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OF COUNSEL
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HON. JAMIE S. PERRI, J.S.C. (Ret.)

TONI F. WHALEN

Paralegal

twhalen@respondlaw.com

100 Willow Brook Road, Suite 100
Freehold, NJ 07728

DIRECT DIAL NUMBER

732-410-2355

DEPARTMENT FAX NUMBER

732-810-1570

September 14, 2020

ANDREW J. BALL ◊
HERSCHEL P. ROSE ▼
KAITLYN R. CAMPANILE
ALAN L. POLINER ▼ ◊

CERTIFIED BY THE SUPREME COURT
OF NEW JERSEY AS A:
‡ CIVIL TRIAL ATTORNEY
□ CRIMINAL TRIAL ATTORNEY
^ MUNICIPAL COURT ATTORNEY

• LL.M. IN TAXATION
□ R. 1:40 QUALIFIED MEDIATOR

OTHER STATE ADMISSIONS:

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◊ PENNSYLVANIA
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BY THE ABA APPROVED NATIONAL ELDER
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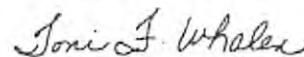
Candace B. Mitchell, Planning Board Secretary
Borough of Sea Bright
1099 Ocean Avenue
Sea Bright, New Jersey 07760

RE: Tommy's Tavern + Tap
Block 17, Lots 4 and 5, 1030 Ocean Avenue, Sea Bright, NJ

Dear Candace:

Enclosed please find my Proof of Service. Thank you.

Very truly yours,



TONI F. WHALEN
Paralegal

TFW:tfw
Enc.

BOROUGH OF SEA BRIGHT
PLANNING/ZONING BOARD

In matter of)
1030 Partners, LLC and) PROOF OF SERVICE
1010 Ocean Partners, LLC)

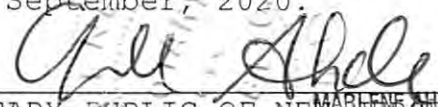
STATE OF NEW JERSEY : SS.
COUNTY OF MONMOUTH :

TONI WHALEN, of full age, being duly sworn, according to law, upon her oath, deposes and says that I am a paralegal with the law firm of Davison, Eastman, Muñoz, Paone, P.A., attorneys for the Applicants, 1030 Partners, LLC and 1010 Ocean Partners, LLC, and on September 4, 2020, at least ten (10) days prior to the hearing date, I mailed in the United States Post Office in Freehold, New Jersey, the Notice to the surrounding property owners within two hundred (200) feet of the property. Said Notice was sent by certified mail, return receipt requested to the property owners listed on the attached list which was provided by the Borough of Sea Bright. The Notice was also sent to the Sea Bright Borough Clerk. A copy of the Public Hearing Notice, white mailing receipts and green return receipt cards received to date are attached. The Notice was published in the *Asbury Park Press* on September 5, 2020. The Affidavit of Publication is attached.



TONI WHALEN

Subscribed and Sworn to
before me this 14th day
of September, 2020.


NOTARY PUBLIC OF NEW JERSEY
A Notary Public of New Jersey
My Commission Expires August 29, 2021



BOROUGH OF SEA BRIGHT
MONMOUTH COUNTY, NEW JERSEY
www.seabrightnj.org

RECEIVED

AUG 25 2020

Borough of Sea Bright

REQUEST FOR 200' CERTIFIED LIST

Christine Pfeiffer, Borough Clerk
Borough of Sea Bright
1099 Ocean Avenue
Sea Bright, NJ 07760

Date: August 19, 2020

Dear Ms. Pfeiffer:

Kindly provide a 200 foot certified list for the following property:

BLOCK # 17 LOT # 4 and 5

PROPERTY ADDRESS 1030 Ocean Avenue

NAME OF PROPERTY OWNER 1030 Partners, LLC and 1010 Ocean Partners, LLC

Very truly yours,

NAME
Robert F. Munoz, Esq.
100 Willow Brook Road, Suite 100

ADDRESS
Freehold, New Jersey 07728

CITY, STATE, ZIP
732-462-7170

TELEPHONE #

PLEASE MAIL LIST TO THE ADDRESS LISTED UNDER MY NAME. X

PLEASE TELEPHONE ME TO PICK UP LIST WHEN READY. _____

Note: Fee is \$10.00 - Make checks payable to Borough of Sea Bright.

