

# KELLY & VISOTCKY, LLC

ATTORNEYS-AT-LAW

P.O. Box 536

Manahawkin, New Jersey 08050

Phone: 609-597-7200

Email: [kvlaw@kvlawfirm.com](mailto:kvlaw@kvlawfirm.com)

**RICHARD P. VISOTCKY**

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October 23, 2024

## **HAND DELIVERED**

Gina Sauchelli, Land Use Board Secretary  
Borough of Beach Haven  
300 Engleside Avenue  
Beach Haven, New Jersey 08008

**RE: Fred J. Allegrezza and Nancy J. Allegrezza**  
**Premises: 415 Nelson Avenue, Beach Haven, New Jersey**  
**a/k/a Block 1, Lot 51, in the Borough of Beach Haven**

Dear Ms. Sauchelli:

Please be advised that this office represents **Fred J. Allegrezza and Nancy J. Allegrezza** in regard to their application before the Borough of Beach Haven Land Use Board. Enclosed herein please find the following:

1. Six (6) copies of Application;
2. Six (6) copies of Affidavit of Ownership by an Individual;
3. Six (6) copies of Land Use Board Checklist;
4. Six (6) copies of W-9 Form;
5. Six (6) copies of Variance Plan;
6. Six (6) copies of Architectural Plan;
7. Six (6) copies of colored photographs;
8. Six (6) copies of Notice of Hearing
9. Two (2) checks made payable to the Borough of Beach Haven; one in the amount of \$150.00, representing the application fees; and one in the amount of \$2,100.00, representing escrow fees.

Kindly advise if you need anything further from our office, advising our office when same has been deemed complete.

Thank you for your anticipated cooperation in this matter.

Very truly yours,

RICHARD P. VISOTCKY

RPV:kes

Enclosure

CC: PDF via email

**TYPE OF DEVELOPMENT:** (Check one or more as applicable)

\_\_\_\_\_ Minor Subdivision

\_\_\_\_\_ Major Subdivision

\_\_\_\_\_ Minor Site Plan

\_\_\_\_\_ Major Site Plan

\_\_\_\_\_ Home Occupation of Home Professional Office

2 Bulk Variances

\_\_\_\_\_ Use Variance

**FEE BREAKDOWN**

**PLEASE ITEMIZE APPROPRIATE FEES WHICH ARE BEING SUBMITTED BELOW:**

**Two checks made payable to the Borough of Beach Haven**

**1. Application Fee:**

First Bulk Variance	\$100.00	
Second Bulk Variance	<u>50.00</u>	
	\$150.00	<b>\$150.00</b>

**2. Escrow Fees:**

First Bulk Variance	\$2,000.00	
Second Bulk Variance	<u>100.00</u>	
	\$2,100.00	<b>\$2,100.00</b>

FRED ALLEGREZZA  
143 RUE ST JACQUES  
LINE LEXINGTO, PA 18932

2470

3-180/360  
321

10/13/24 Date

Pay to the  
Order of

Boro of Beach Haven

\$ 2,100<sup>00</sup>/<sub>100</sub>

Two thousand one hundred and <sup>00</sup>/<sub>100</sub> Dollars



Bank

Private Client

America's Most Convenient Bank®

415 Nelson

For Escrow Fees

Jul Ann

MP

⑆036001808⑆ 369465604⑆ 2470

Member FDIC

TD Bank, N.A.

FRED ALLEGREZZA  
143 RUE ST JACQUES  
LINE LEXINGTO, PA 18932

2469

3-180/360  
321

10/13/24 Date

Pay to the  
Order of

Boro of Beach Haven

\$ 150<sup>00</sup>/<sub>100</sub>

One hundred fifty and <sup>00</sup>/<sub>100</sub> Dollars



Bank

Private Client

America's Most Convenient Bank®

415 Nelson

For Zoning Permit

Jul Ann

MP

⑆036001808⑆ 369465604⑆ 2469

Member FDIC

TD Bank, N.A.

## Beach Haven Land Use Board

### CHECKLIST

Application shall be submitted to the Land Use Board Secretary no less than twenty-one (21) calendar days prior to the requested meeting date. An application shall not be considered until all the documents listed below have been submitted.

