

O'MALLEY, SURMAN AND MICHELINI  
17 Beaverson Boulevard  
P.O. Box 220  
Brick, New Jersey 08723  
(732) 477-4200

APPLICATION FOR APPROVAL WITH VARIANCES : BAY HEAD PLANNING BOARD  
OCEAN COUNTY, NEW JERSEY

BLOCK 12, LOT 26 :  
BAY HEAD, NEW JERSEY

On Behalf of :

ERIC AND JENNIFER SHEFFIELD : AFFIDAVIT OF SERVICE

Joseph Michelini, of full age, being duly sworn upon his oath, according to law, deposes and says:

1. I am an attorney at law of the State of New Jersey and a member of the firm of O'Malley, Surman and Michelini, attorneys for Eric and Jennifer Sheffield.

2. On April 6, 2023, I caused to be deposited in the United States Mail, at the Post Office, Brick, New Jersey, envelopes with postage fully prepaid for certified mail return receipt requested, addressed to the property owners within 200 feet of Block 12, Lot 26, and the utilities and agencies as listed on the attached certified list of property owners prepared by Mike Imbriaco, CTA, Assessor, Bay Head, dated March 10, 2023 ("Exhibit A"). A copy of the Notice is attached hereto as "Exhibit B". Attached as "Exhibit C" are the original receipts for certified mail.

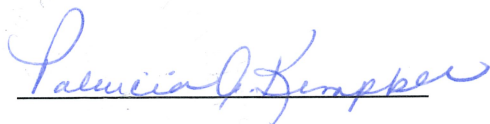
3. Attached as "Exhibit D" are the original return receipts for certified mail received to date.

4. I also caused Notice of the hearing to be published in the Asbury Park Press on April 7, 2023. Attached hereto as "Exhibit E" is the original Affidavit of Publication received from the Asbury Park Press.



Joseph Michelini.

Sworn and Subscribed to  
before me this 13<sup>th</sup> day of  
April, 2023.



