower	48 sq. ft.	390 sq. ft. (V)
C – East Elevation	JOHNSON CANCER CENTER	48 sq. ft.	562.25 sq. ft. (V)
D – West Elevation	JERSEY SHORE HOPE Tower	48 sq. ft.	572 sq. ft. (V)

(V) Variance required

Mounting Height:

Location	Lettering	Permitted	Proposed
A1 – South Elevation	Hackensack Meridian Health	15 ft.	163' 0" (V)
A2 – South Elevation	Jersey Shore University Medical Center	15 ft.	163' 0" (V)
A3 – South Elevation	Meridian Health Symbol	15 ft.	147' 0" (V)
B – East Elevation	HOPE Tower	15 ft.	163' 0" (V)
C – East Elevation	JOHNSON CANCER CENTER	15 ft.	29' 0" (V)
D – West Elevation	JERSEY SHORE HOPE Tower	15 ft.	163' 0" (V)

(V) Variance required

Horizontal Sign Dimension:

Location	Lettering	Permitted	Proposed
A1 – South Elevation	Hackensack Meridian <i>Health</i>	12 ft.	91 ft. 6 in. (V)
A2 – South Elevation	Jersey Shore University Medical Center	12 ft.	121 ft. (V)
A3 – South Elevation	Meridian Health Symbol	12 ft.	14 ft. 6 in. (V)
B – East Elevation	HOPE Tower	12 ft.	60 ft. (V)
C – East Elevation	JOHNSON CANCER CENTER	12 ft.	86 ft. 6 in. (V)
D – East Elevation	JERSEY SHORE HOPE Tower	12 ft.	88 ft. (V)

(V) Variance required

F. Ordinance Section 416.07.B.1.(c) states one (1) wall mounted signed per single tenant structure. The Applicant is proposing six (6) wall mounted signs. **Five (5) variances are required.**

G. The applicant introduced into evidence the following:

(1) Application Package, marked as A-1;

H. Keith Gnepper of TakeForm, a signage company, testified in support of the application.

I. Jennifer Beahm, P.P, AICP of Leon S. Avakian, Inc., testified in support of the applicant. Ms. Beahm stated that, though a lot of variance relief was sought, the Neptune Ordinance did not

originally anticipate a building structure of this size. The signage is logical to the size of the building.

J. Daniel C. McSweeney, PP, testified in support of the applicant. He agreed that the signage is logical the size of the building.

K. During the public portion of the hearing, no one from the public testified.

L. Based upon the foregoing, the Board finds that the requested waiver and minor site plan approval conforms with the requirements of the Neptune Land Development Ordinance and can be granted without substantial impact to the intent or purpose of the Neptune Master Plan and Land Development Ordinance and without substantial detriment to the public good.

NOW, THEREFORE, BE IT RESOLVED, by the Planning Board of the Township of Neptune, on the 12th day of October 2017 that the applicant's request for preliminary and final minor site plan with associated waiver approval be approved subject to the conditions set forth below; and

BE IT FURTHER RESOLVED, that a copy of the Resolution be forwarded by the Planning Board Secretary, to the applicant's attorney, the Township Clerk and the Building Department.

BE IT FURTHER RESOLVED, that notification of this favorable approved be published in an official newspaper of the Township of Neptune, by the Applicant.

BE IT FURTHER RESOLVED, that this approval is subject to the following conditions:

1. The applicant shall comply with all representations made before the Planning Board, by its attorney and its expert.
2. If required, applicant shall obtain certification by the Local Soil Conservation District of a plan for soil erosion and sediment control in accordance with N.J.S.A. 4:24-39 et seq., commonly known as the "Soil Erosion and Sediment Control Act".
3. All materials, methods of construction and detail shall be in conformance with the current engineering and building requirements of the Township of Neptune, which are on file in the office of the Township Engineer.
4. Applicant shall obtain all approvals required by any Federal, State, County or Municipal agency having regulatory jurisdiction of this development. Upon receipt of such approval(s), the applicant shall supply a copy of the permit(s) to the Board. In the event that any other agency requires a change in the plans approved by this Board, the applicant must reapply to the Township of Neptune Planning Board for approval of that change.
5. Applicant shall provide a statement from the Township of Neptune Tax Collector that all taxes are paid in full as of the date of this Resolution and as of the date of the fulfillment of any condition(s) of this Resolution.

6. Prior to the issuance of a construction permit, the applicant shall furnish the Township Clerk with a cash bond and performance guarantee in an amount to be determined by the Township Engineer.
7. Applicant shall post an inspection bond with the Township Clerk in an amount to be determined by the Board Engineer.
8. No soil shall be removed from the site without the written approval of the Director of Engineering and Planning.
9. Unless specifically modified herein, the applicant shall comply with all terms and conditions of all prior resolutions of the Township of Neptune Planning Board regarding this application.
10. The applicant shall reimburse the Township of Neptune Planning Board for all professional fees extended or expended with regard to this application.
11. The applicant shall comply with all the provisions of the engineering and planning report of Leon S. Avakian, Inc., dated September 26, 2017 unless modified herein.

MOTION TO ADOPT & MEMORALIZE:

Offered By: Bishop Paul Brown

Seconded By: Robert Lane

ROLL CALL ON VOTE

Richard Ambrosio **YES** Robert Lane **YES**

John Bonney **N/A**

Bishop Paul Brown **YES**

Dr. Michael Brantley **N/A**

Richard Culp **Absent**

Dyese Davis **YES**

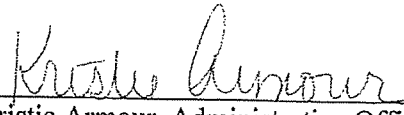
Sharon Davis **Recused**

Mychal Mills **Absent**

Keith P. Cafferty (Alternate #1) **Absent** Linda Kornegay (Alternate #2) **YES**

CERTIFICATION

I hereby certify that this is a true copy of a resolution of the Township of Neptune Planning Board adopted on November 8, 2017.


Kristie Armour, Administrative Officer
Neptune Township Planning Board

MAR 02 2015

6

6th

Prepared by
KEVIN P. WIGENTON, Esquire

DEED



004MMN

This Deed is made on this 26 day of February, 2015,

BETWEEN

THE HOUSING AUTHORITY OF THE TOWNSHIP OF NEPTUNE, a municipal corporation duly formed and in good standing under the laws of the State of New Jersey, having an address at **1810 Alberta Avenue, Neptune, New Jersey 07753**, referred to as the "Grantor."

AND

MERIDIAN HOSPITALS CORPORATION, a New Jersey non-profit corporation in good standing under the laws of the State of New Jersey, having an address at **1350 Campus Parkway, Neptune, New Jersey 07753**, referred to as the "Grantee."

The words "Grantor" and "Grantee" shall mean all Grantors and all Grantees listed above.

Transfer of Ownership. The Grantor grants and conveys (transfers ownership of) the Property described below to the Grantee "with special warranty". This transfer is made in consideration for the conveyance by the Grantee to the Grantor of certain other real property located in the Township of Neptune, Monmouth County, New Jersey and valued by the parties at **Fifteen Million and 00/100 (\$15,000,000.00) Dollars**, the receipt and sufficiency of which is hereby acknowledged.

Tax Map Reference. (N.J.S.A. 46:15-1.1)

Lot Number(s) **2** in Block Number **3000**,
all on the Official Tax Map of the **Township of Neptune**, County of **Monmouth**, State of New Jersey.

Property. The property consists of the land and all the buildings and structures on the land in the **Township of Neptune**, County of **Monmouth**, and State of New Jersey (hereinafter referred to as the "Property") described as follows:

SEE ATTACHED PROPERTY DESCRIPTION

[a/k/a John Knox Housing Development, 19 Davis Avenue in Neptune, NJ 07753]

ALL that certain lot, piece or parcel of land, with the buildings and improvements thereon erected, situate, lying and being in the **Township of Neptune**, in the **County of Monmouth**, State of New Jersey

CLARE FRENCH, CTY CLERK
MONMOUTH COUNTY, NJ
INSTRUMENT NUMBER
2015017256
RECORDED ON
Mar 03, 2015
11:30:58 AM
BOOK: 0R-9102
PAGE: 1515
Total Pages: 7
COUNTY RECORDING FEES \$100.00
TOTAL PAID \$100.00

BEING the same premises conveyed to THE HOUSING AUTHORITY OF THE TOWNSHIP OF NEPTUNE by the following:

PARCEL 1:

Housing Authority of the Township of Neptune by Deed from George W. Johnson and Norma Lee Johnson, husband and wife, dated October 19, 1962, recorded October 22, 1962 in the Monmouth County Clerk/Register's Office in Deed Book 3189 Page 256, as further conveyed to THE HOUSING AUTHORITY OF THE TOWNSHIP OF NEPTUNE by deed dated February 26, 2015 and recorded immediately prior hereto in the Monmouth County Clerk's office.

PARCEL 2:

Housing Authority of the Township of Neptune by Deed from Mary Collier, widow, dated October 22, 1962, recorded October 25, 1962 in the Monmouth County Clerk/Register's Office in Deed Book 3191 Page 1, as further conveyed to THE HOUSING AUTHORITY OF THE TOWNSHIP OF NEPTUNE by deed dated February ____, 2015 and recorded immediately prior hereto in the Monmouth County Clerk's office.

PARCEL 3:

The Housing Authority of the Township of Neptune by Deed from Alfred F. Haas and Maud Haas, husband and wife, dated February 6, 1963, recorded February 14, 1963 in the Monmouth County Clerk/Register's Office in Deed Book 3217 Page 171.

PARCEL 4:

The Housing Authority of the Township of Neptune by Deed from The Township of Neptune, dated February 12, 1963, recorded February 25, 1963 in the Monmouth County Clerk/Register's Office in Deed Book 3219 Page 188.

