

Affidavit of Publication

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State of New Jersey } ss.

OCEAN COUNTY

Personally appeared JON IRAGGI

of the **Ocean County Observer**, a newspaper printed in Freehold, NJ and published in NEPTUNE, in said County and State, and of general circulation in said county, 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 (ONE) times, once in each issue, as follows

2/10/06.

PATRICIA W. TOWNSEND
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES OCTOBER 19, 2010 A.D., 2006

Patricia W. Townsend
Notary Public of New Jersey

Sworn and subscribed before me this
10th day of February, A.D., 2006

TOWNSHIP OF LAKEWOOD OCEAN COUNTY

**PUBLIC NOTICE
PLEASE TAKE NOTICE**
that the Township of Lakewood, in Ocean County has submitted an Initial Plan Endorsement petition to the New Jersey Office of Smart Growth and State Planning Commission to determine if the Township's planning documents are consistent with the State Development and Redevelopment Plan (SDRP). The Township's petition for Plan Endorsement has been prepared pursuant to the State Planning Commission's regulations set forth in N.J.A.C. 5.85-7.1 et seq. and the Plan Endorsement Guidelines approved by the State Planning Commission on April 28, 2004. A copy of the petition for Initial Plan Endorsement and all supporting documentation is available for public inspection in the Township Clerk's office in the Lakewood Township Municipal Building, 231 Third Street, Lakewood, New Jersey 08701, between the hours of 9:00 a.m. and 5:00 p.m. Monday through Friday. The petition and supporting documentation is also available at the New Jersey Department of Community Affairs, Office of Smart Growth, 101 South Broad Street, P.O. Box 204, Trenton, NJ 08625, between the hours of 9:00 a.m. and 5:00 p.m. Monday through Friday and on the Office of Smart Growth's web site at <http://www.state.nj.us/dca/sgg/plan/endorsement.shtml>. Comments or objections to said petition for Initial Plan Endorsement shall be filed with the New Jersey Department of Community Affairs, Office of Smart

Growth, and with the Township Clerk during the plan endorsement process. This notice is being provided pursuant to N.J.A.C. 5.85-1.7(d). (S24 18) 44063

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Dover Township Planning Board
Dover Township
33 Washington St.
P.O. Box 728
Toms River, NJ 08754-0728

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X **DOVER TOWNSHIP** ☐ Agent AddressB. Received by (Printed Name) **CLERK**

C. Date of Delivery

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

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7099 3400 0020 7608 3680

Domestic Return Receipt

102505-02-M-1

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Mario Palmieri, Environ.

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Name (Please Print Clearly) (to be completed by mailer)

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, July 1999

See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Jackson Planning Board

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Name (Please Print Clearly) (to be completed by mailer)

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, July 1999

See Reverse for Instructions

COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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.

Addressed to:

Mr. Banas, Chair
Wood Township Planning Board
Canterbury Court
Wood, NJ 08701

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) Ed Luick C. Date of Delivery 2/17/06
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Mr. Ed Luick, Superintendent
Lakewood Board of Education
655 Princeton Avenue
Lakewood, NJ 08701

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) Ed Luick C. Date of Delivery 2/17/06
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

Number (Copy from service label) 7099 3400 0020 7608 3628
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1541

COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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.

Addressed to:

Joseph DiBella, Mayor
Dover Township
Preventorium Road
Box 580
Dover, NJ 07731-0580

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Don V. DiBella B. Date of Delivery 2/17
C. Signature ☒ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Hon. Paul Brush, Mayor
Dover Township
33 Washington St.
P.O. Box 728
Toms River, NJ 08754-0728

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) Paul Brush C. Date of Delivery 2/17
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

Number (Copy from service label) 7099 3400 0020 7608 3697
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1541

COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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.

Addressed to:

Mark Matter, Clerk
Dover Township
Washington St.
Box 728
Toms River, NJ 08754-0728

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Mark Matter B. Date of Delivery 2-21
C. Signature ☒ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Virginia Lampman, Clerk
Brick Township
401 Chambers Bridge Road
Brick, NJ 08723-2898

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) Virginia Lampman C. Date of Delivery 2-21
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

Number (Copy from service label) 7099 3400 0020 7608 3789
PS Form 3811, July 1999 Domestic Return Receipt 102595-03-M-0952

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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.