*****Office Use Only*****

Paid Date: 8/25/20 Method: check Received By: C Mitchell
NO. 192414
Munoz

OWNER & ADDRESS REPORT

SEA BRIGHT

200 FOOT OWNERS LIST FOR BLOCK 17, LOTS 4 & 5

08/29/20 Page 1 of 2

BLOCK	LOT	QUAL	CLA	PROPERTY OWNER	PROPERTY LOCATION	Add'l Lots
16	9		4A	OCEANSPRING REALTY ASSOCIATES 1410 OCEAN AVENUE SEA BRIGHT, NJ 07760	1050 OCEAN AVENUE	
16	10		2	ADAMS, JAMES R. & JO-ANN K. 1184 OCEAN AVE UNIT B-1 SEA BRIGHT, NJ 07760	4 PENINSULA AVENUE	
16	11		2	ROSS, MICHAEL T & PAMELA M 6 PENINSULA AVENUE SEA BRIGHT, NJ 07760	6 PENINSULA AVENUE	
16	16		2	OCEAN RIVER ESTATES, LLC 37 MERIDIAN ROAD EDISON, NJ 08820	14 PENINSULA AVENUE	
16	17		2	BERGEN SINGLE FAMILY HOMES, LLC 37 MERIDIAN ROAD EDISON, NJ 08820	16 PENISULA AVENUE	
17	1		1	KALAKA, JOANN 1184 OCEAN AVE UNIT B-1 SEA BRIGHT, NJ 07760	1042 OCEAN AVENUE	
17	2		1	KALAKA REALTY 1184 OCEAN AVE UNIT B-1 SEA BRIGHT, NJ 07760	1 PENINSULA AVENUE	
17	3		4A	SBBP, LLC 95 AVENUE OF TWO RIVERS RUMSON, NJ 07760	1040 OCEAN AVENUE	
17	4		4A	1030 PARTNERS, LLC PO BOX 80235 STATEN ISLAND, NY 10308	1030 OCEAN AVENUE	ACCESSORY LOT B17 L5
17	5		4A	1010 OCEAN PARTNERS, LLC PO BOX 80235 STATEN ISLAND, NY 10308	1010 OCEAN AVENUE	ACCESSORY TO B17, L4
17	6		1	NAUTILUS HOMEOWNERS ASSOCIATION PO BOX 8506 RED BANK, NJ 07701	2 RUMSON ROAD	
17.01	1		2	NAPPO, JOSEPH & CHRISTINE 45 SAGAMORE AVENUE OCEANPORT, NJ 07757	2 RUMSON ROAD UNIT 1	
17.01	2		2	MACKIEWICZ, REGINA 47 FOX WOOD RUN MIDDLETOWN, NJ 07748	2 RUMSON ROAD UNIT 2	
17.01	3		2	MOREHOUSE, SCOTT 2 RUMSON ROAD UNIT 3 SEA BRIGHT, NJ 07760	2 RUMSON ROAD UNIT 3	
17.01	4		2	ROHRMANN, LYNDA & BRUCE 165 BERNARD DRIVE RED BANK, NJ 07701	2 RUMSON ROAD UNIT 4	
17.01	5		2	CRAWFORD, ALLYN J 29 KENT STREET STATEN ISLAND, NY 10306	2 RUMSON ROAD UNIT 5	
17.01	6		2	TWO P PROPERTIES, LLC 77 HUBBARD AVENUE RED BANK, NJ 07701	2 RUMSON ROAD UNIT 6	
17.01	7		2	RAIA, JOSEPH 2 RUMSON ROAD UNIT 7 SEA BRIGHT, NJ 07760	2 RUMSON ROAD UNIT 7	
17.01	8		2	ROACH, SEAN 1000 CLOVE ROAD APT 7G STATEN ISLAND, NY 10301	2 RUMSON ROAD UNIT 8	

OWNER & ADDRESS REPORT

SEA BRIGHT

08/29/20 Page 2 of 2

200 FOOT OWNERS LIST FOR BLOCK 17, LOTS 4 & 5

BLOCK	LOT	QUAL	CLA	PROPERTY OWNER	PROPERTY LOCATION	Add'l Lots
17.01	9		2	MC LYNN, DENNIS & MARY A. 107 CANOE BROOK PARKWAY SUMMIT, NJ 07901	2 RUMSON ROAD UNIT 9	
17.01	10		2	WILLIAMS, SAMUEL M. & TRACY A. 537 VAN DUZER STREET STATEN ISLAND, NY 10304	2 RUMSON ROAD UNIT 10	
17.01	11		2	KARATZIA, HARRY 334 ALTESSA BLVD. MENVILLE, NY 11747	2 RUMSON ROAD UNIT 11	
17.01	12		2	STEARNS, JOEL M. 2 RUMSON ROAD UNIT 12 SEA BRIGHT, NJ 07760	2 RUMSON ROAD UNIT 12	
17.01	14		2	MCLYNN, ROBERT L 2 RUMSON ROAD, UNIT 14 SEA BRIGHT, NJ 07760	2 RUMSON ROAD UNIT 14	
17.01	15		2	LANGAN CHERRY TREE, LLC 99 WOOD AVENUE SOUTH ISELIN, NJ 08830	2 RUMSON ROAD UNIT 15	
17.01	16		2	CASSIDY, DENISE A. 2 RUMSON ROAD UNIT 16 SEA BRIGHT, NJ 07760	2 RUMSON ROAD UNIT 16	
17.01	17		2	MC GUIRE, GRACE PO BOX 68 RUMSON, NJ 07760	2 RUMSON ROAD UNIT 17	
17.01	18		2	MC CLAIN, MELISSA 730 E EVELYN AVE APT 111 SUNNYVALE, CA 94086	2 RUMSON ROAD UNIT 18	
17.01	19		2	KEELEN, KEVIN J. 107 RIVERVIEW AVE APT 170 NEPTUNE CITY, NJ 07753	2 RUMSON ROAD UNIT 19	
18	1		4A	SEA BRIGHT BEACH CLUB 999 OCEAN AVENUE SEA BRIGHT, NJ 07760	1008 OCEAN AVENUE	
18	2		15C	MONMOUTH COUNTY HALL OF RECORDS- 1 E MAIN FREEHOLD, NJ 07728	1006 OCEAN AVENUE	
23	2.01		15C	BORO OF SEA BRIGHT 1099 OCEAN AVENUE SEA BRIGHT, NJ 07760	1061 OCEAN AVENUE	
23	2.02		15C	BORO OF SEA BRIGHT 1099 OCEAN AVENUE SEA BRIGHT, NJ 07760	1051 OCEAN AVENUE	
23	3		4A	SBBP, LLC 95 AVENUE OF TWO RIVERS RUMSON, NJ 07760	1041 OCEAN AVENUE	
23	4		4A	SEA BRIGHT BEACH CLUB 999 OCEAN AVENUE SEA BRIGHT, NJ 07760	1037 OCEAN AVENUE	