PARCEL 5:

the HOUSING AUTHORITY of the Township of Neptune by Deed from Walter M. Woolley and Anna T. Woolley, his wife, Mildred Davidson and Charles Davidson, her husband, Mildred H. Bowie, widow, Marion C. Woolley, single Frances H. Woolley, single, Anthony T. Woolley and Allyne E. Woolley, his wife being the sole surviving heirs at law and next of kin of Antony T. Woolley, Sr. dated June 22, 1964, recorded June 25, 1964 in the Monmouth County Clerk/Register's Office in Deed Book 3333 Page 359, as further conveyed to THE HOUSING AUTHORITY OF THE TOWNSHIP OF NEPTUNE by deed dated February ____, 2015 and recorded immediately prior hereto in the Monmouth County Clerk's office.

PARCEL 6:

Neptune Housing Authority by Deed from Sally Lou Lorensen, single, Individually and as Executrix under the Last Will and Testament of Joan E. Smith, deceased, dated August 21, 2012, recorded August 24, 2012 in the Monmouth County Clerk/Register's Office in Official Record 8966 Page 9156, as further conveyed to THE HOUSING AUTHORITY OF THE TOWNSHIP OF NEPTUNE by deed dated February 26, 2015 and recorded immediately prior hereto in the Monmouth County Clerk's office.

Note for Information Only:

Also known as Lot(s) 2, Block 3000 on the Tax Map of the Township of Neptune, in the County of Monmouth, also known as 19 Davis Avenue.

Promises by Grantor. The Grantor promises that the Grantor warrants specially the Property hereby conveyed. This promise is called a "covenant of special warranty" (N.J.S.A. 46:4-8).

Signature(s). The Grantor signs this Deed as of the date at the top of the first page.

Attested By:

The Housing Authority of the
Township of Neptune


BARTY J. COOK
Secretary - TNHA


BEVERLY J. HOLLAND - Chairperson
of the TNHA Board of Commissioners

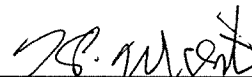
STATE OF NEW JERSEY :

: ss.

COUNTY OF MONMOUTH :

I CERTIFY that on February 24, 2015, BEVERLY J. HOLLAND personally came before me and acknowledged under oath, to my satisfaction, that she:

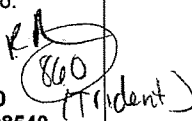
- (a) signed, sealed and delivered the attached document as the **Chair Person of the Board of Commissioners of The Housing Authority of the Township of Neptune**, the grantor named in this document;
- (b) personally signed the attached document as her act and deed as the **Chair Person of the Board of Commissioners of The Housing Authority of the Township of Neptune**;
- (c) made this Deed in consideration for the conveyance by the Grantee to the Grantor of certain real property valued by the parties at \$15,000,000.00 paid or to be paid for the transfer of title (such consideration is defined in N.J.S.A. 46:15-5); and
- (d) this document was signed and delivered by her as said **Chair Person of the Board of Commissioners of The Housing Authority of the Township of Neptune** and is the voluntary act and deed of **The Housing Authority of the Township of Neptune** for the uses and purposes therein expressed.



KEVIN P. WIGENTON
Attorney At Law of New Jersey

To Monmouth County Clerk:
Kindly Record and Return to:

Jonathan E. Stark, Esq.
Reed Smith LLP
136 Main Street, Suite 250
Princeton, New Jersey 08540


RA
860
(Trident)

STATE OF NEW JERSEY
AFFIDAVIT OF CONSIDERATION FOR USE BY SELLER

(Chapter 49, P.L. 1968, as amended through Chapter 33, P.L. 2006) (N.J.S.A. 46:15-5 et seq.)

BEFORE COMPLETING THIS AFFIDAVIT, PLEASE READ THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM.

STATE OF NEW JERSEY

FOR RECORDER'S USE ONLY

Consideration \$ _____
RTF paid by seller \$ _____
Date _____ By _____

*Use symbol "C" to indicate that fee is exclusively for county use.

COUNTY MONMOUTH } SS. County Municipal Code 1335

MUNICIPALITY OF PROPERTY LOCATION NEPTUNE

(1) PARTY OR LEGAL REPRESENTATIVE (Instructions #3 and #4 on reverse side)

Deponent, BART J. COOK (Name), being duly sworn according to law upon his/her oath, deposes and says that he/she is the CORPORATE OFFICER in a deed dated FEBRUARY 26, 2015 transferring (Grantor, Legal Representative, Corporate Officer, Officer of Title Company, Lending Institution, etc.) real property identified as Block number 3000 Lot number 2 located at 19 DAVIS AVENUE and annexed thereto. (Street Address, Town)

(2) CONSIDERATION \$ 15,000,000.00 (Instructions #1 and #5 on reverse side) ☐ no prior mortgage to which property is subject.

(3) Property transferred is Class 4A 4B 4C (circle one). If property transferred is Class 4A, calculation in Section 3A below is required.

(3A) REQUIRED CALCULATION OF EQUALIZED VALUATION FOR ALL CLASS 4A (COMMERCIAL) PROPERTY TRANSACTIONS:

(Instructions #5A and #7 on reverse side)

Total Assessed Valuation + Director's Ratio = Equalized Assessed Valuation

\$ _____ + % = \$ _____

If Director's Ratio is less than 100%, the equalized valuation will be an amount greater than the assessed value. If Director's Ratio is equal to or in excess of 100%, the assessed value will be equal to the equalized valuation.

(4) FULL EXEMPTION FROM FEE (Instruction #8 on reverse side)

Deponent states that this deed transaction is fully exempt from the Realty Transfer Fee imposed by C. 49, P.L. 1968, as amended through C. 66, P.L. 2004, for the following reason(s). Mere reference to exemption symbol is insufficient. Explain in detail.

(b) By or to the United States of America, this State, or any instrumentality, agency or subdivision

(5) PARTIAL EXEMPTION FROM FEE (Instruction #9 on reverse side)

NOTE: All boxes below apply to grantor(s) only. ALL BOXES IN APPROPRIATE CATEGORY MUST BE CHECKED. Failure to do so will void claim for partial exemption. Deponent claims that this deed transaction is exempt from State portions of the Basic, Supplemental, and General Purpose Fees, as applicable, imposed by C. 176, P.L. 1975, C. 113, P.L. 2004, and C. 66, P.L. 2004 for the following reason(s):

- A. SENIOR CITIZEN Grantor(s) ☐ 62 years of age or over. (Instruction #9 on reverse side for A or B)
- B. { BLIND PERSON Grantor(s) ☐ legally blind or, *
- DISABLED PERSON Grantor(s) ☐ permanently and totally disabled ☐ receiving disability payments ☐ not gainfully employed *
- Senior citizens, blind persons, or disabled persons must also meet all of the following criteria:
- ☐ Owned and occupied by grantor(s) at time of sale. ☐ Resident of State of New Jersey.
- ☐ One or two-family residential premises. ☐ Owners as joint tenants must all qualify.

*IN CASE OF HUSBAND AND WIFE, PARTNERS IN A CIVIL UNION COUPLE, ONLY ONE GRANTOR NEED QUALIFY IF TENANTS BY THE ENTIRETY.

C. LOW AND MODERATE INCOME HOUSING (Instruction #9 on reverse side)

- ☐ Affordable according to H.U.D. standards. ☐ Reserved for occupancy.
- ☐ Meets income requirements of region. ☐ Subject to resale controls.

(6) NEW CONSTRUCTION (Instructions #2, #10, #12 on reverse side)

- ☐ Entirely new improvement. ☐ Not previously occupied.
- ☐ Not previously used for any purpose. ☐ "NEW CONSTRUCTION" printed clearly at top of first page of the deed.

(7) RELATED LEGAL ENTITIES TO LEGAL ENTITIES (Instructions #5, #12, #14 on reverse side)

- ☐ No prior mortgage assumed or to which property is subject at time of sale.
- ☐ No contributions to capital by either grantor or grantee legal entity.
- ☐ No stock or money exchanged by or between grantor or grantee legal entities.

(8) Deponent makes this Affidavit to induce county clerk or register of deeds to record the deed and accept the fee submitted herewith in accordance with the provisions of Chapter 49, P.L. 1968, as amended through Chapter 33, P.L. 2006.

Subscribed and sworn to before me
this 24 day of February, 20 15

KEVIN P. WIGENTON
Attorney At Law of New Jersey

Signature of Deponent
1810 Alberta Ave., Neptune NJ
Deponent Address
1810 Alberta Ave., Neptune, NJ
Grantor Address at Time of Sale
XXX-XXX- 7 5 8
Last three digits in Grantor's Social Security Number
WIGENTON LAW FIRM
Name/Company of Settlement Officer

FOR OFFICIAL USE ONLY

Instrument Number _____ County _____
Deed Number _____ Book _____ Page _____
Deed Dated _____ Date Recorded _____

County recording officers shall forward one copy of each RTF-1 form when Section 3A is completed to:

STATE OF NEW JERSEY

PO BOX 251

TRENTON, NJ 08695-0251

ATTENTION: REALTY TRANSFER FEE UNIT

The Director of the Division of Taxation in the Department of the Treasury has prescribed this form as required by law, and it may not be altered or amended without prior approval of the Director. For information on the Realty Transfer Fee or to print a copy of this Affidavit, visit the Division's website at: www.state.nj.us/treasury/taxation/pt/tocaltax.shtml.

MUST SUBMIT IN DUPLICATE

STATE OF NEW JERSEY
AFFIDAVIT OF CONSIDERATION FOR USE BY BUYER

(Chapter 49, P.L. 1968, as amended through Chapter 33, P.L. 2006) (N.J.S.A. 46:15-5 et seq.)