Addressed to:

Joseph Scarpelli, Mayor
Brick Township
401 Chambers Bridge Road
Brick, NJ 08723-2898

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Joseph Scarpelli B. Date of Delivery 2-21
C. Signature ☒ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Brick Township Planning Board
Brick Township
401 Chambers Bridge Road
Brick, NJ 08723-2898

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Joseph Scarpelli B. Date of Delivery 2-21
C. Signature ☒ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

Number (Copy from service label) 7099 3400 0020 7608 3802
PS Form 3811, July 1999 Domestic Return Receipt 102595-03-M-0952

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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:

Aura McManimon, Exec. Director
NJ Department of Community Affairs
11 South Broad Street
P.O. Box 240
Trenton, NJ 08625

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) Aura McManimon C. Date of Delivery Feb 22, 06
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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 State Planning Commission
101 South Broad Street
P.O. Box 240
Trenton, NJ 08625

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
B. Received by (Printed Name) Aura McManimon C. Date of Delivery Feb 22, 06
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. If your name and address on the reverse of this card do not match the address on the mailpiece, attach this card to the back of the mailpiece, or on the front if space permits.

Increased to:

County Administrator
Hooper Avenue
Toms River, NJ 08753-7605

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X COUNTY OF OCEAN
B. Received by (Printed Name) Toms River, NJ 08754-7101
C. Date of Delivery FEB 17 2006
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
E. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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:

Carl Block, Ocean County Clerk
101 Hooper Avenue
Toms River, NJ 08753-7605

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X Toms River, NJ 08754-7101
B. Received by (Printed Name)
C. Date of Delivery FEB 17 2006
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
E. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

Number 7099 3400 0020 7608 3666

PS Form 3811, February 2004

Domestic Return Receipt

102586-02-M-1540

2. Article Number (Transfer from service label) 7099 3400 0020 7608 3734
PS Form 3811, February 2004 Domestic Return Receipt 102586-02-M-1540

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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:

County Board of Chosen Freeholders
Hooper Avenue
Toms River, NJ 08753-7605

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X COUNTY OF OCEAN
B. Received by (Printed Name) Toms River, NJ 08754-2191
C. Date of Delivery FEB 17 2006
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
E. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 County Planning Board
101 Hooper Avenue
Toms River, NJ 08753-7605

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X Toms River, NJ 08754-2191
B. Received by (Printed Name)
C. Date of Delivery FEB 17 2006
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
E. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

Number 7099 3400 0020 7608 3741

PS Form 3811, February 2004

Domestic Return Receipt

102586-02-M-1540

2. Article Number (Transfer from service label) 7099 3400 0020 7608 3659
PS Form 3811, February 2004 Domestic Return Receipt 102586-02-M-1540

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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:

Mid McKeon, Asst. Director
Hooper Avenue
Box 2191
Toms River, NJ 08754

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X COUNTY OF OCEAN
B. Received by (Printed Name) Toms River, NJ 08754-2191
C. Date of Delivery FEB 17 2006
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
E. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Howell Township Planning Board
Howell Township
251 Preventorium Road
P.O. Box 580
Howell, NJ 07731-0580

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X Howell Township Planning Board
B. Received by (Printed Name)
C. Date of Delivery FEB 17 2006
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
E. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

Number 7099 3400 0020 7608 3727

PS Form 3811, February 2004

Domestic Return Receipt

102586-02-M-1540

2. Article Number (Copy from service label) 7099 3400 0020 7608 3765
PS Form 3811, February 2004 Domestic Return Receipt 102586-02-M-1540

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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:

Howell Township Planning Board
Howell Township
251 Preventorium Road
P.O. Box 580
Howell, NJ 07731-0580

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X Howell Township Planning Board
B. Received by (Printed Name)
C. Date of Delivery FEB 17 2006
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
E. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Ann Marie Eden, Clerk
Jackson Township
95 W. Veterans Highway
Jackson, NJ 08527

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X Jackson Township
B. Received by (Printed Name)
C. Date of Delivery FEB 17 2006
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
E. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

Number 7099 3400 0020 7607 9393

PS Form 3811, February 2004

Domestic Return Receipt

102586-02-M-1540

2. Article Number (Transfer from service label) 7099 3400 0020 7608 3758
PS Form 3811, February 2004 Domestic Return Receipt 102586-02-M-1540

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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:

Mayor Michael Broderick, Mayor
Jackson Township
95 W. Veterans Highway
Jackson, NJ 08527

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X Jackson Township
B. Received by (Printed Name)
C. Date of Delivery FEB 17 2006
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
E. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

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1. Article Addressed to:

Jackson Township Planning Board
Jackson Township
95 W. Veterans Highway
Jackson, NJ 08527

COMPLETE THIS SECTION ON DELIVERY

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D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
E. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes