

EUGENE P. O'CONNELL

ATTORNEY AT LAW
853 SUMMIT AVENUE
JERSEY CITY, NEW JERSEY 07307
PHONE: (201) 963-3668
FAX: (201) 963-2005
GENE@EUGENEOCONNELL.COM

June 28, 2021

Via Email: LSigmund@jcnj.org
Lindsey Sigmund, AICP
Environmental Planner
Department of Housing and Economic Development
Division of City Planning
City of Jersey City,
City Hall Annex
1 Jackson Square
Jersey City, NJ 07305-3717


Re: **475 Bergen Avenue,
Jersey City, New Jersey 07304
Block 18402, Lot 8
Case # Z21-003**

Dear Ms. Sigmund:

Enclosed are:

1. Notice to Property Owners
2. Proof of Publication
3. Affidavit of Proof of Service
4. Certified Mail Receipts

Very truly yours,



EUGENE P. O'CONNELL
EPOC/zt

C.c. Client

Encls.

NOTICE OF HEARING PURSUANT TO N.J.S.A. 40:55D-12

PLEASE TAKE NOTICE that on July 8, 2021, at 6:30 P.M., a public hearing will be held by the Jersey City Zoning Board of Adjustment regarding the application of Jean F. Maurice (the "Applicant"), under Case number 221-003, for the property located at 475 Bergen Avenue, Jersey City, New Jersey, which is also identified on the Jersey City tax maps as Block(s) 18402, Lot(s) 8 (the "Property").

The Property is located in the R-3 District.

Any person interested in this application will have the opportunity to address the Board at the Virtual meeting on July 8, 2021 at 06:30 P.M. Eastern Time (US and Canada) via Zoom, a web-based video conference application, or by telephone using the following:

Zoom link to join meeting:	https://us02web.zoom.us/j/88651668127
Call-in Number and Webinar ID#:	iPhone one-tap: US: +1 929 205 6099 or +1 312 626 6799 Or Telephone: Dial (for higher quality, dial a number based on your current location): US: +1 312 626 6799 Webinar ID: 886 5166 8127 International numbers available: https://us02web.zoom.us/j/88651668127

The Applicant is seeking to convert ground floor space into commercial space and create a cafe.

As part of the Application, the Applicant is requesting the following variances and/or waivers from the Jersey City Land Development Ordinance Redevelopment Plan:

Applicant is requiring a "D" Variance for Use and the following existing non-conforming "C" Variances for lot size, lot width, building height (stories), lot coverage, accessory building side and rear yard setback, curb cut width, driveway width, parking lot location, parking lot standards.


Any additional approvals, permits, variances, interpretations, waivers or exceptions reflected in the plans and materials filed (as same may be amended or revised from time to time without further notice) or determined to be necessary during the review processing or hearing of this Application.

PLEASE TAKE FURTHER NOTICE that application materials including digital plans are available on the Jersey City Data Portal by searching for the address or case number at data.jerseycitynj.gov.

The City of Jersey City is utilizing the Zoom service to conduct virtual meetings in compliance with the New Jersey Open Public Meetings Act. **MORE INFORMATION** on how to access virtual meetings, participate, provide public comment, and review agendas and digital plans and applications materials can be found on the Jersey City, Division of City Planning website at jerseycitynj.gov/planning.

ANY QUESTIONS can be directed to the City Planning main line during business hours at 201-547-5010 or via email at cityplanning@icnj.org

By: Eugene P. O'Connell, ESQ.
Attorney for Applicant



Ad Content Proof

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By: Eugene P. O'Connell, ESQ.
Attorney for Applicant

06/26/21

\$91.83

AFFIDAVIT OF PROOF SERVICE

PROOF OF SERVICE OF NOTICES REQUIRED BY STATUTE MUST BE FILED AND VERIFIED WITH THE DIVISION OF CITY PLANNING AT LEAST TWO DAYS PRIOR TO THE MEETING OR THE CASE WILL NOT BE HEARD.