PLEASE READ THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM BEFORE COMPLETING THIS AFFIDAVIT

STATE OF NEW JERSEY

FOR RECORDER'S USE ONLY

COUNTY MONMOUTHSS. County Municipal Code
1335Consideration
RTF paid by buyer \$
Date ByMUNICIPALITY OF PROPERTY LOCATION NEPTUNE

(1) PARTY OR LEGAL REPRESENTATIVE (See Instructions #3 and #4 on reverse side)

Last three digits in grantee's Social Security Number

Deponent, _____ being duly sworn according to law upon his/her oath,

deposes and says that he/she is the Grantee's Officer _____ in a deed dated February 24, 2015 transferring
(Grantee, Legal Representative, Corporate Officer, Officer of Title Company, Lending Institution, etc.)real property identified as Block number 3000 Lot number 2 located at19 Davis Avenue in the Township of Neptune and annexed thereto.
(Street Address, Town)(2) CONSIDERATION \$ 15,000,000.00 (See Instructions #1, #5, and #11 on reverse side)

Entire consideration is in excess of \$1,000,000:

PROPERTY CLASSIFICATION CHECKED OR CIRCLED BELOW IS TAKEN FROM OFFICIAL ASSESSMENT LIST (A PUBLIC RECORD) OF MUNICIPALITY WHERE THE REAL PROPERTY IS LOCATED IN THE YEAR OF TRANSFER. REFER TO N.J.A.C. 18:12-2.2 ET SEQ.

(A) Grantee required to remit the 1% fee, complete (A) by checking off appropriate box or boxes below.

- ☐ Class 2 - Residential ☐ Class 4A - Commercial properties (if checked, calculation in (E) required below)
- ☐ Class 3A - Farm property (Regular) and any other real property transferred to same grantee in conjunction with transfer of Class 3A property ☐ Cooperative unit (four families or less) (See C. 46:3D-3.) Cooperative units are Class 4C.

(B) Grantee is not required to remit 1% fee (one or more of following classes being conveyed), complete (B) by checking off appropriate box or boxes below.

- ☐ Property class. Circle applicable class or classes: 1 3B 4B 4C 15
Property classes: 1-Vacant Land; 3B- Farm property (Qualified); 4B- Industrial properties; 4C- Apartments; 15- Public Property, etc. (N.J.A.C. 18:12-2.2 et seq.)
- ☐ Exempt organization determined by federal Internal Revenue Service/Internal Revenue Code of 1986, 26 U.S.C. s. 501.
- ☐ Incidental to corporate merger or acquisition; equalized assessed valuation less than 20% of total value of all assets exchanged in merger or acquisition. If checked, calculation in (E) required and MUST ATTACH COMPLETED RTF-4.

(C) When grantee transfers properties involving block(s) and lot(s) of two or more classes in one deed, one or more subject to the 1% fee (A), with one or more than one not subject to the 1% fee (B), pursuant to N.J.S.A. 46:15-7.2, complete (C) by checking off appropriate box or boxes and (D).

- ☐ Property class. Circle applicable class or classes: 1 2 3B 4A 4B 4C 15

(D) EQUALIZED VALUE CALCULATION FOR ALL PROPERTIES CONVEYED, WHETHER THE 1% FEE APPLIES OR DOES NOT APPLY
Total Assessed Valuation + Director's Ratio = Equalized Valuation

Property Class _____ \$ _____ + _____ % = \$ _____

Property Class _____ \$ _____ + _____ % = \$ _____

Property Class _____ \$ _____ + _____ % = \$ _____

Property Class _____ \$ _____ + _____ % = \$ _____

(E) REQUIRED EQUALIZED VALUE CALCULATION FOR ALL CLASS 4A (COMMERCIAL) PROPERTY TRANSACTIONS: (See Instructions #6 and #7 on reverse side)

Total Assessed Valuation + Director's Ratio = Equalized Value

\$ _____ + _____ % = \$ _____

If Director's Ratio is less than 100%, the equalized valuation will be an amount greater than the assessed valuation. If Director's Ratio is equal to or exceeds 100%, the assessed valuation will be equal to the equalized value.

(3) TOTAL EXEMPTION FROM FEE (See Instruction #8 on reverse side)

Deponent states that this deed transaction is fully exempt from the Realty Transfer Fee imposed by C. 49, P.L. 1968, as amended through Chapter 33, P.L. 2006, for the following reason(s). Mere reference to exemption symbol is insufficient. Explain in detail.

(b) By or to the United States of America, this State, or any instrumentality, agency or subdivision

(4) Deponent makes Affidavit of Consideration for Use by Buyer of land, county clerk or register of deeds to record the deed and accept the fee submitted herewith pursuant to the provisions of Chapter 49, P.L. 1968, as amended through Chapter 33, P.L. 2006.

Subscribed and sworn to before me
this 18 day of February, 20 15

Signature of Deponent

Meridian Hospitals Corporation
Grantee Name

Deponent Address

1350 Campus Parkway, Neptune NJ
Grantee Address at Time of SaleTrident Abstract Title Agency, LLC
Name/Company of Settlement Officer

County recording officers: forward one copy of each RTF-1EE to:

STATE OF NJ - DIVISION OF TAXATION
PO BOX 251
TRENTON, NJ 08646-0251
ATTENTION: REALTY TRANSFER FEE UNITFOR OFFICIAL USE ONLY
Instrument Number _____ County _____
Deed Number _____ Book _____ Page _____
Deed Dated _____ Date Recorded _____The Director, Division of Taxation, Department of the Treasury has prescribed this form, as required by law. It may not be altered or amended without prior approval of the Director. For further information on the Realty Transfer Fee or to print a copy of this Affidavit or any other relevant forms, visit www.state.nj.us/treasury/taxation/npt/localtax.shtml.



GIT/REP-3
(5-12)

State of New Jersey
SELLER'S RESIDENCY CERTIFICATION/EXEMPTION
(C.55, P.L. 2004)

(Please Print or Type)

SELLER(S) INFORMATION (See Instructions, Page 2)

Names(s)

THE HOUSING AUTHORITY OF THE TOWNSHIP OF NEPTUNE

Current Resident Address:

Street: 1810 ALBERTA AVENUE

City, Town, Post Office

NEPTUNE

State

NJ

Zip Code

07753

PROPERTY INFORMATION (Brief Property Description)

Block(s)

3000

Lot(s)

2

Qualifier

Street Address:

19 DAVIS AVENUE

City, Town, Post Office

NEPTUNE

State

NJ

Zip Code

07753

Seller's Percentage of Ownership

100%

Consideration

\$15,000,000.00

Closing Date

2-26-15

SELLER ASSURANCES (Check the Appropriate Box) (Boxes 2 through 10 apply to Residents and Non-residents)

1. ☐ I am a resident taxpayer (individual, estate, or trust) of the State of New Jersey pursuant to N.J.S.A. 54A:1-1 et seq. and will file a resident gross income tax return and pay any applicable taxes on any gain or income from the disposition of this property.
2. ☐ The real property being sold or transferred is used exclusively as my principal residence within the meaning of section 121 of the federal Internal Revenue Code of 1986, 26 U.S.C. s. 121.
3. ☐ I am a mortgagor conveying the mortgaged property to a mortgagee in foreclosure or in a transfer in lieu of foreclosure with no additional consideration.
4. ☒ Seller, transferor or transferee is an agency or authority of the United States of America, an agency or authority of the State of New Jersey, the Federal National Mortgage Association, the Federal Home Loan Mortgage Corporation, the Government National Mortgage Association, or a private mortgage insurance company.
5. ☐ Seller is not an individual, estate or trust and as such not required to make an estimated payment pursuant to N.J.S.A.54A:1-1 et seq.
6. ☐ The total consideration for the property is \$1,000 or less and as such, the seller is not required to make an estimated payment pursuant to N.J.S.A. 54A:5-1-1 et seq.
7. ☐ The gain from the sale will not be recognized for Federal income tax purposes under I.R.C. Section 721, 1031, 1033 or is a cemetery plot. (CIRCLE THE APPLICABLE SECTION). If such section does not ultimately apply to this transaction, the seller acknowledges the obligation to file a New Jersey income tax return for the year of the sale (see instructions).
- ☐ No non-like kind property received.
8. ☐ Transfer by an executor or administrator of a decedent to a devisee or heir to effect distribution of the decedent's estate in accordance with the provisions of the decedent's will or the intestate laws of this state.
9. ☐ The property being sold is subject to a short sale instituted by the mortgagee, whereby the seller has agreed not to receive any proceeds from the sale and the mortgagee will receive all proceeds paying off an agreed amount of the mortgage.
10. ☐ The deed being recorded is a deed dated prior to the effective date of P.L. 2004, c. 55 (August 1, 2004), and was previously unrecorded.

SELLER(S) DECLARATION

The undersigned understands that this declaration and its contents may be disclosed or provided to the New Jersey Division of Taxation and that any false statement contained herein could be punished by fine, imprisonment, or both. I furthermore declare that I have examined this declaration and, to the best of my knowledge and belief, it is true, correct and complete. By checking this box ☐ I certify that the Power of Attorney to represent the seller(s) has been previously recorded or is being recorded simultaneously with the deed to which this form is attached.

2-24-15

Date

Ben J. Haller

Signature

(Seller) Please indicate if Power of Attorney or Attorney In Fact

Date

Signature

(Seller) Please indicate if Power of Attorney or Attorney In Fact

LEGAL DESCRIPTION

ALL that certain lot, piece or parcel of land, with the buildings and improvements thereon erected, situate, lying and being in the **Township of Neptune**, in the County of **Monmouth**, State of NJ:

BEGINNING at a point marked by a capped rebar set on the Southwesterly right of way line of Davis Avenue (80 foot R.O.W.) said point being a distance of 145.00 feet from its intersection with the Northwesterly right of way line of State Highway Route No. 33 (60 foot R.O.W.) and running; thence

1. North 02 degrees 35 minutes 00 seconds West, a distance of 500.00 feet to a point marked by a capped rebar set; thence
2. South 87 degrees 35 minutes 00 seconds West, a distance of 400.00 feet to a point marked by a capped rebar set; thence
3. South 02 degrees 35 minutes 00 seconds East, a distance of 500.00 feet to a point marked by a capped rebar set; thence
4. North 87 degrees 35 minutes 00 seconds East, a distance of 400.00 feet to the point and place of BEGINNING.