**PATRICIA A. KEMPKER**  
**A Notary Public of New Jersey**  
**My Commission Expires 3/25/26**

Owner	Address	City, State	Zip Code	Property Location	Block	Lot	Qual	Class
CUMMING FAMILY TRUST	184 PARK AVE	BAY HEAD NJ	08742	184 PARK AVE	11.01	2		2
JACOBSEN, KENNETH S & JOAN L	178 PARK AVE	BAY HEAD NJ	08742	178 PARK AVE	11.01	3		2
BERKO, JOAN M	174 PARK AVE	BAY HEAD NJ	08742	174 PARK AVE	11.01	4		2
BERKO, LAWRENCE M	59 COPPERMINE RD	PRINCETON NJ	08540	170 PARK AVE	11.01	5		2
SUTTIE, PEARL H TRUST	818 E 15TH STREET	BROOKLYN NY	11230	166 PARK AVE	11.01	6		2
MACDONALD, DONALD W	162 PARK AVE	BAY HEAD NJ	08742	162 PARK AVE	11.01	7		2
GIBBONS, JAMES T	158 PARK AVE	BAY HEAD, NJ	08742	158 PARK AVE	11.01	8		2
SUMMIT INVESTMENT TRUST	12 HUDSON PL	GLEN ROCK NJ	07452	180 BRIDGE AVE	12	18		2
KOBASZ, WILLIAM J	174 BRIDGE AVE	BAY HEAD NJ	08742	174 BRIDGE AVE	12	19		2
ROBAYO, JUAN	170 BRIDGE AVENUE	BAY HEAD NJ	08742	170 BRIDGE AVE	12	20		2
ROLLANO, JAMES	2618 RIVER RD	PT PLEASANT NJ	08742	166 BRIDGE AVE	12	21		2
BAXTER, JOHN T & CYNTHIA A	162 BRIDGE AVENUE	BAY HEAD NJ	08742	162 BRIDGE AVE	12	22		2
STOCKTON, DEBORAH	158 BRIDGE AVE	BAY HEAD NJ	08742	158 BRIDGE AVE	12	23		2
CROWE, JANET & BRIAN	400 HOLLY AVE	BAY HEAD, NJ	08742	400 HOLLY AVE	12	24		2
JANKOWSKI, THERESA E	PO BOX 373	BAY HEAD NJ	08742	163 PARK AVE	12	25		2
SHEFFIELD, JENNIFER	164 WEST 79TH ST APT 16D	NEW YORK NY	10024	167 PARK AVE	12	26		2
BYRD, ESTEL & VERA	17 JACKSON AVE	CHATHAM, NJ	07928	173 PARK AVE	12	27		2
OSEF, DALE M & CLAIRE E	175 PARK AVE	BAY HEAD NJ	08742	175 PARK AVE	12	28		2
MOE, VIRGINIA	179 PARK AVE	BAY HEAD NJ	08742	179 PARK AVE	12	29		2
PENDINO, JUNE S	183 PARK AVE	BAY HEAD, NJ	08742	183 PARK AVE	12	30		2
YACTEEN, NADIM & JULIE	187 PARK AVENUE	BAY HEAD NJ	08742	187 PARK AVE	12	31		2
KRACAUER, BENJAMIN & CYNTHIA	12 E 86TH ST, APT 530	NEW YORK NY	10028	184 BRIDGE AVE	12	50		2
SPRINGSTEEN, EDWARD	164 WILLOW DR	BAY HEAD, NJ	08742	164 WILLOW DR	12	52		2
KING, MARY BETH TRUST	24370 WOODSAGE DRIVE	BONITA SPRINGS FL	34134	395 HOLLY AVE	15.01	1		2
MC CARTHY, PATRICK & BARBARA	192 NORTH MOUNTAIN AVE	MONTCLAIR, NJ	07042	401 HOLLY AVE	16	9		2
LAYMON, ALAN & LINDA S	15343 SEAGLASS TERRACE LN	DELRAY BEACH, FL	33446	149 PARK AVE	16	10		2
SLATER, KIRK & GEMIGNANI, R	152 BRIDGE AVE	BAY HEAD NJ	08742	152 BRIDGE AVE	16.01	1		2
DUFFY, JAMES	10 COLONEL THOMAS LANE	BEDFORD, NY	10506	419 HOLLY AVE	16.01	2		2



- Ocean County Planning Board  
129 Hooper Ave., Toms River, NJ 08753
- State of New Jersey Department of Transportation  
PO Box 600, Trenton, NJ 08625
- State of New Jersey Department of Environmental Protection  
1510 Hooper Ave., Toms River, NJ 08753
- U.S. Army Corps of Engineers  
100 Penn Square East, Philadelphia, PA 19107
- Public Service Electric & Gas Company, Manager-Corporate Properties  
80 Plaza Park, T6B, Newark, NJ 07102
- New Jersey Natural Gas  
1415 Wyckoff Rd., Wall, NJ 07719
- Bell Atlantic New Jersey  
540 Broad St., Newark, NJ 07102
- AT&T  
PO Box 7207, Bedminster, NJ 07921
- Comcast Cablevision  
751 Brick Blvd., Brick, NJ 08723
- Borough of Bay Head Department of Public Works  
PO Box 248, 106 Bridge Ave., Bay Head, NJ 08742

# BAY HEAD

## PUBLIC NOTICE

PLEASE TAKE NOTICE that at 6:30 p.m. on the 19th day of April, 2023 in the Bay Head Municipal Building, 83 Bridge Avenue, Bay Head, New Jersey 08742, the Planning Board will hold a hearing on the application of the undersigned, at which time and place all interested parties will be given an opportunity to be heard.

The premises in question is located in the R-50 Zone, Block 12, Lot 26, commonly known as 167 Park Avenue, Bay Head, New Jersey. The applicant will seek approval to expand existing 2<sup>nd</sup> story dormer and add a conforming 1/2 story cupola above it and to replace the existing front entry stairs with variances as follows (1) front yard setback 20 feet required; 10.9 feet proposed and existing; and (2) stairs in front setback, 20 feet setback required, 5.0 feet existing, 6.6 feet proposed, together with such other relief, variances and design waivers as may be required.