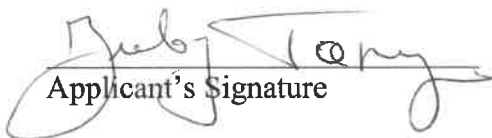
STATE OF NEW JERSEY

COUNTY OF HUDSON)ss.

Zulay M. Tamayo, of full age, being duly sworn according to law, deposes and says, that she works at Law Office of Eugene P. O'Connell, 853 Summit Avenue, City of Jersey City, County of Hudson, State of New Jersey;
that she is the applicant in a proceeding before the Board of Adjustment of the City of Jersey City which has the Case # Z21-003 and relates to the premises located


at: **475 Bergen Avenue, Jersey City, NJ, Block 18402, Lot(s) 8**

that on **June 25, 2021** she gave written notice of the hearing on this application to each and of all the persons upon whom service must be had, in the required form and according to the attached list and in the manner indicated thereon in


Applicant's Signature

Sworn to and Subscribed before me

This day 28th, June 2021


Notary Public
EUGENE P. O'CONNELL
ATTORNEY AT LAW
853 SUMMIT AVENUE
JERSEY CITY, NJ 07307

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<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
 \$ 0.51

Total Postage and Fees
 \$ 4.11

Sent To

Street and Apt. No., or PO Box No. SIMMONS, MONTRALE & KEITH
 14 LEXINGTON AVE.
 City, State, ZIP+4® JERSEY CITY, N.J. 07304

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



7020 1290 0002 0708 1721

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

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

OFFICIAL USE

Certified Mail Fee
 \$ 3.60

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
 \$ 0.51

Total Postage and Fees
 \$ 4.11

Sent To

Street and Apt. No., or PO Box No. GORDON, ENOCH
 159 CLINTON AVE
 City, State, ZIP+4® JERSEY CITY, NJ 07304

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



7020 1290 0002 0708 1735

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

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

OFFICIAL USE

Certified Mail Fee	\$ 3.60
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	\$ 0.51
Total Postage and Fees	\$ 4.11

Postmark
Here
JUN 25 21
3:20P

Sent To **BANK, JOHN & LAVONNE**
Street and Apt. No., or PO Box **157 CLINTON AVE.**
City, State, ZIP+4® **JERSEY CITY, N.J. 07304**

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

7020 1290 0002 0708 1742

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

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

OFFICIAL USE

Certified Mail Fee	\$ 3.60
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	\$ 0.51
Total Postage and Fees	\$ 4.11

Postmark
Here
JUN 25 21
3:20P

Sent To **DAILEY JR., GEORGE & JENNIFER**
Street and Apt. No., or PO Box **63 VERNON WAY**
City, State, ZIP+4® **PORT READING NJ 07064**

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

7020 1290 0002 0708 1759

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

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

OFFICIAL USE

Certified Mail Fee	\$ 3.60
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	\$ 0.51
Total Postage and Fees	\$ 4.11

Postmark
Here
JUN 25 21
3:20P

Sent To **WATERS, SHARYN D.**
Street and Apt. No., or PO Box No. **153 CLINTON AVE**
City, State, ZIP+4® **JERSEY CITY, NJ 07304**

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

7020 1290 0002 0708 1766

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

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

OFFICIAL USE

Certified Mail Fee	\$ 3.60
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	\$ 0.51
Total Postage and Fees	\$ 4.11

Postmark
Here
JUN 25 21
3:20P

Sent To **KAULESSAR, PATRICK**
Street and Apt. No., or PO Box No. **151 CLINTON AVE.**
City, State, ZIP+4® **JERSEY CITY, NJ 07304**

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

7020 1290 0002 0708 1773

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

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

OFFICIAL USE

Certified Mail Fee	\$ 3.60
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	\$ 0.51
Total Postage and Fees	\$ 4.11

Postmark
Here
JUN 25 21
3:20P

Sent To **MUNOZ, MARIA T.**
Street and Apt. No., or PO Box **149 CLINTON AVE**
City, State, ZIP+4® **JERSEY CITY, NJ 07304**

