

**DISCLAIMER**  
**THIS IS AN UNOFFICIAL DOCUMENT UNTIL APPROVED BY GOVERNING BODY**

**AGENDA:**

MAYOR AND BOROUGH COUNCIL

**BUSINESS (X)**

MEETING NO. 18

REGULAR ( )

DATE: 8/25/14

7:00 P.M.

SPECIAL ( )

\*\*\*\*\*

ROLL CALL: Mayor Krenzel ( ) Atty: \_\_\_\_\_  
Clm. Guindi ( ) Clm. Jones ( ) Eng: \_\_\_\_\_  
Clm. Haussermann ( ) Clm. Trenga ( ) Adm: \_\_\_\_\_  
Clm. Hutchison ( ) Clm. Roselli ( ) : \_\_\_\_\_

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Public Announcement - Chapter 231, P. L. 1975

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PUBLIC COMMENTS (agenda items only)

MINUTES

Minutes of Meeting No. 17 held on August 11, 2014

REPORTS

1. CFO/Treasurer
2. Professional staff
3. Departments

NEW BUSINESS

Refund of electric consumer deposits (Attachment A)

Approve Special Events Permit for South River Portuguese Club (Attachment B)

Approve Person-to-Person/Place to Place transfer-Joseph Hage to Campesino Restaurant Rodizio & Café LLC (Attachment C)

Amend Ch. 193-31.1 Schedule IIA "Handicapped Parking" (Attachment D)

Lot Adjoining Veterans Park (Attachment E)

DPW vacancy (Attachment F)

Chapter 159 – Insertion of Special Item of Revenue

Fire Prevention vehicle (Attachment G)

Property Tax Refund – Block 301, Lot 12 (Attachment H)

UNFINISHED BUSINESS

Camera surveillance – parking lots

Obert St. Parking Lot (Attachment I)

Capital requests (Attachment J)

Amend Ch. 350 Zoning (Attachment K)

COUNCIL COMMENTS

EXECUTIVE SESSION

Personnel

ADJOURNMENT

A

Request for Council Action

Date: 8/21/14

Resolution: \_\_\_\_\_

Ordinance:  \_\_\_\_\_

Other Reason for Request (Attach Back-up)

UTILITY REFUNDS

Funds Appropriated:  yes     no     not applicable

  
\_\_\_\_\_  
Department Head

  
\_\_\_\_\_  
Approval/Disapproval Administrator

**RESOLUTION**

*WHEREAS, the official utility records of the Borough of South River, New Jersey show certain refunds which include electric, water and consumer deposits (CD); and*

*WHEREAS, the Collector of Utility Revenue recommends that the following refunds should be made to the consumer noted herein below listed; and*

*NOW, THEREFORE BE IT AND IT IS HEREBY RESOLVED by the Borough Council of the Borough of South River that the Collector of Utility Revenue is hereby authorized to make the following refunds and adjustments indicated below and any attached list.*

<b><u>ACCOUNT #</u></b>	<b><u>PAYABLE TO:</u></b>	<b><u>AMOUNT OF CHECK</u></b>
65-999-000-278 CD	EVENILSON ARAUJO 1390 KEARNEY DRIVE EAST BRUNSWICK, NJ 08816	\$163.18
65-999-978-821 CD	MATTHEW BERARDY 11 NICHOLAS CT SPOTSWOOD, nj 08884	\$113.37
65-999-001-618 ELEC CURRENT	CARRINGTON REAL ESTATE SVCS C/O PROPERTY TRANSFER SVCS 1013 ROUTE 88 POINT PLEASANT, NJ 08742	\$6.71
66-999-961-389 WTR CURRENT	WALTER DANLEY 12 DEBOW DRIVE MILLSTONE TWP, NJ 08535	\$98.07
65-999-001-161 CD	WILLIAM GONZALEZ & HEATHER WHITE 66 WOOD AVE MANALAPAN, NJ 07726	\$36.51
65-999-897-711 CD	GLADYS GONZALZ PO BOX 453 SOUTH RIVER, NJ 08882	\$5.08
65-999-001-566 CD	BASSEY ITA	\$114.28
65-999-001-566 ELEC CURRENT	9 SUMMIT RD CPA SOUTH RIVER, NJ 08882	\$43.72
65-999-001-468 ELEC CURRENT	LIGHTHOUSE SOUTH RIVER LLC LG PO BOX 1524 ENGLEWOOD, NJ 07632	\$20.90
65-999-993-862 ELEC CURRENT	VINITA MANORAJ 88 DUBLIN RD SKILLMAN, NJ 08558	\$249.95
65-999-001-345 ELEC CURRENT	NATIONAL CHURCH RESIDENCES OF SOUTH RIVER 20 WOJIE WAY SOUTH RIVER, NJ 08882	\$25.08

65-999-000-755 CD	DANIEL PALERMO & DANA SCIORTA 119 MORRISTOWN RD APT 212 MATAWAN, NJ 07747	\$74.92
65-999-001-358 CD	DANIEL RAMOS 74 WILLETT AVE SOUTH RIVER, NJ 08882	\$126.12
65-999-000-915 CD	SIMPLY CONSIGNMENTS C/O ELSA HILL 21 OSAGE DR OLD BRIDGE, NJ 08857	\$201.68
65-999-001-804 CD	JOHN TRZECIAK 29 RIDGE RD SOUTH RIVER, NJ 08882	\$172.63

/s/ \_\_\_\_\_  
Councilmember

/s/ \_\_\_\_\_  
Councilmember

B

SPECIAL EVENTS PERMIT  
Borough Code Chapter 288A  
(FORM MUST BE SUBMITTED 30 DAYS PRIOR TO THE EVENT)

RECEIVED

AUG 6 - 2014

BOROUGH CLERK

APPLICANT

Name South River Portuguese Club  
Address 100 John St.  
Smith Line NJ 08882  
Telephone number (732) 254-9517

If applicant is a club/organization/corporation/business:

Contact person:

Name Victor G.L  
Address 39 Constitution Way  
SR NJ 08882  
Telephone \_\_\_\_\_

Date submitted 8-6-14

EVENT

Type Outside yearly picnic + Religious Celebration  
Location (address) Same as above  
Date(s) to be held 08/31/2014  
Starting time(s) 12 p.m. Ending time(s) 8 p.m.  
Number of tickets to be sold 300 Anticipated attendance (for each day) 300

FACILITY (plan to show location of the following):

Amount of space where event is to be held-excluding parking areas Parking lot  
Number of entrances for admittance One  
Number of exits One  
Number of buildings to be used One  
a. Number of entrances for each building N/A  
b. Seating capacity for each building N/A  
c. Total seating capacity of all buildings N/A  
Capacity of open lands to be used see diagram  
Number of sanitary facilities (show locations on plan) see diagram  
Number of trash, litter and recycling receptacles for the outside activities see diagram  
a. Responsible party for collection & removal Midco Waste

1. If contracted:

- (a) Name of firm: N/A
- (b) Address of firm \_\_\_\_\_
- (c) Telephone number of firm \_\_\_\_\_
- (d) Name of contact person \_\_\_\_\_

PARKING FACILITIES

Location (address) of each see attached diagram  
 Capacity of each \_\_\_\_\_  
 Total parking capacities \_\_\_\_\_

EMPLOYEES

Type of staff position \_\_\_\_\_ Number of employed for each type \_\_\_\_\_  
 A list of the responsibilities for each position is to be submitted separately

OTHER DOCUMENTS

SUBMITTED

WAIVER

- |   |                          |            |
|---|--------------------------|------------|
| 1. Proof of public liability insurance-\$1,000,000 minimum, with Borough added as an insured. | <del>(yes)</del> (no)    | (yes) (no) |
| 2. \$2,500 guarantee performance bond to insure that:   |                          |            |
| a. Streets will be left in as good a condition as they find them                              |                          |            |
| b. Removal of all trash, litter and rubbish from property used and adjacent streets.          | (yes) (no)               | (yes) (no) |
| 3. Letter of consent from property owner as to use of property                                | (yes) (no)               |            |
| 4. Are any Legalized Games of Chance to be held<br>If yes, application(s)                     | (yes) (no)<br>(yes) (no) |            |
| 5. Will any rides and/or safety equipment to be use for any at event                          | (yes) (no)               |            |
| a. If yes, a copy of sufficient evidence of current inspection                                | (yes) (no)               |            |

6. Is alcohol to be sold, served and consumed. (yes) (no)
- a. If yes, a copy of NJABC Special Permit for Social Affair application, if required, including plan of area (yes) (no)

/s/ *V. Gil*  
 Name Victor Gil  
 Title President  
 Telephone No: 732 672 6070

Sworn and subscribed before me this 10<sup>th</sup> day of Aug, 2014

*Patricia E. O'Connor*  
 Notary Public of New Jersey  
 May Commission expires PATRICIA E. O'CONNOR  
 NOTARY PUBLIC OF NEW JERSEY  
 My Commission Expires Apr. 12, 2017

FILING

FEE \$125.00 2 8-6-14 Pat Gil  
 AMOUNT DATE RECEIVED BY

REVIEWS

Department	Date	Approval	Denial
Code Compliance	8/19/14	BJ	OK
Fire	8/16/14	BJ	OK
Rescue Squad			
Health	8/17/14	EB	OK
Police	8/17/14	MT	OK
Legal			
Mayor/Council			