A copy of said application and documents are on file with the Planning Board, 83 Bridge Avenue, Bay Head, New Jersey 08742, and may be inspected during regular business hours by all interested parties prior to said meeting.

O'MALLEY, SURMAN AND MICHELINI  
Attorneys for Applicants, Eric and Jennifer Sheffield  
17 Beaverson Boulevard  
Brick, New Jersey 08723  
(732) 477-4200

7020 3160 0001 6220 1784

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 Return Receipt (hardcopy) \$  
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 Adult Signature Restricted Delivery \$

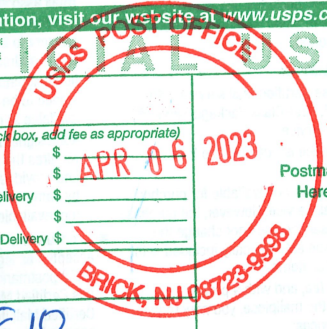
Postmark Here  
APR 06 2023

Postage \$

Total Postage and Fees \$ 8.10

Sent To Cumming Family Trust  
Street and Apt. No., or PO Box No. 184 Park Avenue  
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 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

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APR 06 2023

Postage \$

Total Postage and Fees \$ 8.10

Sent To Kenneth S. and Joan L. Jacobsen  
Street and Apt. No., or PO Box No. 178 Park Avenue  
City, State, ZIP+4® Bay Head, New Jersey 08742

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 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postmark Here  
APR 06 2023

Postage \$

Total Postage and Fees \$ 8.10

Sent To Joan M. Berko  
Street and Apt. No., or PO Box No. 174 Park Avenue  
City, State, ZIP+4® Bay Head, New Jersey 08742

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 Return Receipt (hardcopy) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
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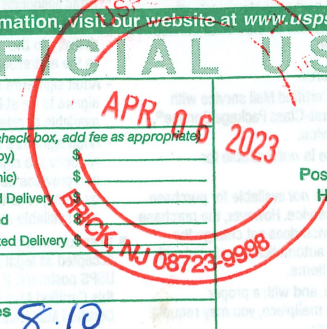
Postmark Here  
APR 06 2023

Postage \$

Total Postage and Fees \$ 8.10

Sent To Lawrence M. Berko  
Street and Apt. No., or PO Box No. 99 Coppermine Road  
City, State, ZIP+4® Princeton, N.J. 08540

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 Return Receipt (hardcopy) \$  
 Return Receipt (electronic) \$  
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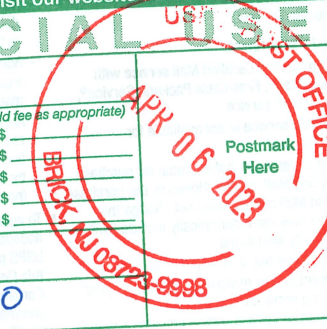
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APR 06 2023

Postage \$

Total Postage and Fees \$ 8.10

Sent To Pearl H. Suttie Trust  
Street and Apt. No., or PO Box No. 818 E. 15th Street  
City, State, ZIP+4® Brooklyn, New York 11230

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 Return Receipt (hardcopy) \$  
 Return Receipt (electronic) \$  
 Certified Mail Restricted Delivery \$  
 Adult Signature Required \$  
 Adult Signature Restricted Delivery \$

Postmark Here  
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Postage \$

Total Postage and Fees \$ 8.10

Sent To Donald W. MacDonald  
Street and Apt. No., or PO Box No. 162 Park Avenue  
City, State, ZIP+4® Bay Head, New Jersey 08742

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EXHIBIT C

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Postage	\$
<b>Total Postage and Fees</b>	<b>8.10</b>
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James T. Gibbons	
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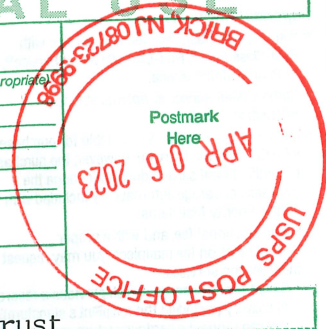
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Sent To	
Summit Investment Trust	
Street and Apt. No., or PO Box No.	
12 Hudson Place	
City, State, ZIP+4®	
Glen Rock, New Jersey 07452	