**BOROUGH OF SEA BRIGHT
OFFICE OF THE MUNICIPAL CLERK
1099 OCEAN AVENUE
SEA BRIGHT, NJ 07760
732-842-0099 EXT. 119**

Information requested for properties located within 200' of **Block 17, Lots 4 and 5, also known as 1030 Ocean Avenue.**

YOU MUST SEND NOTICES TO THE UTILITIES AND APPROPRIATE GOVERNMENTAL AGENCIES NOTED BELOW:

Borough of Sea Bright 1099 Ocean Avenue Sea Bright, NJ 07760	State of New Jersey (for State Hwy 36) Commissioner, Department of Transportation 1035 Parkway Avenue P.O. Box 600 Trenton, NJ 08625
Comcast Comcast Center 1701 John F Kennedy Blvd. Philadelphia, PA 19103	State of New Jersey (for Coastal Waters) Division of Coastal Resources P.O. Box 401 Trenton, NJ 08625
New Jersey American Water Company 661 Shrewsbury Avenue Shrewsbury, NJ 07702	Two Rivers Water Reclamation Authority 1 Highland Avenue Monmouth Beach, NJ 07750
New Jersey Natural Gas Company 1415 Wyckoff Road Wall, NJ 07719	Verizon 175 W. Main St Freehold, NJ 07728 Attn: Corporate Secretary/Right of Way Agent
Jersey Central Power & Light Area Manager Central New Jersey 1500 Florance Avenue Union Beach, NJ 07735	Monmouth County Planning Board Hall of Records Annex – 2 nd Floor 1 East Main Street Freehold, NJ 07728

Attached is a true list of the Property Owners within 200' of **Block 17, Lots 4 and 5, also known as 1030 Ocean Avenue** in the Borough of Sea Bright as submitted by Sea Bright Tax Assessor Timothy Anfuso.


Candace B. Mitchell, Administrative Assistant
Borough Clerk's Office

Date: August 31, 2020
Date Request Received: August 25, 2020
Amount Paid: \$20.00

Cc. File

BOROUGH OF SEA BRIGHT
PLANNING/ZONING BOARD
COUNTY OF MONMOUTH, NEW JERSEY
PUBLIC HEARING NOTICE

PLEASE TAKE NOTICE THAT the undersigned have applied to the Sea Bright Borough Planning/Zoning Board for variances and preliminary and final site plan approval for Block 17, Lots 4 and 5, as shown on the official Tax Map of the Borough of Sea Bright and located at 1030 Ocean Avenue, in the Borough of Sea Bright, County of Monmouth and State of New Jersey. The Applicant seeks preliminary and final site plan approval for an addition, alteration and expansion of the existing Tommy's Tavern + Tap restaurant and bar by adding a 464 square foot addition to the first floor of the existing building, a 1,037 square foot exterior covered patio, a 2,068 square foot addition on the second floor and a 1,094 square foot deck on the second floor.

The Applicant seeks the following variances:

Section 130-50C, front yard setback - 25 feet required 9 feet is proposed
Section 130-50C, side yard setback (one side) - 7 feet required 0 feet proposed
Section 130-50C, side yard setback (both sides) - 15 feet required 0 feet proposed
Variance relief for parking
Variance relief (hardship), NJSA 40:55D-70c(1)
Variance relief (substantial benefit), NJSA 40:55D-70c(2)
Waiver requested for Checklist Item No. 13, Environmental Impact Statement

In addition to the above, the Applicant reserves the right to request approval for any additional variances and waivers deemed necessary by the Board or its professionals before or during the public hearing.

This application is now on the Board's calendar for a public hearing on September 22, 2020 at 7:30 PM, prevailing time, consistent with the Borough of Sea Bright's procedures as follows:

The meeting will be conducted by electronic means in accordance with the "Senator Byron M. Baer Open Public Meetings Act" of 2020, which explicitly permits a public body to conduct a meeting electronically during a state of emergency. Governor Murphy issued Executive Orders 103 and 107 declaring a "Public Health Emergency and State of Emergency" and directing residents to quarantine and practice social distancing.

Planning/Zoning Board Meeting
Tue, Sep 22, 2020 7:30 PM - 10:00 PM (EDT)

Please join the meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/604121029>

You can also dial in using your phone

United States (Toll Free): [1 877 309 2073](tel:18773092073)

United States: [+1 \(571\) 317-3129](tel:+15713173129)

Access Code: 604-121-029

New to GoToMeeting? Get the app now and be ready when your first meeting starts:

<https://global.gotomeeting.com/install/604121029>

To access application materials, including plans, please go to the municipal website, www.seabrightnj.org, Unified Planning Board in left menu, Agendas and Minutes page, Supporting Documentation section.