1.  Completed original application including all supporting documents separated into six (6) individual packets
2.  A PDF electronic version of the completed application emailed to [lubsecretary@beachhaven-nj.gov](mailto:lubsecretary@beachhaven-nj.gov)
3.  Fees: Application and Escrow fee in two separate checks made payable to the Borough of Beach Haven (see below for fee schedule)
  - A. Subdivision Fees (90-1): <https://ecode306.com/8937882>
  - B. Site Plan Fees (90-2): <https://ecode360.com/8937883>
  - C. Hold-over Fees (90-3): <https://ecode360.com/8937884>
  - D. Variance Fees (90-4): <https://ecode360.com/8937885>

The following must be in 10 calendar days prior to hearing date:

4.  Certified list of property owners within 200 feet of subject property from the Tax Collector's Office
5.  Certified mail receipts showing postal date stamp from letters sent to property owners
6.  Certification in writing from the Tax Collector that all taxes are paid in full for the current quarter.
7.  Original Affidavit of Proof of Service
8.  Original Affidavit of Publication to Newspapers
9.  Original Notice to Property Owners
10.  Original Affidavit of Ownership by Business Entity
11.  Original Affidavit of Ownership by an Individual
12.  One (1) copy of this Checklist
13.  Other Reports per Submission Checklist

Should you have any further questions, please feel free to contact me, Gina Sauchelli, at the contact information listed below.

Gina Sauchelli  
Land Use Board Secretary

609-492-0111 ext. 211  
[lubsecretary@beachhaven-nj.gov](mailto:lubsecretary@beachhaven-nj.gov)



**LAND USE DEVELOPMENT APPLICATION**

300 Engleside Avenue  
Beach Haven, New Jersey 08008  
609-492-0111

**TO BE COMPLETED BY BOROUGH STAFF ONLY**

<b>Date Filed:</b> _____	<b>Docket #</b> _____
<b>Application Fee:</b> _____	<b>Escrow Deposit:</b> _____
<b>Technical Review:</b> _____	<b>Hearing Date:</b> _____

**1. SUBJECT PROPERTY: (TO BE COMPLETED BY APPLICANT)**

Location: 415 Nelson Avenue  
Tax Map: Page: 2 Block: 1 Lot(s): 51  
                  Page: \_\_\_\_\_ Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_  
Dimensions: Frontage: 100 ft. Dept: 163.78 Total Area: 15,999.7 sq. ft.  
Zoning District: RSA -

**2. APPLICANT:**

Name: FRED J. ALLEGREZZA AND NANCY J. ALLEGREZZA  
Address: 143 Rue Street, Jacques Line, Lexington, Pennsylvania 18932  
Phone Number: Local #: \_\_\_\_\_ Cell #: 215-519-6120  
                                  Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email Address: fred.a@telkin.com  
Applicant is: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual xx  
                                  Other (Please Specify) \_\_\_\_\_

**3. DISCLOSURE STATEMENT:**

Pursuant to N.J.S. 40:550-48.1, the names and addresses of all persons owning 10% of the stock in a corporate applicant or 10% interest in any partnership applicant must be disclosed. In accordance with N.J.S. 40:550-48.2 that disclosure requirement applies to any corporation or partnership which owns more than 10% interest in the applicant followed up the chain of ownership until the names and addresses of the non-corporate stockholders and partners exceeding the 10% ownership criterion have been disclosed (Attach pages as necessary to fully comply.)

N/A

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Interest: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Interest: \_\_\_\_\_

\*\*APPLICANT IS RESPONSIBLE FOR PAYMENT OF ALL PROFESSIONAL REVIEW FEES, INCLUDING THE ENGINEER AND ATTORNEY, ALL ENGINEERING AND LEGAL FEES MUST BE PAID BEFORE CONSTRUCTION OR ZONING PERMITS CAN BE ISSUED\*\*

**4. If owner(s) is other than the applicant, provide the following information on the owner(s):**

Owners Name: N/A  
Address: \_\_\_\_\_  
Phone Number: Local #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Relationship of the applicant to the property in question:  
Owner: \_\_\_\_\_ Lessee: \_\_\_\_\_ Purchaser Under Contract: \_\_\_\_\_ Other: \_\_\_\_\_

**5. PROPERTY INFORMATION:**

Deed restrictions, covenants, casements, rights of way, association by-laws, or other dedication existing or proposed on the property:

Yes (attached copies) \_\_\_\_\_ No XX Proposed \_\_\_\_\_

**Note: All Deed Restrictions Covenants, Easements, Rights of Ways, Association By-Laws, or other dedications existing and proposed must be submitted for review.**

**Site Plan and/or conditional use applicants:**

Proposal for: New Structure \_\_\_\_\_ Expanded Area \_\_\_\_\_ Alteration \_\_\_\_\_  
Expansion of Structure XX Change of Use \_\_\_\_\_ Sign \_\_\_\_\_  
Other (please specify) Applicant proposes to raise the existing single family dwelling and add an additional living floor.