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Postage	\$
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Sent To	
William J. Kobasz	
Street and Apt. No., or PO Box No.	
174 Bridge Avenue	
City, State, ZIP+4®	
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Postage	\$
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Sent To	
Juan Robayo	
Street and Apt. No., or PO Box No.	
170 Bridge Avenue	
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James Rollano	
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2618 River Road	
City, State, ZIP+4®	
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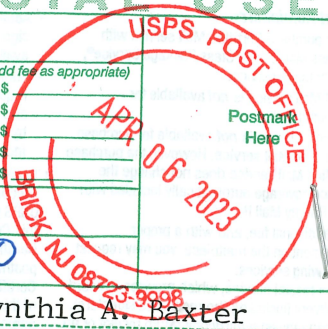
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<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
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Sent To	
John T. and Cynthia A. Baxter	
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162 Bridge Avenue	
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Postage

Total Postage and Fees

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Sent To

Deborah Stockton  
158 Bridge Avenue

Bay Head, New Jersey 08742

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- Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

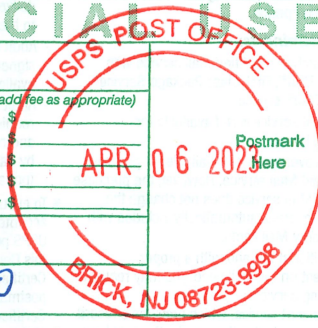
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Sent To

Janet and Brian Crowe  
400 Holly Avenue

Bay Head, New Jersey 08742

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- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

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Sent To

Theresa E. Jankowski  
P.O. Box 373

Bay Head, New Jersey 08742

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- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
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- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

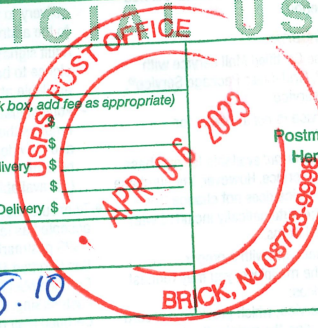
8.10

Sent To

Jennifer Sheffield  
164 West 79th Street, Apt. 16D

New York, New York 10024

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- Return Receipt (electronic) \$
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- Adult Signature Restricted Delivery \$

Postage

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Sent To

Estel and Vera Byrd  
13 Jackson Avenue

Chatham, New Jersey 07928

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- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

8.10

Sent To

Dale M. and Claire E. Osefi  
175 Park Avenue

Bay Head, New Jersey 08742

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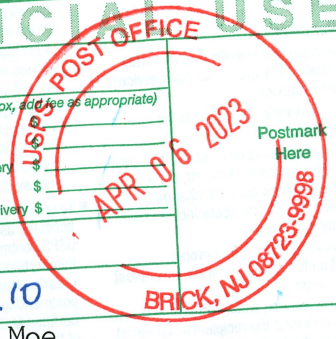
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<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
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Postage	\$
Total Postage and Fees	\$ 8.10
Sent To Virginia Moe	
Street and Apt. No., or PO Box No. 179 Park Avenue	
City, State, ZIP+4® Bay Head, New Jersey 08742	

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



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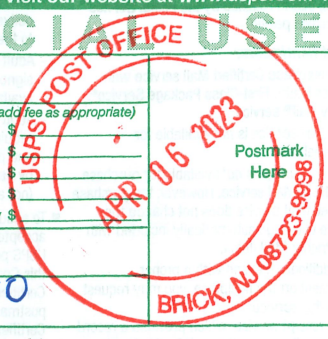
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<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$ 8.10
Sent To June S. Pendino	
Street and Apt. No., or PO Box No. 183 Park Avenue	
City, State, ZIP+4® Bay Head, New Jersey 08742	

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



7020 3160 0001 6220 0107

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://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 and Fees	\$ 8.10
Sent To Nadim and Julie Yacteen	
Street and Apt. No., or PO Box No. 187 Park Avenue	
City, State, ZIP+4® Bay Head, New Jersey 08742	