Any member of the public wishing to present a document during the meeting should email a digital copy to the Board Secretary at cmitchell@seabrightnj.org by September 22, 2020, and it will be included on the municipal website. Members of the public will have an opportunity to be heard and to present evidence during the hearing.

Any questions can be directed to the Planning/Zoning Board Secretary, Candace Mitchell at (732) 842-0099, Ext. 123. Please leave a voicemail if no answer or send email to cmitchell@seabrightnj.org

This notice is being provided by order of the Planning/Zoning Board of the Borough of Sea Bright.

1030 Partners, LLC and 1010 Ocean Partners, LLC

By: *Robert F. Munoz*
ROBERT F. MUNOZ, ESQ., Attorney for Applicants
Davison, Eastman, Muñoz, Paone, PA
100 Willow Brook Road, Suite 100
Freehold, NJ 07728

Dated: September 2, 2020

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SEA BRIGHT NJ 07760

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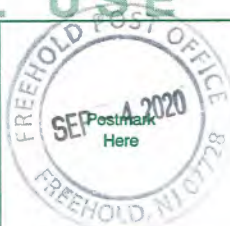
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1184 OCEAN AVENUE UNIT B1
SEA BRIGHT NJ 07760

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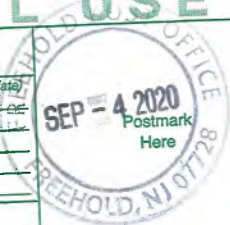
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6 PENINSULA AVENUE
SEA BRIGHT NJ 07760

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OCEAN RIVER ESTATES LLC
37 MERIDIAN ROAD
EDISON NJ 08820

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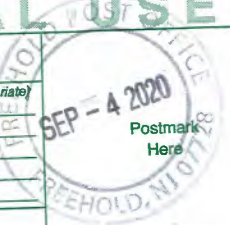
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BERGEN SINGLE FAMILY HOMES LLC
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EDISON NJ 08820

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JOANN KALAKA
1184 OCEAN AVE UNIT B1
SEA BRIGHT NJ 07760

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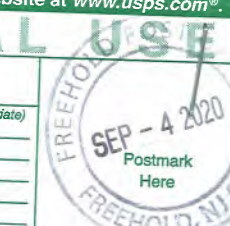
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SBBP LLC
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Postage	\$
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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage	\$
Total	\$ 1010 OCEAN PARTNERS LLC
Sent To	PO BOX 80235
Street	STATEN ISLAND NY 10308
City, State	

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

7020 0640 0000 7172 6699

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

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

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage	\$
Total	\$ JOSEPH & CHRISTINE NAPPO
Sent To	45 SAGAMORE AVENUE
Street	OCEANPORT NJ 07757
City, State	

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

7020 0640 0000 7172 6712

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage	\$
Total	\$ SCOTT MOREHOUSE
Sent To	2 RUMSON ROAD UNIT 3
Street	SEA BRIGHT NJ 07760
City, State	

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

7020 0640 0000 7172 6736

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage	\$
Total	\$ ALLYN J CRAWFORD
Sent To	29 KENT STREET
Street	STATEN ISLAND NY 10306
City, State	

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

7020 0640 0000 7172 6743

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage \$

Total Post \$ TWO P PROPERTIES, LLC
77 HUBBARD AVENUE
RED BANK NJ 07701

Sent To _____
Street and _____
City, State _____

7020 0640 0000 7172 6750

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

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

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage \$

Total Post \$ JOSEPH RAIJA
2 RUMSON ROAD UNIT 7
SEA BRIGHT NJ 07760

Sent To _____
Street and _____
City, State _____

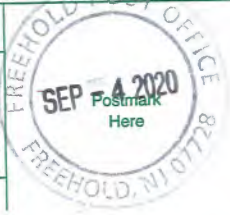
7020 0640 0000 7172 6767

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

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

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage \$

Total Post \$ SEAN ROACH
1000 CLOVE ROAD APT 7G
STATEN ISLAND NY 10301

Sent To _____
Street and _____
City, State _____

7020 0640 0000 7172 6774

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

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

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage \$

Total Post \$ DENNIS & MARY A. MC LYNN
107 CANOE BROOK PARKWAY
SUMMIT NJ 07901

Sent To _____
Street and _____
City, State _____

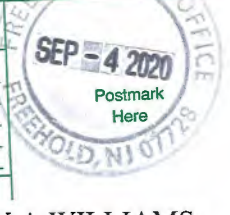
7020 0640 0000 7172 6781

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

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

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage \$

Total Post \$ SAMUEL M & TRACY A WILLIAMS
537 VAN DUZER STREET
STATEN ISLAND NY 10304

Sent To _____
Street and _____
City, State _____

7020 0640 0000 7172 6798

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

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

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage \$

Total Post \$ HARRY KARATZIA
334 ALTESSA BLVD
MENVILLE NY 11747

Sent To _____
Street and _____
City, State _____

7020 0640 0000 7172 6804

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

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

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage \$

Total Post \$ JOEL M STEARNS
2 RUMSON ROAD UNIT 12
SEA BRIGHT NJ 07760

Sent To _____
Street and _____
City, State _____

7020 0640 0000 7172 6811

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

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

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage \$

Total Post \$ ROBERT L McLYNN
2 RUMSON ROAD UNIT 14
SEA BRIGHT NJ 07760

Sent To _____
Street and _____
City, State _____

7020 0640 0000 6461 0497

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Postage \$

Total Postage and Fees \$

Sent To: **Langan Cherry Tree LLC**
 Street and Apt. No., or PO Box No.: **99 Wood Avenue South**
 City, State, ZIP+4®: **FSELIN NJ 08830**