**Has this property been the subject of any prior application(s) to the Planning Board or Zoning Board of Adjustment?** Yes \_\_\_\_\_ No XX

If yes, please attached the dates(s), the relief sought, the disposition of the case and a copy of the Resolution(s).

**Is the subject property located on?**

A County Road: Yes \_\_\_\_\_ No XX A State Road: Yes \_\_\_\_\_ No \_\_\_\_\_  
Within 200 feet of a Municipal boundary: Yes \_\_\_\_\_ No XX

Present use of the premises: Single family dwelling

**6. Applicants Attorney:** Richard P. Visotcky of Kelly & Visotcky, LLC

Address: P.O. Box 536, Manahawkin, New Jersey 08050  
Phone #: 609-597-7200 Fax #: \_\_\_\_\_ Email: kvlaw@kvlawfirm.com

**7. Applicant's Engineer:** James D. Brzozowski of Horn, Tyson & Yoder

Address: 8510 Long Beach Boulevard, Long Beach Township, New Jersey 08008  
Phone #: 609-492-5050 Fax #: 609-492-4163 Email: jim.hty@gmail.com

8. **Applicant's Planning Consultant:** James D. Brzozowski, PE, PP of Horn, Tyson & Yoder, Inc.  
Address: 8510 Long Beach Boulevard, Long Beach Township, New Jersey 08008  
Phone #: 609-492-5050 Fax #: 609-592-4163 Email: jim.h ty@gmail.com

9. **Applicant's Architect:** SARA D. JENNINGS, AIA OF CWB ARCHITECTURE  
Address: 799 Route 72 East, Manahawkin, New Jersey 08050  
Phone #: 609-597-8880 Fax #: 609-597-5289 Email: Sarah@cwbrearley.com

10. **List any other Expert who will submit a report or testify for the Applicant:** (attach additional sheets if necessary)  
Name: \_\_\_\_\_  
Field of Expertise: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**11. Application Represents a Request for the Following:**

**SUBDIVISION:**

Minor Subdivision Approval  
 Subdivision Approval ~ Preliminary  
 Subdivision Approval ~ Final  
Number of Lots to be created \_\_\_\_\_ Number of Proposed Dwelling Units (if applicable) \_\_\_\_\_  
Area and Dimension of each proposed lot: \_\_\_\_\_

**SITE PLAN:**

Minor Site Plan Approval  
 Preliminary Site Plan Approval {Phases (if applicable) \_\_\_\_\_}  
 Final Site Plan Approval {Phases (if applicable) \_\_\_\_\_}  
 Amendment or Revision to an Approved Site Plan  
Area to be disturbed (square feet): \_\_\_\_\_  
Total number of dwelling units: \_\_\_\_\_  
 Request for Waiver from Site Plan Review and Approval  
Reason for Request: \_\_\_\_\_

Informal Review  
 Appeal Decision of an Administrative Officer {N.J.S. 40:55D-70A}  
 Map or Ordinance Interpretation or Special Question {N.J.S. 40:55D-70B}  
 Variance Relief (Hardship) {N.J.S. 40:55D-70C (1)}  
 Variance Relief (Substantial Benefit) {N.J.S. 40:55D-70C (2)}  
 Variance Relief (OSE) {N.J.S. 40:55D-70D}  
 Conditional Use Approval {N.J.S. 4Q: SSD-67}  
 Direct Issuance of a Permit for a Structure in Bed of a Mapped Street, Public Drainage Way or a Flood Control Basin {N.J.S. 4Q: 55D-34}  
 Direct Issuance of a Permit for a Lot Lacking Street Frontage {N.J.S. 40: 55D-35}