Area

Parking area

checkpoint

to

be cordoned off for party



Plates

exit

Ladies' restroom

hall

Main entrance

Men's restroom

inside bar

outside bar

Kitchen

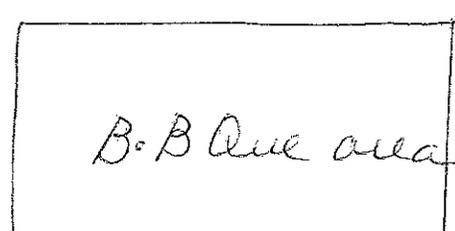
Bar restroom

check point

Front

check point

Parking area



B.B. Que area



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/6/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Volk Insurance Group LLC</b> PO Box 306 East Brunswick, NJ 08816	CONTACT NAME:		
	PHONE (A/C, No, Ext):	(732) 257-2212	FAX (A/C, No): (732) 257-2114
	E-MAIL ADDRESS:	info@volkinsurance.com	
	INSURER(S) AFFORDING COVERAGE	INSURER A: <b>Selective Insurance Company</b>	
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES                      CERTIFICATE NUMBER:                      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			S 2038233	08/29/14	08/29/15	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG \$ 2,000,000
	ANYAUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	HIRED AUTOS						BODILY INJURY (Per accident) \$
	UMBRELLA LIAB						PROPERTY DAMAGE (Per accident) \$
	EXCESS LIAB						\$
	DED						EACH OCCURRENCE \$
	RETENTION \$						AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						PER STATUTE
	If yes, describe under DESCRIPTION OF OPERATIONS below						OTHER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**SEE ATTACHED MEMO**

CERTIFICATE HOLDER	CANCELLATION
<b>Borough of South River</b> 48 Washington Street South River, NJ 08882 Attn: County Clerk Fax: 732-613-6105	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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Borough of South River

Date:

8/6/2014

FROM: Volk Insurance Group LLC  
PO Box 306  
East Brunswick, NJ 08816  
(732) 257-2212  
FAX: (732) 257-2114

TO: South River Portuguese Club  
P.O. Box 18  
South River, NJ 08882

The Borough of South River is named as additional insured if required by a written contract or agreement for on going operations for the following events.

August 30th - 31st, Church Festival

C

TR#: \_\_\_\_\_

STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF ALCOHOLIC BEVERAGE CONTROL

Action ID Code  
[ ] [ ] [ ] [ ]  
A W D U

FEE: \_\_\_\_\_

DATE: \_\_\_\_\_

RETAIL LIQUOR LICENSE APPLICATION

STATE ASSIGNED LICENSE NUMBER

DATE APPLICATION FILED:

1223 - 33 - 009 - 006

5/19/14 8/1/14 (AMENDED PAGES 2, 8, 10, 11)

[For DIVISION use only \_\_\_\_\_]

CODE TYPE OF LICENSE (CHECK ONE)

THIS APPLICATION IS FOR:

CLASS C LICENSES [R.S. 33:1-12]

- 31 \_\_\_\_\_ Club
- 32 \_\_\_\_\_ Plenary Retail Consumption w/Broad Package Privilege
- 33 \_\_\_\_\_ Plenary Retail Consumption
- 36 \_\_\_\_\_ Plenary Retail Consumption (Hotel/Motel Exception)
- 37 \_\_\_\_\_ Plenary Retail Consumption (Theatre Exception)
- 35 \_\_\_\_\_ Seasonal Retail Consumption (November 15 through April 30)
- 34 \_\_\_\_\_ Seasonal Retail Consumption (May 1 through November 14)
- 44 \_\_\_\_\_ Plenary Retail Distribution
- 43 \_\_\_\_\_ Limited Retail Distribution

- \_\_\_\_\_ A New License
- Person-to-Person Transfer (Including Partnership change, except Limited Partnership)
- Place-to-Place Transfer (Including expansion of premises)
- \_\_\_\_\_ Change of Corporate Structure
- \_\_\_\_\_ Extension of License (to Executor, Receiver, Administrator, etc.)
- \_\_\_\_\_ Renewal of License
- \_\_\_\_\_ Amendment of Application on File
- \_\_\_\_\_ Other \_\_\_\_\_

OTHER

- 14 \_\_\_\_\_ Annual State Permit (R.S. 33:1-42, NJAC 13:2-52)
- 40 \_\_\_\_\_ Special Permit for a Golf Facility (NJAC 13:2-5.3)

This Area is Reserved for Municipal Use

Municipal Fee \$ 110.00

Effective Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(As Stated in Resolution. Date of resolution unless otherwise established.)