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

7018 2290 0002 1675 3106

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Postage \$

Total Postage and Fees \$

Sent To: **GRACE McGUIRE**
 Street and Apt. No., or PO Box No.: **PO BOX 68**
 City, State, ZIP+4®: **RUMSON NJ 07760**

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

7018 2290 0002 1675 3120

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

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

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Postage \$

Total Postage and Fees \$

Sent To: **KEVIN J KEELAN**
 Street and Apt. No., or PO Box No.: **107 RIVERVIEW AVE APT 170**
 City, State, ZIP+4®: **NEPTUNE CITY NJ 07753**

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

7018 2290 0002 1675 3144

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Postage \$

Total Postage and Fees \$

Sent To: **MONMOUTH COUNTY**
 Street and Apt. No., or PO Box No.: **HALL OF RECORDS**
 City, State, ZIP+4®: **1 EAST MAIN STREET FREEHOLD NJ 07728**

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

7018 2290 0002 1675 3090

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

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

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Postage \$

Total Postage and Fees \$

Sent To: **DENISE A CASSIDY**
 Street and Apt. No., or PO Box No.: **2 RUMSON ROAD UNIT 16**
 City, State, ZIP+4®: **SEA BRIGHT NJ 07760**

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

7018 2290 0002 1675 3113

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Postage \$

Total Postage and Fees \$

Sent To: **MELISSA McCLAIN**
 Street and Apt. No., or PO Box No.: **730 E EVELYN AVE APT 111**
 City, State, ZIP+4®: **SUNNYVALE CA 94086**

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

7018 2290 0002 1675 3137

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

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

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Postage \$

Total Postage and Fees \$

Sent To: **SEA BRIGHT BEACH CLUB**
 Street and Apt. No., or PO Box No.: **999 OCEAN AVENUE**
 City, State, ZIP+4®: **SEA BRIGHT NJ 07760**

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

7020 0640 0000 6461 0381

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

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

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$



Postage \$

Total Postage and Fees \$

Sent To: **BOROUGH OF SEA BRIGHT**
 Street and Apt. No., or PO Box No.: **1099 OCEAN AVENUE**
 City, State, ZIP+4®: **SEA BRIGHT NJ 07760**

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

7020 0640 0000 6481 0398

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage	
\$	
Total P	STATE OF NEW JERSEY
\$	COMMISSIONER DEPT OF TRANS.
\$	1035 PARKWAY AVENUE
Sent To	PO BOX 600
Street a	TRENTON NJ 08625
City, St	

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

7020 0640 0000 6481 0404

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage	
\$	
Total Postage	COMCAST
\$	COMCAST CENTER
\$	1701 JOHN F. KENNEDY BLVD.
Sent To	PHILADELPHIA PA 19103
Street and Apt	
City, State, Zi	

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

7020 0640 0000 6481 0411

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage	
\$	
Total	STATE OF NEW JERSEY
\$	DIVISION OF COASTAL RESOURCES
\$	PO BOX 401
Sent To	TRENTON NJ 08625
Street	
City,	

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

7020 0640 0000 6481 0428

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage	
\$	
Total	NJ AMERICAN WATER CO.
\$	661 SHREWSBURY AVENUE
\$	SHREWSBURY NJ 07702
Sent To	
Street	
City,	

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

7020 0640 0000 6481 0435

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage	
\$	
Total P	TWO RIVERS WATER
\$	RECLAMATION AUTHORITY
\$	1 HIGHLAND AVENUE
Sent To	MONMOUTH BEACH NJ 07750
Street	
City, S	

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

7020 0640 0000 6481 0442

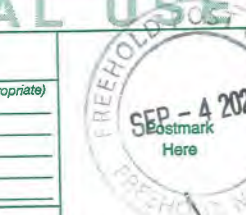
U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage	
\$	
Total	NEW JERSEY NATURAL GAS CO
\$	1415 WYCKOFF ROAD
\$	WALL NJ 07719
Sent To	
Street	
City, S	

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

7020 0640 0000 6481 0459

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage	
\$	
Total	ATTN CORPORATE SECRETARY
\$	RIGHT OF WAY AGENT
\$	VERIZON
Sent To	175 WEST MAIN STREET
Street	FREEHOLD NJ 07728
City, S	

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

7020 0640 0000 6481 0466

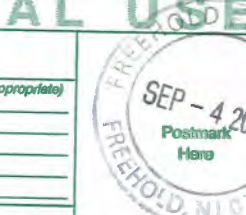
U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage	
\$	
Total Po	JERSEY CENTRAL POWER &
\$	LIGHT
\$	AREA MANAGER CENTRAL NJ
Sent To	1500 FLORANCE AVENUE
Street a	UNION BEACH NJ 07735
City, S	