**12. Section(s) of Ordinance from which a variance is requested:**

212-11.B(3) Front yard setback  
212-11.B.(5) Side yard setback

13. **Waivers Requested of Development Standards and/or Submission Requirements** (attach additional pages as needed):

14. Attach a copy of the proposed notice to appear in the Official Newspaper in the Municipality and to be mailed to the owners of all real property as shown on the current tax duplicate, located within the State and within 200 feet in all directions of the property which is the subject of this application.  
**THE NOTICE MUST SPECIFY THE SECTIONS OF THE ORDINANCE FROM WHICH RELIEF IS SOUGHT (if applicable)**

**The publication and the service on the affected owners must be accomplished at least 10 days prior to the date scheduled by the Administrative Officer for the hearing**

15. **An Affidavit of Service on all property owners and a Proof of Publications must be filed before the Application will be complete and the hearing can proceed**

**Explain in detail the exact nature of the Application and the changes to be made at the premises, including the proposed use of the premises (attach pages as needed):**

Applicant proposed to raise the existing single family dwelling in order to obtain more living space in the dwelling

Front yard setback, having proposed 20.4 ft., existing, (25 ft. required) and side yard setback, having proposed 9.1 ft. and 24.6 ft., both existing, (10 ft. & 25 ft. required)

16. Is a public water line available? yes
17. Is a public sanitary sewer available? Yes
18. Does the application propose any lighting? No
19. Have any proposed new lots been reviewed with the Tax Assessor to determine appropriate Block and Lot number? No
20. Are any off-tract improvements required? No
21. Is the Subdivision to e filed by Deed or Plat? No
22. What form of security does the applicant propose to provide as a performance and maintenance guarantees? N/A
23. **Other approvals which may be required and date plans submitted:**

	YES	NO	DATE PLANS SUBMITTED
Local Fire Prevention			
Beach Haven Water Dept			
Beach Haven Sewerage Authority			
Beach Haven Public Works Dept.			
Long Beach Island Health Dept.			
Ocean County Planning Board			
Ocean County Soil Conservation Dept.			
NJ Dept Environmental Protection			
Sanitary Sewer Connection Permit			
Sewer Extension Permit			
Waterfront Development Permit			
Wetlands Permit			



	YES	NO	DATE PLANS SUBMITTED
Tidal Wetlands			
F.E.M.A.			
NJ Dept. of Transportation			
Atlantic City Electric			
NJ Natural Gas			
Other			
Other			

24. Certification for the Tax collector that all taxes due on the subject property have been paid. \_\_\_\_\_
25. List of Maps, Reports and other Materials accompanying the application (attach additional pages as required for complete listing)

**\*\*The documentation must be received by the Board Secretary at least twenty-one (21) days prior to the meeting at which the application is to be considered. A list of the Professional Consultants is attached to this application form\*\***

<u>Quantity</u>	<u>Description of Item</u>
6	Engineering plans of Horn, Tyson & Yoder
6	Architectural plans of CWB Architecture
6	Color photographs by Richard P. Visotcky, Esq.

26. The applicant hereby requests that copies of the reports of the professional staff reviewing the application provided to the following of the applicant's professionals:  
Specify which reports are requested for each of the applicant's professionals or whether ALL reports should be submitted to the professionals listed.

	<u>Applicant's Professional</u>	<u>Reports Requested</u>
XX	Attorney	
XX	Engineer	
XX	Architect	

27. Check Lists Used:
- |            |                              |                             |
|------------|------------------------------|-----------------------------|
| Schedule A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Schedule B | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Schedule C | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

28. I hereby certify that the foregoing statements and the materials submitted are true, and waive all applicable time limits until the first public hearing of the application I further certify that I am the individual applicant or that I am an officer of the corporate applicant and that I am authorized to sign the application for the Corporation or that I am a general Partner of the Partnership applicant. (If the applicant is a Corporation, the **MUST** be signed by an authorized corporate officer If the applicant is a Partnership, this **MUST** be signed by a General Partner)

*Fred J. Allegrezza*  
 \_\_\_\_\_  
 SIGNATURE OF APPLICANT  
 Fred J. Allegrezza