State Fee \$ 200.00

Date Denied \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(As Stated in Resolution)

Refund Amount \$ \_\_\_\_\_

Special Conditions Attached: \_\_\_\_\_ Yes \_\_\_\_\_ No

PATRICIA O'CONNOR

Type or Print Name (Last Name, First Name, Middle Initial) of Municipal Clerk or ABC Secretary

Patricia O'Connor

Signature of Municipal Clerk or ABC Secretary

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1223 - 33 - 009 - 006

Application is made on behalf of: 7

1 = An Individual  
3 = A Partnership  
5 = Incorporated Club

2 = Business Corporation  
4 = Unincorporated Club  
6 = Limited Partnership

7 = Limited Liability Company

2.1 NAME(S) AS IT DOES OR WILL APPEAR ON THE LICENSE CERTIFICATE (NOT "TRADE" NAME).  
License may be held by Individual (Last Name, First Name, Middle Initial), Partnership or Corporation

Campesino Restaurant Rodizio and Cafe LLC  
(Last Name, First Name, Middle Initial or Corporate Name)

2.2 ACTUAL ADDRESS WHERE THE LICENSE IS TO BE USED (SITED PREMISES):

Street Address 12-16 Ferry Street

Number Street Name

Municipality South River Zip 08882

Telephone number of business (732) 620 - 2569  
Area Exchange Number

2.3 If no licensed premises exists or if a mailing address is different than the "actual address" given above, provide the mailing address (insert N/A if not applicable):

Street Address 39 Hollander Street

Number Street Name

P.O. Box # \_\_\_\_\_ Municipality South River State NJ

Zip 08882 Telephone (\_\_\_\_) \_\_\_\_\_

2.4 New Jersey Sales Tax Certificate of Authority No. \_\_\_\_\_

2.5 TRADE NAME(S) UNDER WHICH BUSINESS IS TO BE CONDUCTED. ALL TRADE NAMES MUST BE LISTED AND REGISTERED WITH THE N.J. SECRETARY OF STATE [if a corporation] OR COUNTY CLERK [if a partnership or sole proprietor]:

Campesino Restaurant Rodizio and Cafe LLC

2.6 THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY ALL APPLICANTS OTHER THAN APPLICANTS FOR A NEW LICENSE:

A. IS THE LICENSE ACTIVELY USED AT AN OPERATING PLACE OF BUSINESS?  
X Yes \_\_\_\_\_ No

B. IF NO, GIVE THE DATE THE BUSINESS STOPPED OPERATING (OR THE DATE THE LICENSE WAS ORIGINALLY ISSUED IF NEVER SITED AT AN OPERATING BUSINESS):  
\_\_\_\_/\_\_\_\_/\_\_\_\_

C. IF THE LICENSE IS INACTIVE AND THE APPLICATION IS FOR A TRANSFER, WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS AFTER APPROVAL?  
\_\_\_\_ Yes \_\_\_\_\_ No

2.7 THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY AN APPLICANT FOR A NEW LICENSE:

A. WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS IMMEDIATELY UPON ISSUANCE?  
X Yes \_\_\_\_\_ No

B. IF NO, PROVIDE ANTICIPATED DATE OF LICENSE ACTIVATION:  
\_\_\_\_/\_\_\_\_/\_\_\_\_



PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1223 - 33 - 009 - 006

4.1 IS THE NEAREST ENTRANCE OF THE PLACE TO BE LICENSED WITHIN 200 FEET OF THE NEAREST ENTRANCE OF ANY CHURCH OR SCHOOL?  Yes  No

IF THE ANSWER IS "YES," IS A WAIVER SIGNED BY THE APPROPRIATE OFFICIAL ATTACHED TO THIS APPLICATION?  Yes  No

4.2 DOES THE APPLICANT INTEND TO USE ANY VEHICLES FOR THE TRANSPORT OR DELIVERY OF ALCOHOLIC BEVERAGES?  Yes  No (A TRANSIT INSIGNIA IS NECESSARY BEFORE ALCOHOLIC BEVERAGES MAY BE TRANSPORTED.)

4.3 HAS THE APPLICANT FILED AN ANNUAL SPECIAL TAX REGISTRATION AND RETURN FORM (TTB F 5630.5) WITH THE FEDERAL ALCOHOL AND TOBACCO TAX AND TRADE BUREAU?