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

7020 0640 0000 6481 0473

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

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

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____



Postage

\$ _____

Total

\$ _____

Sent To

Street

City, State

MONMOUTH COUNTY PLAN BD
HALL OF RECORDS ANNEX
2ND FLOOR
1 EAST MAIN STREET
FREEHOLD NJ 07728

7020 0640 0000 6481 0480

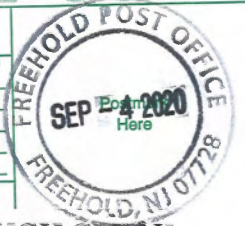
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____



Postage

\$ _____

Total Po

\$ _____

Sent To

Street or

City, State

SEA BRIGHT BOROUGH CLERK
1099 OCEAN AVENUE
SEA BRIGHT NJ 07760

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
OCEANSPRING REALTY ASSOC
 1410 OCEAN AVENUE
 SEA BRIGHT NJ 07760

2. Article Number (Transfer from service label)
 7020 0640 0000 7172 6583

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *ORA JS COVID* Agent
 Addressee

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

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
JAMES R. & JOANN K. ADAMS
 1184 OCEAN AVENUE UNIT B1
 SEA BRIGHT NJ 07760

2. Article Number (Transfer from service label)
 7020 0640 0000 7172 6590

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

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

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
MICHAEL T. & PAMELA M. ROSS
 6 PENINSULA AVENUE
 SEA BRIGHT NJ 07760

2. Article Number (Transfer from service label)
 7020 0640 0000 7172 6606

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

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

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
OCEAN RIVER ESTATES LLC
 37 MERIDIAN ROAD
 EDISON NJ 08820

2. Article Number (Transfer from service label)
 7020 0640 0000 7172 6613

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Agent
 Addressee

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

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
BERGEN SINGLE FAMILY HOMES LLC
 37 MERIDIAN ROAD
 EDISON NJ 08820



2. Article Number (Transfer from service label)
7020 0640 0000 7172 6620

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
JOANN KALAKA
 1184 OCEAN AVE UNIT B1
 SEA BRIGHT NJ 07760



2. Article Number (Transfer from service label)
7020 0640 0000 7172 6637

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
KALAKA REALTY
 1184 OCEAN AVE UNIT B1
 SEA BRIGHT NJ 07760



2. Article Number (Transfer from service label)
7020 0640 0000 7172 6644

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery **9/8**

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
SBBP LLC
 95 AVENUE OF TWO RIVERS
 RUMSON NJ 07760



2. Article Number (Transfer from service label)
7020 0640 0000 7172 6651

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) **0019 R+6** C. Date of Delivery **5/8/20**

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 1030 PARTNERS LLC
 PO BOX 80235
 STATEN ISLAND NY 10308



2. Article Number (Transfer from service label)
 7020 0640 0000 7172 6668

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X [Signature] Addressee
 B. Received by (Printed Name) C. Date of Delivery
 [Signature] 2020

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 1010 OCEAN PARTNERS LLC
 PO BOX 80235
 STATEN ISLAND NY 10308



2. Article Number (Transfer from service label)
 7020 0640 0000 7172 6675

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X [Signature] Addressee
 B. Received by (Printed Name) C. Date of Delivery
 [Signature] 2020

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 NAUTILUS HOMEOWNERS ASSOCIATION
 PO BOX 8506
 RED BANK NJ 07701



2. Article Number (Transfer from service label)
 7020 0640 0000 7172 6682

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X [Signature] Addressee
 B. Received by (Printed Name) C. Date of Delivery
 [Signature] 2020

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 JOSEPH & CHRISTINE NAPPO
 45 SAGAMORE AVENUE
 OCEANPORT NJ 07757



2. Article Number (Transfer from service label)
 7020 0640 0000 7172 6699

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X [Signature] Addressee
 B. Received by (Printed Name) C. Date of Delivery
 CHRISTINE NAPPO

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

REGINA MACKIEWICZ
47 FOX WOOD RUN
MIDDLETOWN NJ 07748



9590 9402 6136 0209 8968 28

Article Number (Transfer from service label)

7020 0640 0000 7172 6705

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X *[Signature]*

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

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Mail Restricted Delivery (over \$500)	

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
SCOTT MOREHOUSE
2 RUMSON ROAD UNIT 3
SEA BRIGHT NJ 07760



9590 9402 6136 0209 8968 11

Article Number (Transfer from service label)

7020 0640 0000 7172 6712

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X *[Signature]*

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

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Mail Restricted Delivery (over \$500)	

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
LYNDA & BRUCE ROHRMANN
165 BERNARD DRIVE
RED BANK NJ 07701



9590 9402 6136 0209 8968 04

Article Number (Transfer from service label)

7020 0640 0000 7172 6729

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X *[Signature]*

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

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Mail Restricted Delivery (over \$500)	

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

Article Addressed to:
ALLYN J CRAWFORD
29 KENT STREET
STATEN ISLAND NY 10306



9590 9402 6136 0209 8967 98

Article Number (Transfer from service label)

7020 0640 0000 7172 6736

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X *[Signature]*

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

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Mail Restricted Delivery (over \$500)	