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

7020 1290 0002 0708 1780

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

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

OFFICIAL USE

Certified Mail Fee	\$ 3.60
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	\$ 0.51
Total Postage and Fees	\$ 4.11

Postmark
Here
JUN 25 21
3:20P

Sent To **GASTON, EDDIE MAE**
Street and Apt. No., or PO Box **145-7 CLINTON AVE.**
City, State, ZIP+4® **JERSEY CITY N.J. 07304**

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

7020 1290 0002 0700 1797

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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

OFFICIAL USE

Certified Mail Fee
\$ **3.60**

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
\$ **0.51**

Total Postage and Fees
\$ **4.11**

Postmark
Here
UN 25 21
3:20P

Sent To **BLAIR, EVON**
Street and Apt. No., or PO Box **141 CLINTON AVE**
City, State, ZIP+4® **JERSEY CITY, N.J. 07304**

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7020 1290 0002 0700 0627

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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OFFICIAL USE

Certified Mail Fee
\$ **3.60**

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
\$ **0.51**

Total Postage and Fees
\$ **4.11**

Postmark
Here
UN 25 21
3:19P

Sent To **MAURICE, JEAN FRANCK**
Street and Apt. No., or PO Box **27 OVERLOOK AVE**
City, State, ZIP+4® **WEST ORANGE, NJ 07052**

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7020 1290 0002 0700 1810

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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OFFICIAL USE

Certified Mail Fee
\$ **3.60**

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
\$ **0.51**

Total Postage and Fees
\$ **4.11**

Postmark
Here
UN 25 21
3:19P

Sent To **BASSAN, CHANDRA & GRIM,**
Street and Apt. No., or **LILOUTIE**
City, State, ZIP+4® **139 CLINTON AVE**
JERSEY CITY, NJ 07304

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7020 1290 0002 0700 0627

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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OFFICIAL USE

Certified Mail Fee
\$ **3.60**

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
\$ **0.51**

Total Postage and Fees
\$ **4.11**

Postmark
Here
UN 25 21
3:19P

Sent To **WHYTE, JOHN JOSEPH**
Street and Apt. No., or PO Box **487 BERGEN AVE**
City, State, ZIP+4® **JERSEY CITY, N.J. 07304**

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7020 1290 0002 0700 1834

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
\$ **3.60**

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
\$ **0.51**

Total Postage and Fees
\$ **4.11**

Postmark
Here
UN 25 21
3:18P

Sent To **SHTYK, PAVEL**
Street and Apt. No., or PO Box No. **485 BERGEN AVE**
City, State, ZIP+4® **JERSEY CITY, NJ 07304**

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7020 1290 0002 0700 1834

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
\$ **3.60**

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
\$ **0.51**

Total Postage and Fees
\$ **4.11**

Postmark
Here
UN 25 21
3:18P

Sent To **SMITH, HOWARD J.**
Street and Apt. No., or PO Box **163 WALKER RD**
City, State, ZIP+4® **WEST ORANGE, NJ 07052**

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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

Certified Mail Fee
\$ 3.60

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
\$ 0.51

Total Postage and Fees
\$ 4.11

Sent To
Street and Apt. No. MIDLAND IRA, INC.FBO R.JAMES
300 GORGE ROAD, UNIT 14
City, State, ZIP+4® CLIFFSIDE PARK, NJ 07010

Postmark
Here

JUN 25 21
3:18P

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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

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OFFICIAL USE

Certified Mail Fee
\$ 3.60

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
\$ 0.51

Total Postage and Fees
\$ 4.11

Sent To
Street and Apt. No., or P.O. Box No. MELBOURNE, LLC% DIXON
ADVISORY
200 HUDSON ST.#1000
City, State, ZIP+4® JERSEY CITY, NJ 07302

Postmark
Here

JUN 25 21
3:18P

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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