*10/2/24*  
 \_\_\_\_\_  
 DATE

*Nancy J. Allegrezza*  
 \_\_\_\_\_  
 SIGNATURE OF OWNER  
 Nancy J. Allegrezza

*10/2/24*  
 \_\_\_\_\_  
 DATE

29. I, the Developer/Applicant understand that a sum, to be determined by the Administrative Officer, will be deposited into an escrow account in accordance with the Ordinances of the Borough of Beach Haven. I further understand that the escrow account is established to cover the cost of professional services including engineering, planning, legal and/or other expenses associated with the review of submitted materials. Sums not utilized in the review process shall be returned. If additional sums are deemed necessary, I understand that I will be notified of the required additional amount and shall add that sum to the escrow account within fifteen (15) days.

x   
SIGNATURE OF APPLICANT  
Fred J. Allegrezza

x 10/2/24  
DATE

x   
SIGNATURE OF APPLICANT  
Nancy J. Allegrezza

x 10/2/24  
DATE

**BOROUGH OF BEACH HAVEN PROFESSIONAL CONSULTANTS**

**Land Use Board Attorney**

Robin LaBue, Esquire  
Rothstein Mandell Strom Halm & Cipriani, PC  
98 East Water Street  
Toms River, NJ 08753

732-363-0777  
732-905-6555(FAX)

**Land Use Board Engineer/Planner:**

Frank J. Little, Jr., P.E., P.P.  
Owen Little & Associates  
443 Atlantic City Blvd.  
Beachwood, NJ 08722

732-244-1090  
732-341-3412 (FAX)

**Beach Haven Borough Attorney:**

Bruce Padula, Esquire  
Cleary Giacobbe Alfieri Jacobs, LLC  
955 Route 34, Suite 200  
Matawan, NJ 07747

732-583-7474  
732-290-0753 (FAX)



**AFFIDAVIT OF OWNERSHIP BY AN INDIVIDUAL**

PENNSYLVANIA

STATE OF ~~NEW JERSEY~~ :

*montgomery*

COUNTY OF ~~OCEAN~~ : SS

FRED J. ALLEGREZZA AND NANCY J. ALLEGREZZA of full age, being duly sworn according to law, on oath deposes and says that he or she resides at 143 Rue St. Jacques Line, Lexington, PA, in the Municipality of Beach Haven, ~~County of Ocean and the State of New Jersey~~ that he or she is the owner in fee simple, of all that certain lot, tract, or parcel of land, situated, lying and being in the Borough of Beach Haven, and that he or she hereby authorizes and appoints Richard P. Visotcky, Esq. of Kelly & Visotcky LLC as his or her attorney, in fact, to make the within Application on is or her behalf to the Land Use Board of the Borough of Beach Haven, Ocean County, State of New Jersey.

*[Signature]*  
SIGNATURE OF OWNER/APPLICANT  
Fred J. Allegrezza

*x 10/2/24*  
DATE

*[Signature]*  
SIGNATURE OF OWNER/APPLICANT  
Nancy J. Allegrezza

*x 10/2/24*  
DATE

Sworn and subscribed to  
Before me this 2<sup>nd</sup> day  
Of Sept Oct, 2024.

*[Signature]*  
NOTARY PUBLIC OF PENNSYLVANIA

Commonwealth of Pennsylvania - Notary Seal  
NORMA ARROYO - Notary Public  
Bucks County  
My Commission Expires March 24, 2027  
Commission Number 1431483

Commonwealth of Pennsylvania - Notary Seal  
NORMA ARROYO - Notary Public  
Bucks County  
My Commission Expires March 24, 2027  
Commission Number 1431483

## Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p><b>FRED J. ALLEGREZZA</b></p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above.</p>	
	<p><b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input checked="" type="checkbox"/> Individual/sole proprietor    <input type="checkbox"/> C corporation    <input type="checkbox"/> S corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)</p> <p><small>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</small></p> <p><input type="checkbox"/> Other (see instructions)</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><small>(Applies to accounts maintained outside the United States.)</small></p>
	<p><b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/></p>	
	<p><b>5</b> Address (number, street, and apt. or suite no.). See instructions.</p> <p><b>143 Rue Street, Jacques Line</b></p>	<p>Requester's name and address (optional)</p>
	<p><b>6</b> City, state, and ZIP code</p> <p><b>Lexington, Pennsylvania 18932</b></p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number										
1	7	8	-	5	2	-	0	1	6	2
or										
Employer identification number										
			-							