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:
JOSEPH RAJA
 2 RUMSON ROAD UNIT 7
 SEA BRIGHT NJ 07760



9590 9402 6136 0209 8967 74

2. **7020 0640 0000 7172 6750**

A. Signature
X Agent
 Addressee

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

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:
SEAN ROACH
 1000 CLOVE ROAD APT 7G
 STATEN ISLAND NY 10301



9590 9402 6136 0209 8967 67

2. **7020 0640 0000 7172 6767**

A. Signature
X Agent
 Addressee

B. Received by (Printed Name) **COULIN** C. Date of Delivery **9/18/20**

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:
DENNIS & MARY A. MC LYNN
 107 CANOE BROOK PARKWAY
 SUMMIT NJ 07901



9590 9402 6136 0209 8967 50

2. **7020 0640 0000 7172 6774**

A. Signature
X Agent
 Addressee

B. Received by (Printed Name) **H.I.** C. Date of Delivery **9/9**

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

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

1. **HARRY KARATZIA**
 334 ALTESSA BLVD
 MENVILLE NY 11747



9590 9402 6136 0209 8967 36

2. **7020 0640 0000 7172 6798**

A. Signature
X Agent
 Addressee

B. Received by (Printed Name) **H. KARATZIA** C. Date of Delivery **9-8-20**

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 JOEL M STEARNS
 2 RUMSON ROAD UNIT 12
 SEA BRIGHT NJ 07760



9590 9402 6136 0209 8967 29

2 Article Number (Transfer from carrier label)
 7020 0640 0000 7172 6804

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Agent
 Addressee

C. Date of Delivery

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 ROBERT L McLYNN
 2 RUMSON ROAD UNIT 14
 SEA BRIGHT NJ 07760



9590 9402 6136 0209 8967 12

2 Article Number (Transfer from carrier label)
 7020 0640 0000 7172 6811

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Agent
 Addressee

C. Date of Delivery

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 LANGAN CHERRY TREE LLC
 99 WOOD AVENUE SOUTH
 ISELIN NJ 08830



9590 9402 6136 0209 8967 05

2 Article Number (Transfer from carrier label)
 7020 0640 0000 6481 0497

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Agent
 Addressee

C. Date of Delivery

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 SEA BRIGHT BEACH CLUB
 999 OCEAN AVENUE
 SEA BRIGHT NJ 07760



9590 9402 6136 0209 8966 51

2 Article Number (Transfer from carrier label)
 7018 2290 0002 1675 3137

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Agent
 Addressee

C. Date of Delivery

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

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
**MONMOUTH COUNTY
 HALL OF RECORDS
 1 EAST MAIN STREET
 FREEHOLD NJ 07728**

9590 9402 6136 0209 8966 44

7018 2290 0002 1675 3144

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
**BOROUGH OF SEA BRIGHT
 1099 OCEAN AVENUE
 SEA BRIGHT NJ 07760**

9590 9402 6136 0209 8966 37

7020 0640 0000 6481 0381

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

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

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

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

1. Article Addressed to:
**STATE OF NEW JERSEY
 COMMISSIONER DEPT OF TRANS.
 1035 PARKWAY AVENUE
 PO BOX 600
 TRENTON NJ 08625**

9590 9402 6136 0209 8966 20

7020 0640 0000 6481 0398

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
**COMCAST
 COMCAST CENTER
 1701 JOHN F. KENNEDY BLVD.
 PHILADELPHIA PA 19103**

9590 9402 6136 0209 8966 13

7020 0640 0000 6481 0404

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
STATE OF NEW JERSEY
DIVISION OF COASTAL RESOURCES
PO BOX 401
TRENTON NJ 08625

2. Article Number (Transfer from service label)
7020 0640 0000 6481 0411

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 C. Date of Delivery
SEP 08 2011 8:59 AM

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
NJ AMERICAN WATER CO.
661 SHREWSBURY AVENUE
SHREWSBURY NJ 07702

2. Article Number (Transfer from service label)
7020 0640 0000 6481 0428

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

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

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

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
TWO RIVERS WATER RECLAMATION AUTHORITY
1 HIGHLAND AVENUE
MONMOUTH BEACH NJ 07750

2. Article Number (Transfer from service label)
7020 0640 0000 6481 0435

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

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

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No
C-19

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

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

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
NEW JERSEY NATURAL GAS CO
1415 WYCKOFF ROAD
WALL NJ 07719

2. Article Number (Transfer from service label)
7020 0640 0000 6481 0442

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

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

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

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

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

SENDER: COMPLETE THIS SECTION

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

ATTN CORPORATE SECRETARY
RIGHT OF WAY AGENT
VERIZON
175 WEST MAIN STREET
FREEHOLD NJ 07728



2. 7020 0640 0000 6481 0459 Restricted Delivery

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) **EDP COOS CIA** C. Date of Delivery **9/10/20**

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

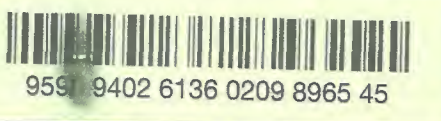
3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

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

JERSEY CENTRAL POWER & LIGHT
AREA MANAGER CENTRAL NJ
1500 FLORANCE AVENUE
UNION BEACH NJ 07735



2. 7020 0640 0000 6481 0466 Restricted Delivery

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) **CHRYL LASKY** C. Date of Delivery **5-7-21**