THE above description is drawn in accordance with a survey prepared by **Morgan Engineering & Surveying**, dated **January 22, 2015** revised to **February 16, 2015**.

Note for Information Only:

Also known as Lot(s) 2 Block 3000, on the official tax map of Township of Neptune, County of Monmouth, in the State of New Jersey, also known as 19 Davis Avenue.

Zoning Permit

DENIED
BY: JD DATE: 4/7/2025



ACCESSORY STRUCTURE (\$35)	PORCH/DECK/BALCONY/ENTRY PLATFORM (\$35)
COMMERCIAL/RESIDENTIAL ADDITION (\$35)	RETAINING WALL (\$35)
CONTINUING THE USE/OCCUPANCY OF A PROPERTY	✓ SIGN (\$35)
BUILDING OR STRUCTURE UNDER NEW BUSINESS/PROPERTY OWNERSHIP (\$35)	
DRIVEWAY (\$35)	SOLAR PANEL (\$35)
FENCE (\$35)	STARTING/CHANGING A USE/OCCUPANCY OF A PROPERTY, BUILDING, OR STRUCTURE (\$35)
HISTORIC DISTRICT, AC UNIT/GENERATOR/EXHAUST FAN (\$35)	STORAGE SHED (\$35)
IMPERVIOUS COVERAGE (\$35)	SUBDIVISION (\$35)
INTERIOR REMODELING (\$35)	SWIMMING POOL/HOT TUB/TENNIS COURT (\$35)
NEW PRINCIPAL STRUCTURE (\$35)	ZONING DETERMINATION LETTER (\$35)

OTHER: Signs (\$35)
*Indicate location, height, and type of fence or wall on survey / plot plan.

PLEASE REVIEW THE ZONING PERMIT INFORMATION SHEET, AND ALL APPLICABLE LAND DEVELOPMENT ORDINANCE REQUIREMENTS, PRIOR TO COMPLETING THIS APPLICATION

The Neptune Township Zoning Map, Land Development Ordinance and its amendments can be located online at www.neptunetownship.org/departments/land-use.

As per the Neptune Township Land Development Ordinance Section 1102, a Zoning Permit shall be issued prior to the commencement or change of use of any building or structure; the occupancy of any building or structure; the construction, erection, reconstruction, relocation, alteration, conversion, or installation of any building or structure; or the issuance of a Certificate of Appropriateness, where applicable.

PLEASE NOTE: If any of the requested information is submitted incomplete, this application shall be returned, unprocessed.

PLEASE PRINT CLEARLY:

1. Block: 1201	Lot: 4	Zoning District: C
2. Property Address: 19-21 DAVIS AVE		
3. Current Property Owner Information: Applicant Information: (AS IDENTIFIED ON THE TAX ASSESSORS RECORD) Name: JP LANGHENRY Name: MERIDIAN HOSPITALS CORP%HHM HOSPITA Address: 490 QUAIL RIDGE DR Address: 343 THORNALL ST %TAX DEPT WESTMONT, IL 60559 EDISON, NJ 08837 Phone: (732)775-5500 Email Address: JLANGHENRY@SCOUTSERVICE.COM Present zoning use of the property: Hospital-Medical Office Proposed zoning use of the property: Hospital-Medical Office ✓ Unchanged		

Zoning Permit

6. Describe in detail all zoning related activities you are proposing.
(PROVIDE DETAILED DESCRIPTION ON ADDITIONAL PAGES IF NECESSARY)

Proposing Additional Wall-Mounted Signs

7. Has the above referenced premises been the subject of any prior application to the ZONING BOARD OF ADJUSTMENT or PLANNING BOARD?
Yes ☒ No ☐ If Yes, state date: 11/08/2017 Board: Board Planning Resolution #: Resolution No. 17-21
(SUBMIT A COPY OF THE RESOLUTION WITH THE BOARD SIGNED PLANS WITH THIS APPLICATION SUBMISSION)
8. For all exterior work pertaining to additions and accessory structures, excluding fences, please provide:
Building Coverage: 0 % Lot Coverage: 0 %

-----FOR OFFICE USE-----

Zoning Review Notes:

04/07/2025 The property is located within the C Zoning District. The applicant has indicated the present zoning use of the property is a Hospital w-Medical Offices and Parking Garage and there is no proposed change in use with this application.

(NOTE: The applicant incorrectly identified the address of the property as 1945 Corlies Avenue, when in fact the plans indicate the HOPE Tower building which is 19-21 Davis Avenue.)

The applicant describes the proposed work in detail:

"Installing Wall Signs. Sign 1 (Non-Illuminated): 108' x 3'6". Sign 2 (Non-Illuminated): 62' 5-3/4" x 2'10" and 23' 0-3/4" x 2' 10"

ZONING NOTES:

- The applicant has indicated they are proposing two (2) additional wall-mounted signs; however, it appears they are proposing a total of three (3) separate wall mounted signs.
- The applicant did not provide a copy of the Resolution of Approval No. 17-21 regarding the signage approved for this property which includes variances that had been granted particularly involving wall mounted signage.

SIGNAGE:

- The applicant was granted a variance for the number of wall mounted signs on the building. The Ordinance permits 1 wall mounted sign per single tenant structure, and the applicant had been granted a variance for a total of 6 wall mounted signs. The applicant is now proposing a total of three (3) wall mounted signs; however, it appears one (1) is to replace a sign which had received approval and two (2) wall mounted signs are in addition to what had been approved which is over and above the amount of signs that had been granted relief.
Planning Board review and approval is required.

This Zoning Permit is DENIED.

Planning Board review and approval is required.

Status
Approved

Denied ✓

Referrals
Construction

HPC

Engineering

Planning Board

✓ Zoning Board

Mercantile

Code Enforcement

Zoning Permit Application

Neptune
Township - NJ
Where Community, Business & Tourism Prosper



Fee: \$35

<input type="checkbox"/> ACCESSORY STRUCTURE	<input type="checkbox"/> PORCH/DECK/BALCONY/ENTRY PLATFORM
<input type="checkbox"/> COMMERCIAL/RESIDENTIAL ADDITION	<input type="checkbox"/> RETAINING WALL
<input type="checkbox"/> CONTINUING THE USE/OCCUPANCY OF A PROPERTY, BUILDING OR STRUCTURE UNDER NEW BUSINESS/PROPERTY OWNERSHIP	<input checked="" type="checkbox"/> SIGN
<input type="checkbox"/> DRIVEWAY	<input type="checkbox"/> SOLAR PANEL
<input type="checkbox"/> FENCE	<input type="checkbox"/> STARTING/CHANGING A USE/OCCUPANCY OF A PROPERTY, BUILDING, OR STRUCTURE
<input type="checkbox"/> HISTORIC DISTRICT: AC UNIT/GENERATOR/EXHAUST FAN	<input type="checkbox"/> STORAGE SHED
<input type="checkbox"/> IMPERVIOUS COVERAGE	<input type="checkbox"/> SUBDIVISION
<input type="checkbox"/> INTERIOR REMODELING	<input type="checkbox"/> SWIMMING POOL/HOT TUB/TENNIS COURT
<input type="checkbox"/> NEW PRINCIPAL STRUCTURE	<input type="checkbox"/> ZONING DETERMINATION LETTER
<input type="checkbox"/> OTHER: _____	

*Indicate location, height, and type of fence or wall on survey / plot plan.

PLEASE REVIEW THE ZONING PERMIT INFORMATION SHEET, AND ALL APPLICABLE LAND DEVELOPMENT ORDINANCE REQUIREMENTS, PRIOR TO COMPLETING THIS APPLICATION

As per the Neptune Township Land Development Ordinance Section 1102, a Zoning Permit shall be issued prior to the commencement or change of use of a property, building or structure; the occupancy of any building or structure; the construction, erection, reconstruction, alteration, conversion, or installation of any building or structure; or the issuance of a Certificate of Appropriateness, where applicable.

The Neptune Township Zoning Map, Land Development Ordinance and its amendments can be located online at www.neptunetownship.org/departments/land-use.

PLEASE NOTE: If any of the requested information is submitted incomplete, this application shall be returned, unprocessed.

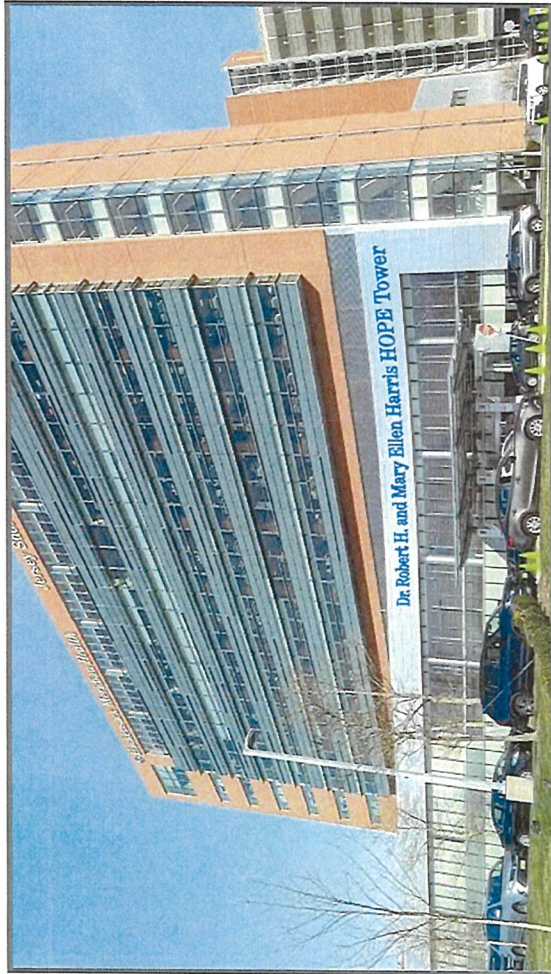
PLEASE PRINT CLEARLY:

1. Block: _____	Lot: _____	Zoning District: _____
2. Property Address: _____	19-21 Davis	
3. Current Property Owner Information: (AS IDENTIFIED ON THE TAX ASSESSORS RECORD)	Applicant Information:	
Name: _____	Name: JP Langhenry	
Address: _____	Address: 490 Quail Ridge Drive, Westmont, IL 60569	
Neptune City, NJ 07753		
Phone: 7327755500	Phone: 630-243-5055	
Email Address: _____	Email Address: jlanghenry@scoutservices.com	

4. Present zoning use of the property: Hospital	
5. Proposed zoning use of the property: _____	<input type="checkbox"/> Unchanged



Hackensack
Meridian Health



Jersey Shore University Medical Center

19-21 Davis Avenue
Neptune, NJ 07753

Recommendation Brand Book

Created: 04/10/2024
Designer: RJW
PSCO Ref: B108572

UNIFORMS OF MATERIALS			
IBC	2021	with	NI amendments
ASCE	7-16		Minimum Requirements for Design and Construction
ACI	318-19		Building Code Requirements for Structural Concrete
AISI/AISC	360-16		Specification for Structural Steel Buildings

DESIGN LOADS	
Wind	V = 130 mph
Exposure	C
Risk Cat.	III
Grnd. Snow	Pg = 20 psf

VERSION Summary

#	DATE	VERSION	DESIGNER	COMMENT
1	04/10/2024	Initial	RJW	---
2	04/29/2024	Rev 01	RJW	Revised size of E02
3	05/16/2024	Rev 02	RJW	Revise "Hope" to be all caps.
4	02/26/2025	Rev 03	RJW	Revise address, add images.

DENIED
BY: KD DATE: 4/7/2025

2399 NI-34, A-2
MANASSAS, NJ 08734
(973) 578-8215 x0
MURDOCH
ENGINEERING
J. Murdoch, PE
Professional Engineer
NJ Lic. #48860
3/19/2025



PHILADELPHIASIGN
BRINGING THE WORLD'S BRANDS TO LIFE

DESIGN SPECIFICATIONS			
IBC	2021	with	NJ amendments
ASCE	7-16		Minimum Base Shear Force Coefficient < 0.05
ACI	318-19		Reinforcing Steel Exposure to Chlorides & Sulfates
ANSI/APC	360-16		Reinforcing Steel Embedment Depth

DESIGN LOADS			
Wind	V =	130	mph
Exposure	C		
Risk Cat.	III		
Grnd. Snow	Pg =	20	psf

COLOR SCHEDULE
PMS 3005 C
Medium Blue



EXISTING

Sign Rendered Proportional to Photo

PROPOSED

SIGN TYPE Custom Dimensional Letters
DESCRIPTION Non-Illuminated Blue Aluminum Dimensional Letters
DIMENSIONS 3' 6" Cap Ht x 108' 0" OAL
Top Ht
Main Letter Ht 3' 6"
Sub Letter Ht
SQUARE FOOTAGE 369.9 SF
COMMENTS This area is a busy valet parking area - special hours may be required for installation. A lift will be needed to remove the interior ceiling panels and access the back of the wall if required.

108' 0"

Dr. Robert H. and Mary Ellen Harris HOPE Tower

Scale: 3/32" = 1' 0"

2399 NJ 34-A-2
MANASQUAN, NJ 08079
(973) 571-8915 x0
JERRY MURDOCH, PE
Professional Engineer
NJ Reg. No. 480980
3/19/2025

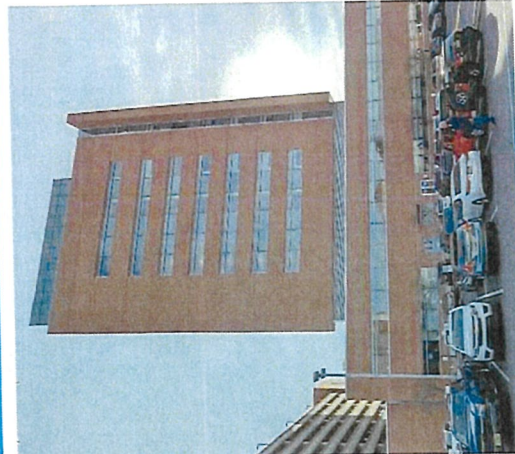


PHILADELPHIA SIGN BRINGING THE WORLD'S BRANDS TO LIFE	TITLE	Hackensack Meridian	DWG. BY	R/W	DATE	04.10.2024	REVISION	DATE	01/29/24 05/16/24 02/26/25	BY	RAW
	ADDRESS	HMH-002 Jersey Shore University Medical Center 19-21 Davis Avenue Neptune, NJ 07753	DWG. NUM	B108572						RAW	
			SHEET	3							

707 WEST SPRING GARDEN ST • PALMYRA, NJ • 03065 • P: 856-829-4100 • F: 856-829-8549 • WEB: <http://www.philadelphiasign.com>

JERSEY SHORE UNIVERSITY MEDICAL CENTER

DESIGN SPECIFICATIONS		
IRC	2021	with NJ amendments
ASCE	7-16	Minimum Design Wind Speed for Building and Structures
ACI	318-19	Building Code Requirements for Structural Concrete
AISC/AISC	360-16	Specification for Structural Steel Buildings
DESIGN LOADS		
Wind	V =	130 mph
Pressure	C	III
Back Cal.	PG	20 psf



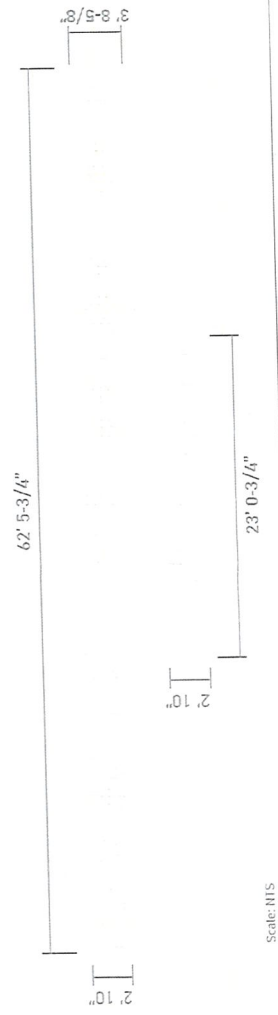
EXISTING



PROPOSED

Sign Rendered Proportional to Photo

SIGN TYPE: Custom Dimensional Letters
DESCRIPTION: Non-Illuminated White Aluminum Dimensional Letters
DIMENSIONS: 3' 0-5/8" OAH x 62' 5-3/4" OAL / 2' 10" OAH x 23' 0-3/4"
Logo Hs:
Main Letter Hs: 2' 10"
Sub Letter Hs:
SQUARE FOOTAGE: 300.5 SF
COMMENTS:
SCALE: NTS



PHILADELPHIASIGN
BRINGING THE WORLD'S BRAIDS TO LIFE

TITLE		DATE		DATE		DATE		DATE	
Hackensack Meridian		04.10.2024		04/29/24		05/14/24		02/26/25	
ADDRESS		HMH-002 Jersey Shore University Medical Center		DWG NUM		B108572		SHEET	
19-21 Davis Avenue		Neptune, NJ 07753		4					

2395 NJ-34, A-2
MANASSAS, NJ 08739
(973) 571-8215 x0
Judy Murodoch, PE
Professional Engineer
NJ Lic. #48980

MURODOCH ENGINEERING
3/19/2025

THIS IS AN ORIGINAL UNRECORDED
DRAWING. IT IS THE PROPERTY OF
MURODOCH ENGINEERING. IT IS TO
BE USED FOR THE PROJECT AND NOT
FOR ANY OTHER PURPOSE. IT IS TO
BE KEPT IN THE OFFICE OF THE
ENGINEER. IT IS TO BE USED FOR
THE PROJECT AND NOT FOR ANY
OTHER PURPOSE. IT IS TO BE
KEPT IN THE OFFICE OF THE
ENGINEER.



PHILADELPHIASIGN
BRANDING THE WORLD'S BRANDS TO LIFE

707 West Spring Garden Street
Palmyra, New Jersey 08055

Phone: 856.829.1460
Fax: 856.829.8549
www.philadelphiasign.com

CUSTOMER:

Hackensack Meridian
Health
JOB NUMBER: B-110730
S117778 / HMMH-002

SIGN TYPE:

DIMENSIONAL LTRS

LOCATION:

1945 Route 33
Neptune, NJ 07753

DATE:

9/06/24

DRAWN BY:

RVR

2393 NJ-34, A-2
MANASQUAN, NJ 08075
(973) 571-0215 x0
Jens A. Murdoch, PE
Professional Engineer
NJEC Lic. #46980
3/19/2022

DESIGN SPECIFICATIONS

IBC	2011	With	NJ	Amendments
ASCE	7-16			
ACI	318-19			
AISI/AISC	360-16			
Wind				
Exposure				
Risk Cat.				
Wind				
V =	130 mph			
C				
I				
Roof				

107'- 10 1/2"

TOS not to exceed 32' from grade.