Certified Mail Fee
\$ 3.60

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
\$ 0.51

Total Postage and Fees
\$ 4.11

Sent To
Street and Apt. No., or P.O. Box No. MOSTAFA, ADEL
336 ST. PAULS AVE.
City, State, ZIP+4® JERSEY CITY, NJ 07304

Postmark
Here

JUN 25 21
3:18P

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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

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

OFFICIAL USE

Certified Mail Fee
\$ 3.60

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
\$ 0.51

Total Postage and Fees
\$ 4.11

Sent To
Street and Apt. No., or P.O. Box No. CITY OF JERSEY CITY
280 GROVE ST.
City, State, ZIP+4® JERSEY CITY N J 07302

Postmark
Here

JUN 25 21
3:18P

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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

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

OFFICIAL USE

Certified Mail Fee
\$ 3.60

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
\$ 0.51

Total Postage and Fees
\$ 4.11

Sent To
Street and Apt. No. ADKINS, BURGESS CECILIA M.
140 CLINTON AVE.
City, State, ZIP+4® JERSEY CITY, N.J. 07304

Postmark
Here

JUN 25 21
3:17P

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
\$ 3.60

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
\$ 0.51

Total Postage and Fees
\$ 4.11

Sent To
Street and Apt. No., or P.O. Box No. SCARBOROUGH, LAVERNE S. F. FREDDIE
142 CLINTON AVE
City, State, ZIP+4® JERSEY CITY, NJ 07304

Postmark
Here

JUN 25 21
3:17P

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

2061 8020 0002 0708 1902

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

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

OFFICIAL USE

Certified Mail Fee	
\$	3.60
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	
\$	0.51
Total Postage and Fees	
\$	4.11

Postmark
Here
JUN 25 2
3:17P

Sent To	TEW, ROBIN & WONG, SHIAU LING
Street and Apt. No., or	235 EIGHT ST.
City, State, ZIP+4®	JERSEY CITY, NJ 07302

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

2061 8020 0002 0708 1902

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

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

OFFICIAL USE

Certified Mail Fee	
\$	3.60
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	
\$	0.51
Total Postage and Fees	
\$	4.11

Postmark
Here
JUN 25 2
3:17P

Sent To	WARREN, ANN MARIE & ROBERT MICHEAL
Street and Apt. No.	144-A CLINTON AVE
City, State, ZIP+4®	JERSEY CITY, N.J. 07304

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

2061 8020 0002 0708 1902

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

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

OFFICIAL USE

Certified Mail Fee	
\$	3.60
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	
\$	0.51
Total Postage and Fees	
\$	4.11

Postmark
Here
JUN 25 2
3:17P

Sent To	DINDIYAL, RAMPERSAUD & RAKAH
Street and Apt. No., or PO	146 CLINTON AVE
City, State, ZIP+4®	JERSEY CITY, N.J. 07304

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

2061 8020 0002 0708 1902

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

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

OFFICIAL USE

Certified Mail Fee	
\$	3.60
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	
\$	0.51
Total Postage and Fees	
\$	4.11

Postmark
Here
JUN 25 21
3:17P

Sent To	JACKSON, CATHERINE
Street and Apt. No., or PO Box No.	148 CLINTON AVE.
City, State, ZIP+4®	JERSEY CITY, NJ 07304

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

2061 8020 0002 0708 1902

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

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OFFICIAL USE

Certified Mail Fee	
\$	3.60
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	
\$	0.51
Total Postage and Fees	
\$	4.11

Postmark
Here
JUN 25 21
3:17P

Sent To	QUIROZ, MARICRUZ
Street and Apt. No., or PO Box No.	144 VIRGINIA AVE
City, State, ZIP+4®	JERSEY CITY, N.J. 07304

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

2061 8020 0002 0708 1902

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

OFFICIAL USE

Certified Mail Fee	
\$	3.60
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	
\$	0.51
Total Postage and Fees	
\$	4.11

Postmark
Here
JUN 25 21
3:17P

Sent To	FAYED, SAHAR
Street and Apt. No., or PO Box No.	206 WARREN ST.
City, State, ZIP+4®	HARRISON, NJ 07029