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

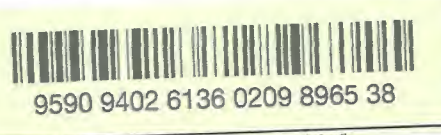
3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

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

MONMOUTH COUNTY PLAN BD
HALL OF RECORDS ANNEX
2ND FLOOR
1 EAST MAIN STREET
FREEHOLD NJ 07728



2. 7020 0640 0000 6481 0473 Restricted Delivery (over \$500)

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

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

SEA BRIGHT BOROUGH CLERK
1099 OCEAN AVENUE
SEA BRIGHT NJ 07760



2. 7020 0640 0000 6481 0480 Restricted Delivery

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

AFFIDAVIT OF PUBLICATION

Publisher's Fee \$75.60 Affidavit \$35.00

STATE OF WISCONSIN
Brown County

Personally appeared Martha Steinhart at County of Brown, State of Wisconsin.

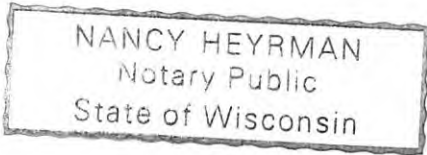
Of the **Asbury Park Press**, newspaper printed in Freehold, New Jersey and published in Neptune, in State of New Jersey and Monmouth/Ocean Counties, and of general circulation in Monmouth/Ocean Counties, who being duly sworn, depose and saith that the advertisement of which the annexed is a true copy, has been published in the said newspaper 1 times, once in each issue as follows:

09/05/2020 A.D 2020

Nancy Heyrman
Notary Public State of Wisconsin County of Brown

5.15.23

My commission expires



BOROUGH OF SEA BRIGHT
PLANNING/ZONING BOARD
COUNTY OF MONMOUTH, NEW JERSEY
PUBLIC HEARING NOTICE

PLEASE TAKE NOTICE THAT the undersigned have applied to the Sea Bright Borough Planning/Zoning Board for variances and preliminary and final site plan approval for Block 17, Lots 4 and 5, as shown on the official Tax Map of the Borough of Sea Bright and located at 1030 Ocean Avenue, in the Borough of Sea Bright, County of Monmouth and State of New Jersey. The Applicant seeks preliminary and final site plan approval for an addition, alteration and expansion of the existing Tommy's Tavern + Tap restaurant and bar by adding a 464 square foot addition to the first floor of the existing building, a 1,037 square foot exterior covered patio, a 2,068 square foot addition on the second floor and a 1,094 square foot deck on the second floor. The Applicant seeks the following variances:

Section 130-50C, front yard setback - 25 feet required 9 feet is proposed

Section 130-50C, side yard setback (one side) - 7 feet required 0 feet proposed

Section 130-50C, side yard setback (both sides) - 15 feet required 0 feet proposed

Variance relief for parking

Variance relief (hardship), N.J.S.A. 40:55D-70c(1)

Variance relief (substantial benefit), N.J.S.A. 40:55D-70c(2)

Waiver requested for Checklist Item No. 13, Environmental Impact Statement

In addition to the above, the Applicant reserves the right to request approval for any additional variances and waivers deemed necessary by the Board or its professionals before or during the public hearing.

This application is now on the Board's calendar for a public hearing on September 22, 2020 at 7:30 PM, prevailing time, consistent with the Borough of Sea Bright's procedures as follows:

The meeting will be conducted by electronic means in accordance with the "Senator Byron M. Baer Open Public Meetings Act" of 2020, which explicitly permits a public body to conduct a meeting electronically during a state of emergency. Governor Murphy issued Executive Orders 103 and 107 declaring a "Public Health Emergency and State of Emergency" and directing residents to quarantine and practice social distancing.

Planning/Zoning Board Meeting

Tue, Sep 22, 2020 7:30 PM - 10:00 PM (EDT)

Please join the meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/604121029>

You can also dial in using your phone

United States (Toll Free): 1 877 309 2073

United States: +1 (571) 317-3129

Access Code: 604-121-029

New to GoToMeeting? Get the app now and be ready when your first meeting starts:

<https://global.gotomeeting.com/install/604121029>

To access application materials, including plans, please go to the municipal website, www.seabrightnj.org, Unified Planning Board in left menu, Agendas and Minutes page, Supporting Documentation section.

Any member of the public wishing to present a document during the meeting should email a digital copy to the Board Secretary at cmitchell@seabrightnj.org by September 22, 2020, and it will be included on the municipal website. Members of the public will have an opportunity to be heard and to present evidence during the hearing.

Any questions can be directed to the Planning/Zoning Board Secretary, Candace Mitchell at (732) 842-0099, Ext. 123. Please leave a voicemail if no answer or send email to cmitchell@seabrightnj.org

This notice is being published by order of the Planning/Zoning Board of the Borough of Sea Bright.

1030 Partners, LLC and 1010 Ocean Partners, LLC

By: /s/ Robert F. Munoz

ROBERT F. MUNOZ, ESQ., Attorney for Applicants

Davison, Eastman, Muñoz, Paone, PA

100 Willow Brook Road, Suite 100

Freehold, NJ 07728

Dated: September 2, 2020

(\$75.60)