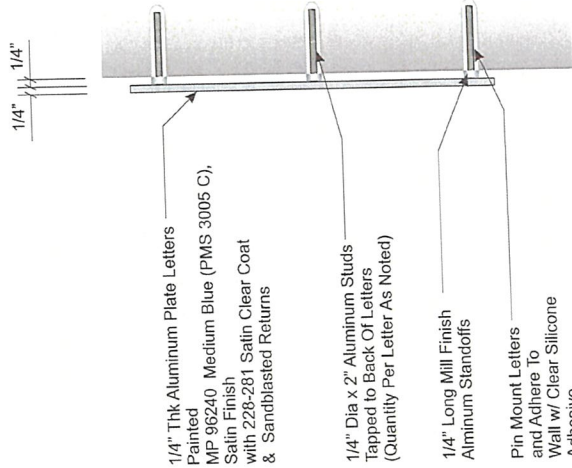
Dr. Robert H. and Mary Ellen Harris HOPE Tower

SIGN E-01

BLUE DIMENSIONAL LETTERS - FRONT ELEVATION

SCALE: 1/8" = 1'-0"

- Engineers Connection Note:
- Provide Min. 1/4"Ø All Thread studs into a Min. 1-3/4" solid masonry/concrete embedment with GE SCS 2000, or equivalent, silicone adhesive, filling drill holes and coating studs immediately prior to installation as follows:
 - 42" Letter I; Provide Five(5) per/letter, evenly spaced and staggered.
 - 42" Letters D,R,H,M,E,O,P&T; Provide Eight(8) per/letter evenly spaced.
 - Letter I; Provide Four(4) evenly spaced and staggered per/line and Three(3) per/dot.
 - Remaining Letters; Provide Six(6) per/letter, evenly spaced and Three(3) per/dot.
 - All adhesives must be installed per manufacturer's Tech Guide.
 - Contact Murdoch Engineering for revision if field conditions vary.



SECTION VIEW
SCALE: 3\"/>

Color Spec

Mathews Paint MP79568 Medium Blue
To Match PMS 3005C (Satin Finish)



PHILADELPHIASIGN
BRINGING THE WORLD'S BRANDS TO LIFE

707 West Spring Garden Street
Palmyra, New Jersey 08055

Phone: 856.829.1460
Fax: 856.829.8549
www.philadelphiasign.com

CUSTOMER:

Hackensack Meridian
Health
JOB NUMBER: B-110730
S117778 / HMMH-002

SIGN TYPE:

DIMENSIONAL LTRS

LOCATION:

1945 Route 33
Neptune, NJ 07753

DATE:

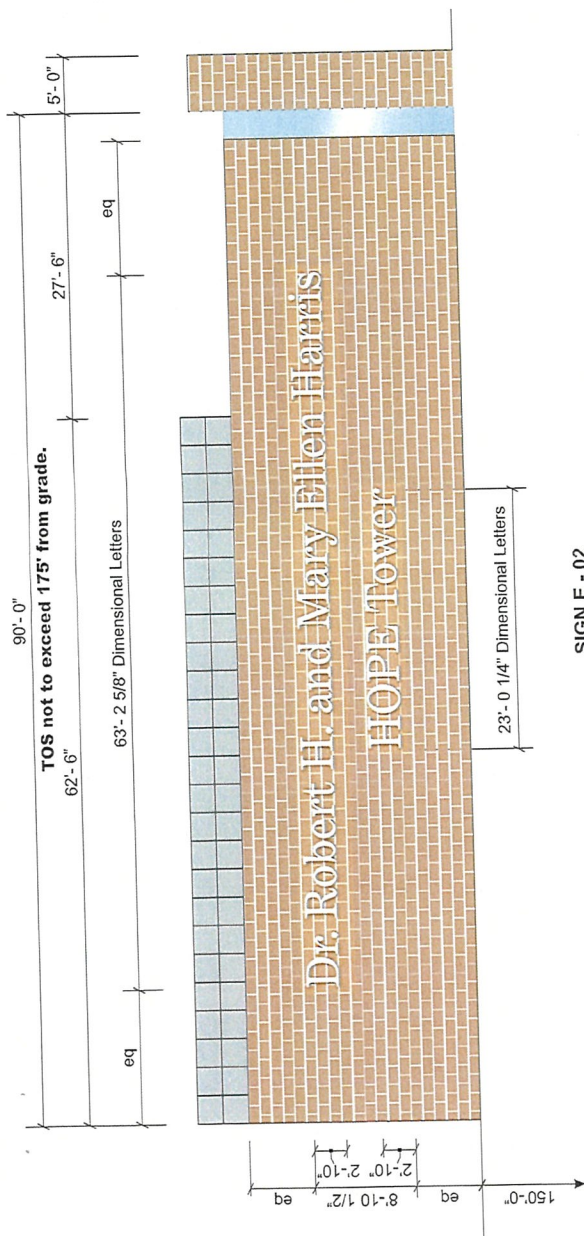
9/06/24

DRAWN BY:

RVR

2399 NJ-34, A-2
HAMASQUAN, NJ 08073
(973) 531-0215 x0
JERRY MURDOCH
Professional Engineer
NJEC Lic. #44890
3/19/2025

DESIGN SPECIFICATIONS	
IBC	2021 With NI amendments
ASCE	7-16
ACI	318-19
AISI/AISC	360-16
DESIGN LOADS	
Wind	V = 130 mph
Exposure	C
Risk Cat.	II
Ground Snow	ps = 0.4

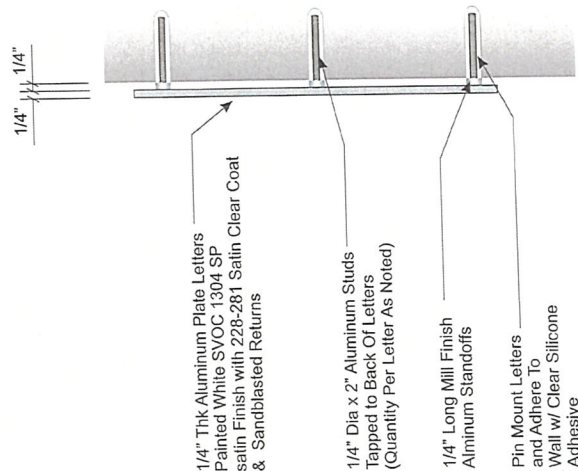


SIGN E - 02.

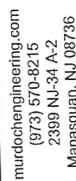
WHITE DIMENSIONAL LETTERS - FRONT ELEVATION

SCALE: 3/32" = 1'-0"

- Engineers Connection Note:
- Provide Min. 1/4"Ø All Thread studs into a Min. 1-3/4" solid masonry/brick embedment with GE SCS 2000, or equivalent, silicone adhesive, filling drill holes and coating studs immediately prior to installation as follows:
 - 34" Letters I; Provide Four(4) per/letter, evenly spaced and staggered.
 - 34" Letters D,R,H,M,E,O,P,T; Provide Six(6) per/letter evenly spaced.
 - Letter i; Provide Three(3) evenly spaced and staggered per/line and Three(3) per/dot.
 - Letter j; Provide Five(5) per/letter, evenly spaced.
 - Letters b,d&w; Provide Four(4) per/letter, evenly spaced and Three(3) per/dot.
 - Remaining Letters; Provide Four(4) per/letter, evenly spaced.
 - All adhesives must be installed per manufacturer's Tech Guide.
 - Contact Murdoch Engineering for revision if field conditions vary.



SECTION VIEW
SCALE: 3" = 1'-0"



PREPARED FOR:



PHILADELPHIASIGN

BRINGING THE WORLD'S BRANDS TO LIFE

PRODUCT TITLE:

Hacksack Meridian
Health

PROJECT ADDRESS:
1945 Route 33
Neptune, NJ 07753

2399 NJ-34, A-2
MANASQUAN, NJ 08739
(973) 571-8215 x0
Paul J. Murdoch
MURDOCH
ENGINEERING
3/10/2025

Jero Murodoch, PE
Professional Engineer
NDE Lic. #48930

[illegible]

STEEL _____ CONFORM TO THE FOLLOWING:

- STEEL SHAPES SHALL CONFORM TO THE FOLLOWING:
- | | | |
|------------------|-----------------------|----------------|
| | ASTM A500, GR B | Fy=42 KSI MIN. |
| ROUND HSS | ASTM A500, GR B | Fy=46 KSI MIN. |
| SQUARE/RECT HSS | ASTM A500, GR B | Fy=46 KSI MIN. |
| THREADED ROD | ASTM F955 | Fy=55 KSI MIN. |
| STEEL PLATE STD. | ASTM A36/ASTM A572-50 | Fy=36 KSI MIN. |
| PIPE | A53, GR B | Fy=35 KSI MIN. |
3. BOLTS SHALL CONFORM TO ASTM A325 UNCO.
4. BOLTS AND ALL THREAD ROD SHALL BE HOT-DIP GALVANIZED PER ASTM F2329 UNCO.
5. ANCHOR BOLTS SHALL CONFORM TO ASTM F1554 UNCO.
6. WASHERS SHALL CONFORM TO ASTM A563.
7. STEEL PIPING SHALL CONFORM TO ASTM B844.
8. WELDING:
a. WELD STRUCTURAL STEEL IN COMPLIANCE WITH ANSI/AWS D1.1 AND AISI SPECIFICATION, CHAPTER 1. WELDERS SHALL BE CERTIFIED AS REQUIRED BY GOVERNING CODE AUTHORITY. WELDING SHALL BE DONE BY ELECTRIC ARC PROCESS USING LONG ELECTRODES WITH SPECIFIED TENSILE STRENGTH NOT LESS THAN 70 KSI UNLESS OTHERWISE INDICATED.
b. ALL SHOP AND FIELD WELDING SHALL BE PERFORMED BY AN AWS OR ICC CERTIFIED WELDER WITH ACTIVE STATUS AT TIME OF WELDING.
c. UNLESS A LARGER WELD SIZE IS INDICATED, PROVIDE MINIMUM SIZE WELDS PER AISI SPECIFICATION, SECTION J2, TABLE J2.4
d. BASE PLATES SHALL BE WELDED ON TOP AND BOTTOM WITH CONTINUOUS WELDS (TO CT JOINTURE LINE TO PLATE)