Yes  No

IF "YES," DATE FILED \_\_\_\_ / \_\_\_\_ / \_\_\_\_

4.4 WILL ANY BUSINESS OTHER THAN THE SALE OF ALCOHOLIC BEVERAGES BE CONDUCTED ON THE PREMISES TO BE LICENSED?  Yes  No

IF THE ANSWER IS "YES," INDICATE THE NATURE OF THE BUSINESS AND WHO WILL CONDUCT IT BY RESPONDING TO THE FOLLOWING QUESTIONS:

- |   |   |                                |
|---|---|--------------------------------|
| <input checked="" type="checkbox"/> Restaurant      | <input type="checkbox"/> Applicant            | <input type="checkbox"/> Other |
| <input type="checkbox"/> Catering                   | <input type="checkbox"/> Applicant            | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hotel/Motel                | <input type="checkbox"/> Applicant            | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Amusements      | <input checked="" type="checkbox"/> Applicant | <input type="checkbox"/> Other |
| <input type="checkbox"/> N.J. Lottery               | <input type="checkbox"/> Applicant            | <input type="checkbox"/> Other |
| <input type="checkbox"/> Grocery or Delicatessen    | <input type="checkbox"/> Applicant            | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Other (specify) | <input checked="" type="checkbox"/> Applicant | <input type="checkbox"/> Other |

4.5 IF SOMEONE OTHER THAN THE APPLICANT WILL OPERATE THE OTHER BUSINESS ON THE LICENSED PREMISES, ANSWER THIS QUESTION. IF THERE IS MORE THAN ONE INDIVIDUAL OR COMPANY, ATTACH A SEPARATE PAGE LISTING THE REQUESTED INFORMATION FOR EACH OPERATOR.

Business to be operated \_\_\_\_\_

Name of company/individual \_\_\_\_\_  
(Last Name, First Name or Corporate Name)

Street Address \_\_\_\_\_  
Number Street Name

Municipality \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ NJ Sales Tax Certificate of Authority No. \_\_\_\_\_

STATE ASSIGNED LICENSE NUMBER 1223 - 33 - 009 - 006

ALL APPLICANTS ANSWER THE FOLLOWING

5.1 IS THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION A POLICE OFFICER OR HOLD ANY POSITION ENTRUSTED WITH THE ENFORCEMENT OF ANY LAWS CONCERNING ALCOHOLIC BEVERAGES IN ANY MANNER WHATSOEVER?

Yes  No

If the answer is "Yes," complete the following:

Name of individual \_\_\_\_\_  
Last Name First Name Middle Initial

Title of position held \_\_\_\_\_

Name of Employing Agency \_\_\_\_\_

5.2 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION, OR ANY PERSON HAVING A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, HOLD OFFICE IN THE UNIT OF GOVERNMENT ISSUING THE LICENSE?  Yes  No

IF THE ANSWER IS "YES," COMPLETE THE FOLLOWING:

Name of Individual \_\_\_\_\_  
Last Name First Name Middle Initial

Title of Office \_\_\_\_\_

Municipality \_\_\_\_\_

5.3 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, DIRECTLY OR INDIRECTLY, HAVE ANY INTEREST IN ANY BREWERY, WINERY, DISTILLERY, RECTIFYING AND BLENDING PLANT, IMPORTER OR WHOLESALE ALCOHOLIC BEVERAGE BUSINESS, AS OWNER, PART OWNER, LANDLORD, TENANT, MORTGAGE HOLDER OR AS A STOCKHOLDER, OFFICER, DIRECTOR, AGENT, EMPLOYEE OR OTHERWISE?

Yes  No

IF THE ANSWER IS "YES," ATTACH AN AFFIDAVIT EXPLAINING THE RELATIONSHIP AND NATURE OF THE INTEREST AND COMPLETE THE FOLLOWING:

A. New Jersey license number, if applicable \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

B. IF THE BUSINESS DOES NOT HOLD A NEW JERSEY LIQUOR LICENSE, ANSWER THE FOLLOWING QUESTIONS:

Name of entity conducting business (Corporation, Partnership or Individual)

\_\_\_\_\_  
(Last Name, First Name, Middle Initial or Corporate Name)

Street Address \_\_\_\_\_  
Number Street Name

P.O. Box # \_\_\_\_\_ Municipality \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ - \_\_\_\_\_

Type of Business \_\_\_\_\_

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1223 33 - 009 - 006

ALL APPLICANTS ANSWER THE FOLLOWING

6.1 HAS THE APPLICANT EVER BEEN DENIED A LIQUOR LICENSE IN NEW JERSEY?  Yes  No

IF THE ANSWER TO THIS QUESTION IS "YES," ANSWER THE FOLLOING:

Type of License or Permit Denied:  Retail  Wholesale  Transportation  
 Warehouse  Manufacturer

Unit of Government which denied License or Permit: \_\_\_\_\_

Date of Denial (approximate if not known) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Reason for Denial \_\_\_\_\_