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

7020 1290 0002 0708 1971

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OFFICIAL USE

Certified Mail Fee
 \$ 3.60

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
 \$ 0.51

Total Postage and Fees
 \$ 4.11

Sent To
103 OCEAN LLC.
224 93RD ST
BROOKLYN, NY 11209

Street and Apt. No., or PO Box No.
 City, State, ZIP+4®

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

Postmark Here
 UN 25 21
 3:17P

7020 1290 0002 0708 1971

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

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

OFFICIAL USE

Certified Mail Fee
 \$ 3.60

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
 \$ 0.51

Total Postage and Fees
 \$ 4.11

Sent To
NEW HOPE BAPTIST CHURCH
472-476 BERGEN AVE.
JERSEY CITY, NJ 07304

Street and Apt. No., or PO Box No.
 City, State, ZIP+4®

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

Postmark Here
 UN 25 21
 3:16P

7020 1290 0002 0708 2015

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OFFICIAL USE

Certified Mail Fee
 \$ 3.60

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
 \$ 0.51

Total Postage and Fees
 \$ 4.11

Sent To
NEW HOPE BAPTIST CHURCH
472 BERGEN AVENUE
JERSEY CITY, NJ 07304

Street and Apt. No., or PO Box No.
 City, State, ZIP+4®

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<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
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Sent To
EST. OF DOROTHY
D. & FRENCH, K. % CLAYTON
235 WILKINSON AVE.
JERSEY CITY, NJ 07305

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<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
 \$ 0.51

Total Postage and Fees
 \$ 4.11

Sent To
ESTATE L. JACKSON
480 BERGEN AVE.
JERSEY CITY, NJ 07304

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 City, State, ZIP+4®

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

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<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
 \$ 0.51

Total Postage and Fees
 \$ 4.11

Sent To
482 BERGEN, LLC
12 1/2 SMITH ST.
JERSEY CITY, NJ 07306

Street and Apt. No., or PO Box No.
 City, State, ZIP+4®

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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 \$ 0.51	
Total Postage and Fees \$ 4.11	
Sent To SLACK, SAMUEL C. & VALERIE Street and Apt. No., 13 OXFORD AVE City, State, ZIP+4® JERSEY CITY, N.J. 07304	

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<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 \$ 0.51	
Total Postage and Fees \$ 4.11	
Sent To GOODSON, DENNIS & SHARYN Street and Apt. No., or 11 OXFORD AVE City, State, ZIP+4® JERSEY CITY, N.J. 07304	

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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 \$ 0.51	
Total Postage and Fees \$ 4.11	
Sent To GOODSON, TONY ARCEL Street and Apt. No., or PO Box 9 OXFORD AVE. City, State, ZIP+4® JERSEY CITY, NJ 07304	

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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 \$ 0.51	
Total Postage and Fees \$ 4.11	
Sent To GOTTLIEB, DAVID Street and Apt. No., or PO Box 54 RANDOLPH AVE. City, State, ZIP+4® JERSEY CITY, NJ 07305	

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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 \$ 0.51	
Total Postage and Fees \$ 4.11	
Sent To WEINGARTEN, MOISHE Street and Apt. No., or PO Box No. 1455 49TH ST.#5F City, State, ZIP+4® BROOKLYN, NY 11219	

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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 \$ 0.51	
Total Postage and Fees \$ 4.11	
Sent To NAURANG, MUNESHWAR Street and Apt. No., or PO Box 116 VIRGINIA AVE. City, State, ZIP+4® JERSEY CITY, NJ 07304	

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

Postage

\$ 0.51

Total Postage and Fees

\$ 4.11

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City, State, ZIP+4®

LEBOWITZ, ABRAHAM
 59 HARRISON AVE., #1A
 BROOKLYN, NY 11211



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

Postage

\$ 0.51

Total Postage and Fees

\$ 4.11

Sent To

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

City, State, ZIP+4®

SANDOVAL, RAFFAEL
 460 BERGEN AVE.
 JERSEY CITY, N.J. 07304



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