ALUMINUM:
010C (V/V) 100.00% 2010

1. FABRICATE AND ERECT ALUMINUM IN COMPLIANCE WITH THE ALUMINUM ASSOCIATION (AA) 2010 ALUMINUM DESIGN MANUAL (ADM) 1, THE SPECIFICATIONS FOR ALUMINUM SHEET METAL WORK (ASM35), AND IBC CHAPTER 20.
2. PIPE AND TUBE SHALL BE 6061-T6 PER ASTM B241 OR B429 WITH Ftu=38 KSI MIN, Fy=35 KSI MIN, Fluw=24 KSI MIN, Flwv=15 KSI MIN.
3. STD STRUCTURAL PROFILES SHALL BE 6061-T6 PER B308 WITH Ftu=38 KSI MIN, Fy=35 KSI MIN, Fluw=24 KSI MIN, Flwv=15 KSI MIN.
4. RIBS, FLOOR JOISTS SHALL BE 6061-T6 PER ASTM B209 WITH Ftu=38 KSI MIN, Fy=35 KSI MIN, Fluw=24 KSI MIN, Flwv=15 KSI MIN.
5. EXTRUSIONS SHALL BE 6061-T6 PER ASTM B241 OR B429 WITH Ftu=38 KSI MIN, Fy=35 KSI MIN, Fluw=24 KSI MIN, Flwv=15 KSI MIN.
6. ALL SHOP AND FIELD WELDS SHALL BE PERFORMED BY AN AWS OR ICC CERTIFIED WELDER WITH CURRENTLY A LARGER WELD SIZE IS INDICATED, PROVIDE MINIMUM WELD PER ADM. ALL ALUMINUM WELDED JOINTS SHALL NOT EXCEED THINNESS JOINED.
7. WELDED JOINTS SHALL HAVE WELD SIZES OF AT LEAST "4" INCH
8. FILLET WELDS SHALL NOT EXCEED THINNESS MEMBER WALL THICKNESS JOINED.
9. FILLET WELD FILLER SHALL BE 5356 ALLOY
10. WELDING PROCESS GMAW OR GTAW SHALL BE IN ACCORDANCE WITH AWS D1.2 – "WELDING OF ALUMINUM AND ALUMINUM ALLOYS"
11. ALUMINUM CHANNEL LETTERS SHALL BE CONSTRUCTED OF 6061-T6 ALUMINUM AND 0.125" BACKS MINIMUM, UNLESS A LARGER SIZE IS INDICATED ON DRAWINGS. THIS NOTE SHALL SUPERCEDE DRAWING DETAILS.
12. PROVIDE MODIFIED GASKET BETWEEN DISCREET METALS TO PREVENT GALVANIC CORROSION
13. ALL ALUMINUM COATING OR POLYURETHANE SHALL BE IN CONTACT WITH CONCRETE.
14. FASTENERS BETWEEN DISCREET METALS SHALL BE STAINLESS STEEL 316.

SCOPE OF WORK:

1. LIMITS OF LIABILITY TO EXTEND ONLY TO THE QUANTITY INDICATED. ATTEMPTS IN PART OR IN WHOLE TO INSTALL GREATER QUANTITIES THAN THOSE SPECIFIED WITHOUT CONSULTING MURDOCH ENGINEERING SHALL VOID ALL PROFESSIONAL LIABILITY AND COVERAGE. ENGINEERING LIABILITY IS LIMITED TO BUILDING CONNECTIONS.

GENERAL: COMMENTS OF THE APPLICABLE INTERNATIONAL

1. ALL MATERIALS AND WORK SHALL CONFORM TO THE REQUIREMENTS OF THE APPLICABLE INTERNATIONAL BUILDING CODE (IBC).
2. CONSTRUCTION METHODS AND PROJECT SAFETY: DRAWINGS AND SPECIFICATIONS REPRESENT THE FINISHED STRUCTURE AND DO NOT INDICATE METHODS, PROCEDURES, OR SEQUENCE OF CONSTRUCTION. TAKE NECESSARY PRECAUTIONS TO MAINTAIN AND ENSURE THE INTEGRITY OF THE STRUCTURE DURING CONSTRUCTION. THE EOR WILL ENFORCE ALL MEASURES OR REGULATIONS. THE CONTRACTOR SHALL DESIGN, CONSTRUCT, AND MAINTAIN ALL SAFETY DEVICES AND SHALL BE SOLELY RESPONSIBLE FOR CONFORMING TO ALL LOCAL, STATE, AND FEDERAL SAFETY AND HEALTH STANDARDS, LAWS, AND REGULATIONS.
3. THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS, ELEVATIONS AND SITE CONDITIONS PRIOR TO THE START OF CONSTRUCTION. IMMEDIATELY IF ANY DISCREPANCIES OR INCONSISTENCIES ARE IDENTIFIED, THE CONTRACTOR SHALL NOTIFY THE ENGINEER. DISCREPANCIES, DO NOT SCALE. IF CASES ARE FOUND, NOTED DIMENSIONS TAKE PRECEDENCE OVER SCALED DIMENSIONS, DO NOT SCALE DRAWINGS.
4. ALL OMISSIONS AND/OR CONFLICTS BETWEEN THE VARIOUS ELEMENTS OF THE WORKING DRAWINGS AND SPECIFICATIONS SHALL BE BROUGHT TO THE ATTENTION OF THE ENGINEER AND FIELD INSPECTOR. THE ENGINEER SHALL PROVIDE A SOLUTION PRIOR TO PROCEEDING WITH ANY WORK AFFECTED BY THE CONFLICT OR OMISSION.
5. WHERE NO CONSTRUCTION DETAILS ARE SHOWN OR NOTED FOR ANY PART OF THE WORK, CONSTRUCT IN ACCORDANCE WITH THE STEEL CONSTRUCTION MANUAL, 14TH EDITION OR 2010 ALUMINUM DESIGN MANUAL.
6. IF A DETAIL IS IDENTIFIED AS TYPICAL, THE CONTRACTOR IS TO APPLY THIS DETAIL IN ESTIMATING AND CONSTRUCTION TO EVERY LIKE CONDITION WHETHER OR NOT THE REFERENCE IS REPEATED IN EVERY INSTANCE.
7. ANY CHANGE TO THE DESIGN AS SHOWN ON THE DRAWINGS REQUIRES PRIOR WRITTEN APPROVAL FROM THE ENGINEER.
8. DESIGN ENGINEER OF RECORD BEFORE CONSTRUCTION. ALL DRAWINGS OR APPLICABLE BUILDING CODE WORK PERFORMED IN CONFLICT WITH THE DESIGN OF THE ENGINEER OF RECORD, THE CONTRACTOR REQUIREMENTS SHALL BE CORRECTED AT THE CONTRACTOR'S EXPENSE.
9. VERIFICATION: VERIFY ALL DIMENSIONS, ELEVATIONS, AND SITE CONDITIONS BEFORE STARTING WORK. IMMEDIATELY NOTIFY THE ENGINEER OF ANY DISCREPANCIES.

EXISTING CONDITIONS:

1. IF EXISTING CONDITIONS ARE NOT AS DETAILED IN THIS DESIGN, THE INSTALLER SHALL CORAL WORK AREA, AND NOTIFY MURDOCK ENGINEERING IMMEDIATELY.
2. MURDOCK ENGINEERING WILL NOT BE PERFORMING ON-SITE INSPECTIONS OR VERIFICATIONS. IT IS THE RESPONSIBILITY OF THE INSTALLER, STRUCTURE OWNER, AND PROPERTY OWNER TO IDENTIFY EXISTING CONDITIONS AND CONTACT MURDOCK ENGINEERING WITH ANY DISCREPANCIES OR CONCERNS. INSTALLER SHALL CONFIRM THE DIAMETER AND THICKNESS OF EXISTING MEMBERS AND NOTIFY MURDOCK ENGINEERING OF ANY DISCREPANCIES.
3. MURDOCK ENGINEERING OF ANY DISCREPANCIES.
4. INSTALLER SHALL INSPECT AND CONFIRM THE QUALITY OF EXISTING STRUCTURE AS "IN GOOD REPAIR". IF THERE ARE ANY INDICATIONS THAT THIS IS NOT THE CASE, INSTALLER SHALL CEASE WORK IMMEDIATELY AND NOTIFY MURDOCK ENGINEERING.
5. ANY EXISTING INFORMATION SHOWN HAS BEEN FURNISHED BY THE PERSON(S) OR COMPANY THIS DOCUMENT WAS PREPARED FOR. ENGINEERING IN NO WAY CERTIFIES THIS INFORMATION AS "AS-BUILT". (SEE TIME BLOCKS). MURDOCK ENGINEERING BELIEVE THE EXISTING CONDITIONS DETAILED HEREIN ARE NOT ACCURATE, IF THERE IS ANY REASON TO BELIEVE THIS, THE USER SHALL BE NOTICED IMMEDIATELY.

The designs, details and specifications contained in this drawing are confidential. The recipients of this drawing hereby acknowledge and agree that it is the sole property of Murdoch Engineering and that they shall neither use nor reveal any of the designs, details and specifications contained in this drawing, outside of the company of Murdoch Engineering.

the contractual agreement expressed written permission from the client. In the event of any discrepancy between drawings, specifications, and details of construction, the drawings shall prevail. The drawings shall be the final authority for construction. The drawings shall be the final authority for construction. The drawings shall be the final authority for construction.

Copyright Murdoch Engineering.

Copyright reserved.