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date <b>10/2/24</b>
------------------	--------------------------	---------------------

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

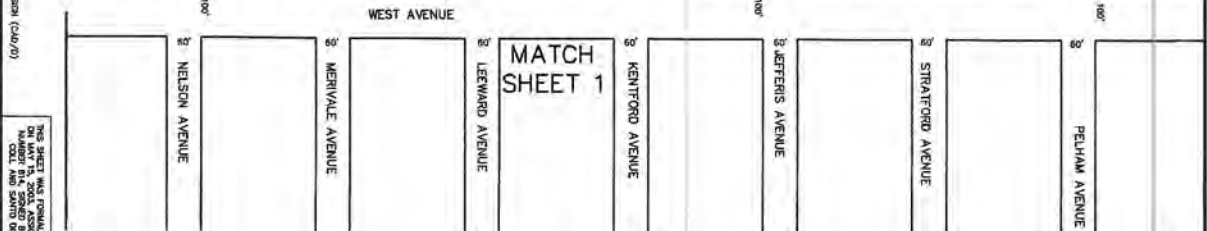
### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



**MATCH SHEET 3**

**LONG BEACH TOWNSHIP (OCEAN COUNTY)**



DATE	NAME	LIC. NO.
01/02/07	WILLIAM J. BERG	34020022000
12/02/71	WILLIAM J. BERG	34020022000
12/09/72	WILLIAM J. BERG	34020022000
12/17/73	WILLIAM J. BERG	34020022000
12/18/73	WILLIAM J. BERG	34020022000
02/02/78	WILLIAM J. BERG	34020022000

DESIGNED BY FERNANDEZ, APPELLE, KEE & TRACY  
 TO SHOW CONDITIONS AS OF DEC. 1972.  
 REVISIONS:  
 REVISION NO. 1979  
 REVISION BY MICOX & GRANT, INC.  
 TO CORRECT AS OF DEC. 1981.  
 REVISION NO. 1981  
 REVISION BY OWEN, LITTLE & ASSOCIATES, INC.  
 TO CORRECT AS OF DEC. 1983.  
 REVISION NO. 1983

**TAX MAP**  
**BOROUGH OF BEACH HAVEN**  
 OCEAN COUNTY,  
 NEW JERSEY  
 SCALE: 1"=100'  
 MARCH 01, 2002  
**WILLIAM J. BERG, P.L.S.**  
 OWEN, LITTLE & ASSOCIATES, INC.  
 443 ATLANTIC CITY BOULEVARD  
 BEACHWOOD, NJ 08722

THIS SHEET WAS FORMALLY CERTIFIED  
 NUMBER 84, ISSUED BY JAMES A.  
 COLE, AND SAID TO BE CORRECT.

# KELLY & VISOTCKY, LLC

ATTORNEYS-AT-LAW

P.O. Box 536

Manahawkin, New Jersey 08050

Phone: 609-597-7200

Email: [kvlaw@kvlawfirm.com](mailto:kvlaw@kvlawfirm.com)

**RICHARD P. VISOTCKY**

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## NOTICE OF HEARING

**PLEASE TAKE NOTICE** that **Fred J. Allegrezza and Nancy J. Allegrezza** have made application to the Beach Haven Land Use Board for approval to raise and expand their existing single family dwelling at their residence located at 415 Nelson Avenue, Beach Haven, New Jersey, a/k/a Block 1, Lot 51 on the Official Tax Map of the Borough of Beach Haven.

Applicants will seek bulk variances for front yard setback, having proposed 20.4 ft., existing, (25 ft. required) and side yard setback, having proposed 9.1 ft and 24.6 ft. (10 ft. & 25 ft. required).

Applicants will also seek any other variances that may be required by the Beach Haven Land Use Board at the time said application is heard.

This matter is on the Clerk's Docket and a public hearing has been ordered for Monday, \_\_\_\_\_, at 6:00 PM before the Land Use Board of the Borough of Beach Haven, Municipal Building, 300 Engleside Avenue, Beach Haven, New Jersey, at which time persons interested may appear personally or by agent or attorney.

Documents are available for inspection at the Office of the Land Use Board, 300 Engleside Avenue, Beach Haven, New Jersey 08008 during normal business hours.

Kelly & Visotcky, LLC

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Richard P. Visotcky, Esquire  
Attorney for Applicants