6.2 HAS ANY CORPORATION, PARTNERSHIP OR INDIVIDUAL MENTIONED IN THIS APPLICATION, OTHER THAN THE APPLICANT, BEEN DENIED A LIQUOR LICENSE OR PERMIT?  Yes  No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING:

Name of Entity \_\_\_\_\_  
Last Name First Name Middle Initial

Type of License or Permit Denied:  Retail  Wholesale  Transportation  
 Warehouse  Manufacturer

Unit of Government which denied License or Permit: \_\_\_\_\_

Date of Denial (approximate if not known) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Reason for Denial \_\_\_\_\_

6.3 HAS THE APPLICANT OR ANY OTHER PERSON, CORPORATION OR ENTITY MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN IT, HAD AN INTEREST IN A NEW JERSEY ALCOHOLIC BEVERAGE LICENSE WHICH WAS SURRENDERED, SUSPENDED OR HAD A PENALTY IMPOSED IN LIEU OF SUSPENSION, NOT RENEWED, REVOKED OR CANCELLED WITHIN THE 10 YEARS PRIOR TO THE DATE OF THIS APPLICATION?  Yes  No

IF THE ANSWER IS "YES," PROVIDE DETAILS OF EACH BELOW [Complete a separate Page 6 for each action]:

Name of Individual \_\_\_\_\_  
Last Name First Name Middle Initial

DATE OF ACTION \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOCKET NO. \_\_\_\_\_

PENALTY WAS IMPOSED BY: \_\_\_\_\_  
[Indicate whether by Division of ABC or identify Local Issuing Authority]

PENALTY CONSISTED OF:

FINED \$ \_\_\_\_\_ [amount]  NOT RENEWED  
 SUSPENDED \_\_\_\_\_ [number of days]  REVOKED  CANCELLED  
 OTHER [explain] \_\_\_\_\_

6.4 HAS THE APPLICANT OR ANY OTHER PERSON OR CORPORATION MENTIONED IN THIS LICENSE APPLICATION, OR ANYONE WITH A BENEFICIAL INTEREST IN THE BUSINESS UNDER LICENSE OR TO BE LICENSED, EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?  Yes  No

A. IF THE ANSWER IS "YES," ANSWER THE FOLLOWING:

Name of Individual \_\_\_\_\_  
Last Name First Name Middle Initial

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Conviction Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

State \_\_\_\_\_ Court of Jurisdiction \_\_\_\_\_

Description of offense (specific charge) \_\_\_\_\_

Disposition (fine, penalty, etc.) \_\_\_\_\_

Nature of interest in entity to be licensed \_\_\_\_\_

B. If applicable, provide the date the Director of the N.J. Division of Alcoholic Beverage Control issued an order approving or disapproving disqualification removal: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_. (No license may be issued without an order from the Director of the Division of Alcoholic Beverage Control determining no disqualification or removing disqualification.) (See R.S. 33:1-31.2 and N.J.A.C. 13:2-15.)

Provide Agency Docket No. :[NN]- \_\_\_\_\_

STATE ASSIGNED LICENSE NUMBER 1223 - 33 - 009 - 006

ALL APPLICANTS OTHER THAN CLUB LICENSE ANSWER THE FOLLOWING

7.1 DOES THE APPLICANT, A MEMBER OF THE APPLICANT'S IMMEDIATE FAMILY (SPOUSE, CHILDREN, PARENTS, IN-LAWS OR SIBLINGS) OR ANY PERSON WITH A BENEFICIAL INTEREST IN THE SUBJECT LICENSE OF THIS APPLICATION, HAVE ANY INTEREST IN ANY OTHER NEW JERSEY ALCOHOLIC BEVERAGE LICENSE?

Yes  No

IF THE ANSWER IS "YES," COMPLETE THE FOLLOWING BY LISTING THE NEW JERSEY LIQUOR LICENSE TWELVE DIGIT NUMBER(S) AND THE NAME(S) OF THE PERSON(S) OR CORPORATION(S) WHO HOLD(S) SUCH INTEREST. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

A. License Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_  
(Last Name, First Name, Middle Initial or Corporate Name)

Relationship to Applicant \_\_\_\_\_

\*\*\*\*\*

B. License Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_  
(Last Name, First Name, Middle Initial or Corporate Name)

Relationship to Applicant \_\_\_\_\_

\*\*\*\*\*

C. License Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_  
(Last Name, First Name, Middle Initial or Corporate Name)

Relationship to Applicant \_\_\_\_\_

\*\*\*\*\*

7.2 WOULD ANY PERSON OR CORPORATION NAMED IN THIS APPLICATION FAIL TO QUALIFY FOR OWNERSHIP OF THE LICENSE IF APPLYING AS AN INDIVIDUAL BECAUSE OF AGE, CRIMINAL CONVICTION OR PROHIBITED INTERESTS IN OTHER LICENSES?