Robert Lane Jr, Mayor
Kevin McMillan, Deputy Mayor
Derel Stroud
Jason Jones
Tassie York



Stephanie Oppegaard
Business Administrator
William Bray
Township Clerk
Michael J. Bascom, C.M.F.O., C.T.C.
Chief Financial Officer

I, George Waterman, Deputy Assessor of the Township of Neptune, do hereby certify that this list represents all the interested parties to be notified of the proposed development of the property known as **Block: 1201 Lot(s): 4** in accordance with the requirements of R.S. 40:55D 12.

G Waterman

George Waterman, CTA
Deputy Assessor

Date: 4/28/2025

Monmouth County

Buffer Report

Highlighted feature(s)

Subject Property (1)

MUN	BLOCK	LOT	QUAL	Location	Owner Name	Owner Street	Owner Csz
Neptune Twp	1201	4		19-21 Davis Ave	MERIDIAN HOSPITALS CORP%HMH HOSPITA	343 THORNALL ST %TAX DEPT	EDISON, NJ 08837

§

List of adjoining feature(s) that intersect 200 foot buffer from Subject Property.

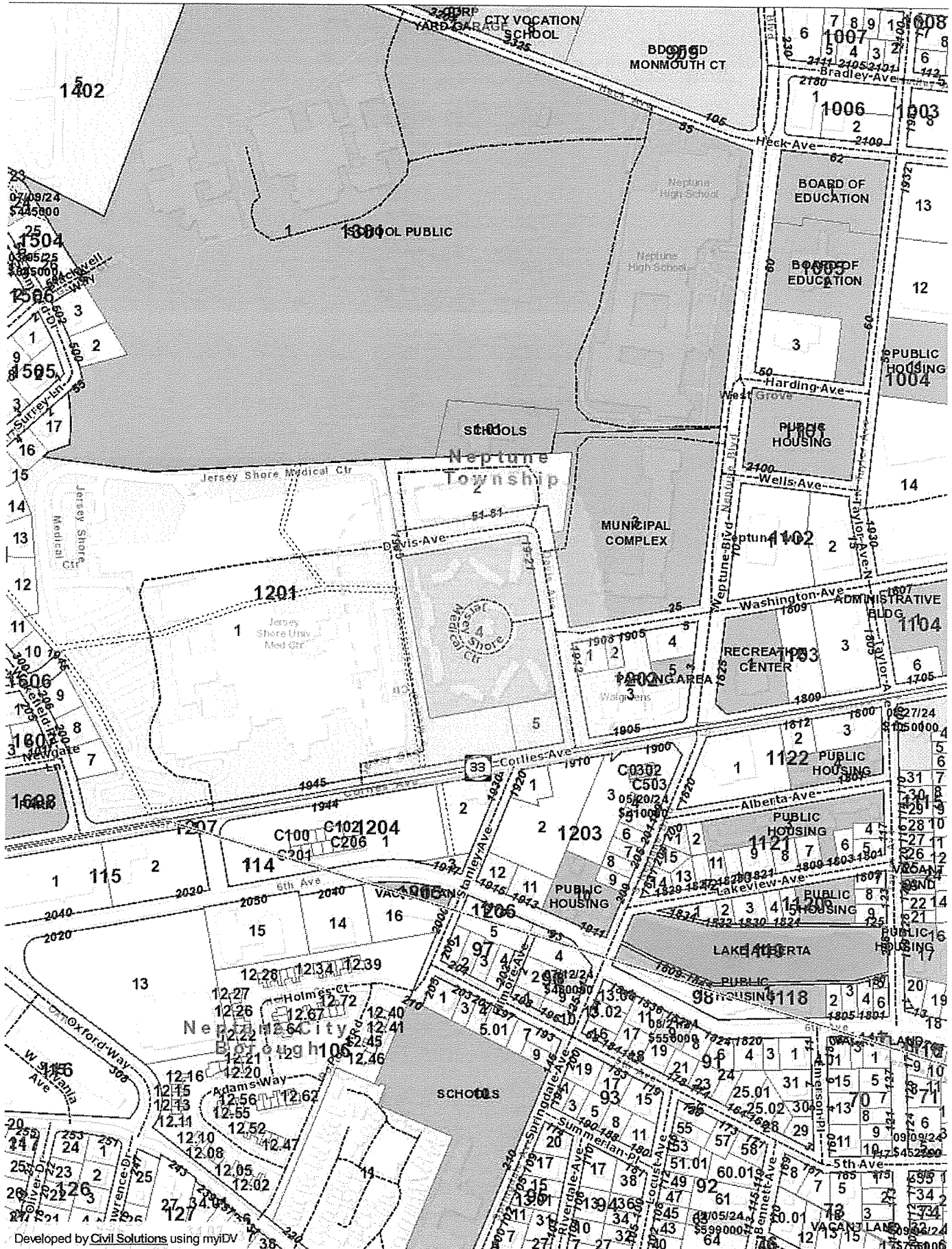
Adjacent Properties (8)

MUN	BLOCK	LOT	QUAL	Location	Owner Name	Owner Street	Owner Csz
Neptune Twp	1201	1		1945 Corlies Ave	MERIDIAN HOSPITALS CORP%HMH HOSPITA	343 THORNALL ST %TAX DEPT	EDISON, NJ 08837
Neptune Twp	1201	2		51-81 Davis Ave	MODERN HEALTH REALTY CORP%HMH HOSPI	100 TORMEE DRIVE 2ND FL	TINTON FALLS, NJ 07712
Neptune Twp	1201	3		25 Neptune Blvd	TOWNSHIP OF NEPTUNE	PO BOX 1125	NEPTUNE, NJ 07754
Neptune Twp	1201	4		19-21 Davis Ave	MERIDIAN HOSPITALS CORP%HMH HOSPITA	343 THORNALL ST %TAX DEPT	EDISON, NJ 08837
Neptune Twp	1201	5		1945 Corlies Ave	MERIDIAN HOSPITALS CORP%HMH HOSPITA	343 THORNALL ST %TAX DEPT	EDISON, NJ 08837
Neptune Twp	1202	1		1912 Washington Ave	LEWIS, RONALD M	326 SHREWSBURY AVENUE	RED BANK, NJ 07701
Neptune Twp	1202	2		1908 Washington Ave	BRIDGE, LISA G	1908 WASHINGTON AVENUE	NEPTUNE, NJ 07753
Neptune Twp	1202	3		1905 Corlies Ave	NAZEMI NEPTUNE,LLC%ECOVA INC MS3047	PO BOX 2440	SPOKANE, WA 99210

Monmouth County - Map

Buffer Report

created on 4/28/2025



Supplement to 200 Foot List Requests

Please be advised that pursuant to Chapter 245, P.L. 1991, as of August 7th, 1991, any Applicant seeking a major subdivision or site plan approval, is required to provide a **Notice of Public Hearing to all Public Utilities and CATV** companies that own land or possess any easement that is within 200 feet of the proposed development.

Below is a list of Public Utilities which provide this service to the Neptune Area:

New Jersey- American Water Company, Inc. Att. Donna Short GIS Supervisor 1025 Laurel Oak Road Voorhees, NJ 08043	Verizon Legal Department, 17 th Floor C/O Land Use Matters 540 Broad Street Newark, NJ 07102	Monmouth Cablevision Attn: Land Use Matters 1501 18 th Avenue Wall Twp., NJ 07719
New Jersey Natural Gas Company Attn: Right of Way Department 1415 Wyckoff Road Wall Twp., NJ 07719	Jersey Central Power & Light Company Attn: Land Use Matters 300 Madison Avenue Morristown, NJ 07960	

In accordance with the Land Use Law N.J.S.A. 40:55d-12[d-g], Notice of Property within two hundred feet [200'] of a County Road or Other County properties shall be given to:

Monmouth County Planning Board
Hall of Records Annex
PO Box 1255
Freehold, NJ 07728-1125

In accordance with the same Land Use law, Notice of Property adjacent to a State Highway shall be given to:

Department of Transportation
C/O Commissioner of Transportation
PO Box 600
Trenton, NJ 08625

Notice including maps or documents of an application which involves more than 150 acres or 500 dwelling units shall be given to the State Planning Commission

Please address mail to:

**New Jersey Business Action Center
Office of Planning Advocacy
Department of State
P.O. Box 820
Trenton, New Jersey 08625-0820**

Tel: 1-609-292-7156
Fax: 1-609-292-3292
Email: feedback@sos.nj.gov

On all applications where property is located in Ocean Grove, notice must be sent to:

Ocean Grove Camp Meeting Association Attn: Finance Department 54 Pitman Avenue P.O. Box 248 Ocean Grove, NJ 07756	Department of the Interior, National Trust for Historic Preservation 1849 C. Street Washington, DC 20240	Historical Society of Ocean Grove 50 Pitman Avenue PO Box 446 Ocean Grove, NJ 07756
Neptune Township Historical Society C/O Neptune Township 25 Neptune Boulevard Neptune, NJ 07753	NJDEP – Historic Preservation Office Mail Code 501-04B Post Office Box 420 Trenton, New Jersey 08625-0420	New Jersey Historic Trust Department of Community Affairs Post Office Box 457 Trenton, New Jersey 08625-0212
NJ Historical Commission P.O. Box 305 Trenton, New Jersey 08625		

**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.) HMH Hospitals Corporation	
	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) _____ (Applies to accounts maintained outside the United States.)	
	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. 343 Thornall Street	Requester's name and address (optional)
	6	City, state, and ZIP code Edison, NJ 08837	
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.

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.

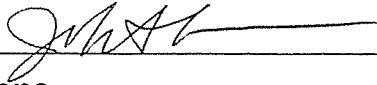
Social security number										
			-				-			
or										
Employer identification number										
2	2	-	1	4	8	7	5	7	6	

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 4/14/25
-----------	---	-----------------

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