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



7020 3160 0001 6220 0114

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

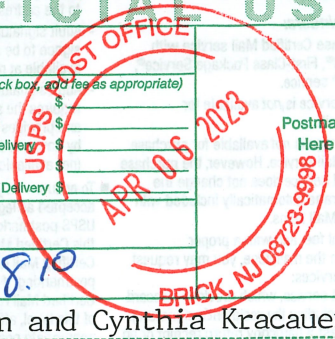
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://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 and Fees	\$ 8.10
Sent To Benjamin and Cynthia Kracauer	
Street and Apt. No., or PO Box No. Apt. 530, 12 E. 86th Street	
City, State, ZIP+4® New York, New York 10028	

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



7020 3160 0001 6220 0121

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://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 and Fees	\$ 8.10
Sent To Edward Springsteen	
Street and Apt. No., or PO Box No. 164 Willow Drive	
City, State, ZIP+4® Bay Head, New Jersey 08742	

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



7020 3160 0001 6220 0138

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://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 and Fees	\$ 8.10
Sent To Mary Beth King Trust	
Street and Apt. No., or PO Box No. 24370 Woodstage Drive	
City, State, ZIP+4® Bonita Springs, Florida 34134	

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



7020 3160 0001 6220 0145

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://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 \$

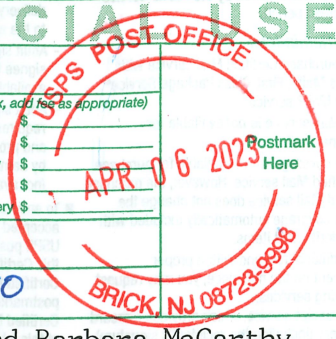
Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees 8.10

Sent To Patrick and Barbara McCarthy  
 Street and Apt. No., or PO Box No. 192 North Mountain Avenue  
 City, State, ZIP+4® Montclair, New Jersey 07042

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



7020 3160 0001 6220 0152

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
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For delivery information, visit our website at [www.usps.com](http://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 8.10

Sent To Alan and Linda S. Laymon  
 Street and Apt. No., or PO Box No. 15343 Seaglass Terrace Lane  
 City, State, ZIP+4® Delray Beach, Florida 33446

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



7020 3160 0001 6220 0166

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

For delivery information, visit our website at [www.usps.com](http://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 8.10

Sent To Kirk and Germignani, R. Slater  
 Street and Apt. No., or PO Box No. 152 Bridge Avenue  
 City, State, ZIP+4® Bay Head, New Jersey 08742

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



7020 3160 0001 6220 0176

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

For delivery information, visit our website at [www.usps.com](http://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 8.10

Sent To James Duffy  
 Street and Apt. No., or PO Box No. 10 Colonel Thomas Lane  
 City, State, ZIP+4® Bedford, New York 10506

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



7020 3160 0001 6220 0183

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

For delivery information, visit our website at [www.usps.com](http://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 8.10

Sent To Ocean County Planning Board  
 Street and Apt. No., or PO Box No. 129 Hooper Avenue  
 City, State, ZIP+4® Toms River, New Jersey 08753

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



7020 3160 0001 6220 0190

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

For delivery information, visit our website at [www.usps.com](http://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 \$

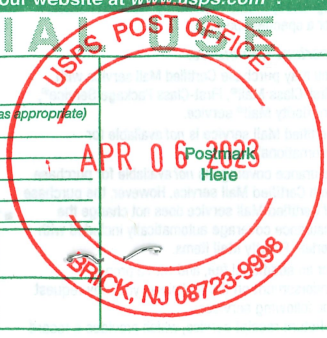
Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees 8.10

Sent To State of New Jersey, Dept. of Transportation, P. O. Box 600  
 Street and Apt. No., or PO Box No. Trenton, New Jersey 08625

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



7020 3160 0001 6220 0206

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

For delivery information, visit our website at [www.usps.com](http://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 **8.10**

Sent To  
 Public Service Electric and Gas Co.  
 Attention: Manager - Corporate Properties  
 80 Plaza Park, T6B  
 Newark, New Jersey 07102

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

USPS POST OFFICE  
 APR 06 2023  
 BRICK, NJ 08723-9998

7020 3160 0001 6220 0212

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

For delivery information, visit our website at [www.usps.com](http://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 **8.10**