Yes  No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING BY INSERTING THE NAME OF THE INDIVIDUAL OR CORPORATION AND THE SOCIAL SECURITY NUMBER AND DATE OF BIRTH, IF AN INDIVIDUAL. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

Name \_\_\_\_\_  
(Last Name, First Name, Middle Initial or Corporate Name)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OR

NJ Sales Tax Certificate of Authority No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1223 - 33 - 009 - 006

ALL APPLICANTS ANSWER THE FOLLOWING

- 9.1 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION OR ASSOCIATION OTHER THAN THE APPLICANT HAVE AN INTEREST DIRECTLY OR INDIRECTLY IN THE LICENSE APPLIED FOR OR IS THE STOCK OF ANY STOCKHOLDER HELD IN ESCROW OR PLEDGED IN ANY WAY?  Yes  No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION OF INTEREST. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First) or Corporation

\_\_\_\_\_  
(Last Name, First Name, Middle Initial or Corporate Name)  
Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OR

NJ Sales Tax Certificate of Authority Number \_\_\_\_\_

Street Address \_\_\_\_\_

Number Street Name  
P.O. Box # \_\_\_\_\_ Municipality \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ - \_\_\_\_\_

Describe Nature of Interest \_\_\_\_\_

- 9.2 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION OR ASSOCIATION HOLD ANY CHATTEL MORTGAGE OR CONDITIONAL BILL OF SALE OR OTHER SECURITY INTEREST ON ANY FURNITURE, FIXTURES, GOODS OR EQUIPMENT TO BE USED IN CONNECTION WITH THE BUSINESS TO BE OPERATED UNDER THE LICENSE APPLIED FOR?  Yes  No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION TO BE REPORTED. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First) or Corporation

\_\_\_\_\_  
(Last Name, First Name, Middle Initial or Corporate Name)  
Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OR

NJ Sales Tax Certificate of Authority Number \_\_\_\_\_

Street Address \_\_\_\_\_

Number Street Name  
P.O. Box # \_\_\_\_\_ Municipality \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ - \_\_\_\_\_

Describe Nature of Interest \_\_\_\_\_

- 9.3 HAS THE APPLICANT AGREED TO PERMIT ANYONE NOT HAVING AN OWNERSHIP INTEREST IN THE LICENSE TO RECEIVE OR AGREED TO PAY ANYONE (BY WAY OF RENT, SALARY OR OTHERWISE) ALL OR ANY PERCENTAGE OF THE GROSS RECEIPTS OR NET PROFIT OR INCOME DERIVED FROM THE BUSINESS TO BE CONDUCTED UNDER THE LICENSE APPLIED FOR?  Yes  No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION TO BE REPORTED. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First) or Corporation

\_\_\_\_\_  
Last Name First Name Middle Initial  
Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OR

NJ Sales Tax Certificate of Authority Number \_\_\_\_\_

Street Address \_\_\_\_\_

Number Street Name  
P.O. Box # \_\_\_\_\_ Municipality \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ - \_\_\_\_\_

Describe Nature of Interest \_\_\_\_\_

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1223 - 33 - 009 - 006

QUESTIONS TO BE ANSWERED BY CORPORATIONS AND LIMITED LIABILITY COMPANIES ONLY. ANY CORPORATION OR LIMITED LIABILITY COMPANY THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION OF THE LICENSED COMPANY, HOLDING COMPANY OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN, MUST ANSWER THE FOLLOWING USING A SEPARATE PAGE 10 AND PAGE 10A FOR EACH CORPORATION. ANSWER QUESTIONS ON BOTH PAGE 10 AND PAGE 10A FOR EACH CORPORATION.

10.1 Name of corporation Campesino Restaurant Rodizio and Cafe LLC

10.2 Street address of home office 12-16 Ferry Street  
Number Street Name

Municipality South River

State NJ Zip 08882

10.3 NJ Sales Tax Certificate of Authority Number [REDACTED]

10.4 IF CORPORATION ADDRESS IN NUMBER 10.2 ABOVE IS OUT OF STATE, REPORT BELOW THE ADDRESS OF ANY OFFICE LOCATION IN NEW JERSEY. INSERT N/A IF NONE.

Street Address \_\_\_\_\_  
Number Street Name

Municipality \_\_\_\_\_ New Jersey

Zip \_\_\_\_\_

10.5 IS THE CORPORATION NOW AN EXISTING, VALID CORPORATION?  Yes  No

10.6 DATE CHARTERED OR INCORPORATED 03 / 07 / 2014 STATE NJ

10.7 CERTIFICATE OF INCORPORATION NUMBER 0400640966

10.8 IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE?  Yes  No

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY?  Yes  No

IF THE ANSWER IS "YES," INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION.