Sent To  
 New Jersey Natural Gas  
 1415 Wyckoff Road  
 Wall, New Jersey 07719

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

USPS POST OFFICE  
 APR 06 2023  
 BRICK, NJ 08723-9998

7020 3160 0001 6220 0220

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

For delivery information, visit our website at [www.usps.com](http://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 **8.10**

Sent To  
 Bell Atlantic New Jersey  
 540 Broad Street  
 Newark, New Jersey 07102

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

USPS POST OFFICE  
 APR 06 2023  
 BRICK, NJ 08723-9998

7020 3160 0001 6220 0237

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

For delivery information, visit our website at [www.usps.com](http://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 **8.10**

Sent To  
 AT&T  
 P. O. Box 7207  
 Bedminster, New Jersey 07921

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

USPS POST OFFICE  
 APR 06 2023  
 BRICK, NJ 08723-9998

7020 3160 0001 6220 0244

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

For delivery information, visit our website at [www.usps.com](http://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 **8.10**

Sent To  
 Comcast Cablevision  
 751 Brick Boulevard  
 Brick, New Jersey 08723

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

USPS POST OFFICE  
 APR 06 2023  
 BRICK, NJ 08723-9998

7020 3160 0001 6220 0252

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

For delivery information, visit our website at [www.usps.com](http://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 **8.10**

Sent To  
 Borough of Bay Head, Dept. of  
 Public Works  
 P. O. Box 248, 106 Bridge Avenue  
 Bay Head, New Jersey 08742

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

USPS POST OFFICE  
 APR 06 2023  
 BRICK, NJ 08723-9998

**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:

Lawrence M. Berko  
59 Coppermine Road  
Princeton, New Jersey 08540



9590 9402 7286 2028 6016 53

2. Article Number (Transfer from service label)

7020 3160 0001 6220 1821

PS Form 3811, July 2020 PSN 7530-02-000-9053

**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

- 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
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

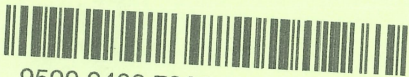
Domestic Return Receipt

**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:

Estel and Vera Byrd  
17 Jackson Avenue  
Chatham, New Jersey 07928



9590 9402 7286 2028 6017 90

2. Article Number (Transfer from service label)

7020 3160 0001 6220 0060

PS Form 3811, July 2020 PSN 7530-02-000-9053

**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

- 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
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

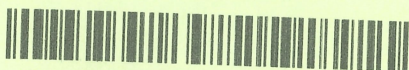
Domestic Return Receipt

**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:

John T. and Cynthia A. Baxter  
162 Bridge Avenue  
Bay Head, N. J. 08742



9590 9402 7286 2028 6018 44

2. Article Number (Transfer from service label)

7020 3160 0001 6220 1906

PS Form 3811, July 2020 PSN 7530-02-000-9053

**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

- 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
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

EXHIBIT D

**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 Cablevision  
751 Brick Boulevard  
Brick, New Jersey 08723

2. Article Number (Transfer from service label)  
7020 3160 0001 6220 0244

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X Comcast

B. Received by (Printed Name)  
comcast

C. Date of Delivery  
APR 08 2023

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  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

BRICK, NJ 08701

**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:  
Benjamin and Cynthia Kracauer  
12 E. 86th Street, Apt. 530  
New York, New York 10028

2. Article Number (Transfer from service label)  
7020 3160 0001 6220 0114

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
Cynthia Kracauer

B. Received by (Printed Name)  
Cynthia Kracauer

C. Date of Delivery  
10-23

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  
 Signature Confirmation™  
 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.

1. Article Addressed to:  
Ocean County Planning Board  
129 Hooper Avenue  
Toms River, New Jersey 08753

2. Article Number (Transfer from service label)  
7020 3160 0001 6220 0183

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X

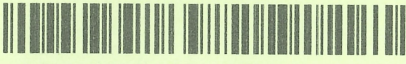
B. Received by (Printed Name)  
County of Ocean  
P.O. Box 2191  
Toms River, NJ 08754-2191

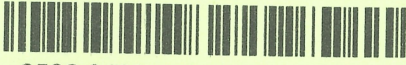
C. Date of Delivery


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

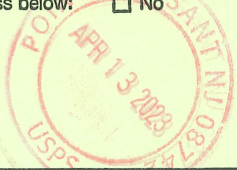
3. Service Type  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Signature Confirmation™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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY															
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent <i>ep</i>  <input type="checkbox"/> Addressee</p>															
<p>1. Article Addressed to:</p> <p>Jennifer Sheffield            164 West 79th Street            Apartment 16D            New York, New York 10024</p>  <p>9590 9402 7286 2028 6018 06</p>	<p>B. Received by (Printed Name)  <i>Carleen</i></p>	<p>C. Date of Delivery  <i>4/10/23</i></p>														
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>															
<p>2. Article Number (Transfer from service label)</p> <p>7020 3160 0001 6220 0053</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> </table>		<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 type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery	<input type="checkbox"/> Insured Mail	
<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 type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™															
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery															
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery															
<input type="checkbox"/> Insured Mail																
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>																

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY															
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent <i>ep</i>  <input type="checkbox"/> Addressee</p>															
<p>1. Article Addressed to:</p> <p>Theresa E. Jankowski            P. O. Box 373            Bay Head, New Jersey 08742</p>  <p>9590 9402 7286 2028 6018 13</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>														
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>															
<p>2. Article Number (Transfer from service label)</p> <p>7020 3160 0001 6220 0046</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> </table>		<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 type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery	<input type="checkbox"/> Insured Mail	
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<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>																

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent <i>ep</i>  <input type="checkbox"/> Addressee</p>																	
<p>1. Article Addressed to:</p> <p>State of New Jersey            Department of Transportation            P.O.Box 600            Trenton, New Jersey 08625</p>  <p>9590 9402 7766 2152 2336 77</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery            APR 10 2023 5:47 AM</p>																
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<p>2. Article Number (Transfer from service label)</p> <p>70203160000162200190</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<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 type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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<p>1. Article Addressed to:</p> <p>Donald W. MacDonald 162 Park Avenue Bay Head, New Jersey 08742</p>  <p>9590 9402 7286 2028 6016 39</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><u>MacDonald</u></p>												
<p>2. Article Number (Transfer from service label)</p> <p><u>7020 3160 0001 6220 1845</u></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table>	<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 type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
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AFFIDAVIT OF PUBLICATION

Publisher's Fee \$27.28    Affidavit \$35.00

STATE OF WISCONSIN  
Brown County

Personally appeared D. Roberts 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, deposes 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 dated as follows:

04/07/2023    A.D 2023

Kaitlyn Felty  
Notary Public State of Wisconsin County of Brown

317127

My commission expires

KAITLYN FELTY  
Notary Public  
State of Wisconsin



BAY HEAD

PUBLIC NOTICE

PLEASE TAKE NOTICE that at 6:30 p.m. on the 19th day of April, 2023 in the Bay Head Municipal Building, 83 Bridge Avenue, Bay Head, New Jersey 08742, the Planning Board will hold a hearing on the application of the undersigned, at which time and place all interested parties will be given an opportunity to be heard.

The premises in question is located in the R-50 Zone, Block 12, Lot 26, commonly known as 167 Park Avenue, Bay Head, New Jersey. The applicant will seek approval to expand existing 2nd story dormer and add a conforming 1/2 story cupola above it and to replace the existing front entry stairs with variances as follows (1) front yard setback 20 feet required; 10.9 feet proposed and existing; and (2) stairs in front setback, 20 feet setback required, 5.0 feet existing, 6.6 feet proposed, together with such other relief, variances and design waivers as may be required.

A copy of said application and documents are on file with the Planning Board, 83 Bridge Avenue, Bay Head, New Jersey 08742, and may be inspected during regular business hours by all interested parties prior to said meeting.

O'MALLEY, SURMAN AND MICHELINI  
Attorneys for Applicants, Eric and Jennifer Sheffield  
17 Beaverson Boulevard  
Brick, New Jersey 08723  
(732) 477-4200  
(\$27.28)

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