Date of revocation \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Beginning date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Ending date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

10.10 INSERT THE NAME AND ADDRESS OF THE REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW OR PROCEEDINGS IN A STATE OR U.S. DISTRICT COURT, MAY BE MADE.

Name Santos, Paulo  
(Last Name, First Name, Middle Initial or Corporation)

Street Address 39 Hollander Street  
Number Street Name

Municipality South River New Jersey

Zip 08882 Telephone Number (732) 620 2569  
Area Exchange Number

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S) OR IS IN A CORPORATE CHAIN, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS OR OTHER NON-CORPORATE ENTITIES (INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS).

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1223- 33 - 009 - 006

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS: All corporation applicants or licensees and any corporation that has an ownership interest in the corporation under license or to be licensed must have been reported on Page 10. Information on this Page, 10A, will identify all officers, directors and stockholders holding one percent or more of the shares of the respective company. Club licenses must list names of officers and directors and attach a current membership list.

\*\*\*\*\*

NAME OF CORPORATION OR CLUB COVERED BY THIS PAGE (COMPLETE ONLY IF APPLICANT OR STOCKHOLDER IS A CORPORATION OR PARTNERSHIP):

Name of individual (last name first), stockholder, partner, officer or director:

Santos Paulo   
 Last Name First Name Middle Initial  
 Home Street Address 39 Hollander Street  
 Number Street Name  
 P.O. Box # 08882 Municipality South River State NJ  
 Zip  
 Social Security Number            Date of Birth   /  /    
 Home telephone number (    )    -    -     
 Area Exchange Number  
 Office telephone number (    )    -    -     
 Area Exchange Number  
 % of business owned or controlled 100% Number of shares             
 Check position that applies:  Sole owner  Partner  Stockholder  
 President  Vice-President  Secretary  Treasurer  Director  
 Trustee  Manager  Agent  Executor/Administrator  Receiver  
 Beneficiary  Other (specify)           

Name of individual (last name first), stockholder, partner, officer or director:

Last Name First Name Middle Initial  
 Home Street Address    
 Number Street Name  
 P.O. Box #  Municipality  State   
 Zip    -     
 Social Security Number            Date of Birth   /  /    
 Home telephone number (    )    -    -     
 Area Exchange Number  
 Office telephone number (    )    -    -     
 Area Exchange Number  
 % of business owned or controlled            Number of shares             
 Check position that applies:  Sole owner  Partner  Stockholder  
 President  Vice-President  Secretary  Treasurer  Director  
 Trustee  Manager  Agent  Executor/Administrator  Receiver  
 Beneficiary  Other (specify)

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 1223 33 - 006 009

AFFIDAVIT

LICENSE PERIOD APPLIED FOR FROM \_\_\_\_\_ TO \_\_\_\_\_

DATE:

State of New Jersey )  
County of Middlesex ) SS:

As provided by law (R.S. 33:1-35),

(Check One)

1. The Individual Applicant

2. Members of the Partnership Applicant

3. Paulo Santos of Campesino Restaurant Rodizio and Cafe LLC  
(President/Vice-President) (Corporation or Club Name)

consent(s) that the licensed premises and all portions of the building constituting the licensed premises, including all rooms, cellars, closets, out-buildings, passageways, vaults, yards, attics and every part of the structure of which the licensed premises are a part and all buildings used in connection therewith which are in his/her/their possession or under his/her/their control, may be inspected and searched without warrant at all hours by the Director of the Division of Alcoholic Beverage Control, his or her duly authorized deputies, inspectors or investigators and all other sworn law enforcement officers, and being duly sworn according to law, upon his/her/their oath(s), depose(s) and say(s) that he/she is (they are) the person(s) duly authorized to sign the application, that in instance of corporate ownership, the signator is authorized by corporate resolution to sign on behalf of the corporations; and that the contents of this application represent complete disclosure of the fact, and that the contents of this application are true.

Paulo Santos  
(Signature of Individual Agent / Sole Proprietor)  
Paulo Santos

(Corporations Only)  
Attestation by Corporate Secretary

\_\_\_\_\_  
(Partnership Name)

\_\_\_\_\_  
(Signature of Partner)

Attest: \_\_\_\_\_  
Corporate Name

\_\_\_\_\_  
(Signature of Partner)

Secretary \_\_\_\_\_  
Signature By \_\_\_\_\_  
(Signature of Corporate President or Vice President)

\_\_\_\_\_  
(Signature of Partner)

Affix Corporate Seal

\_\_\_\_\_  
(Signature of Partner)

Sworn to and subscribed before me

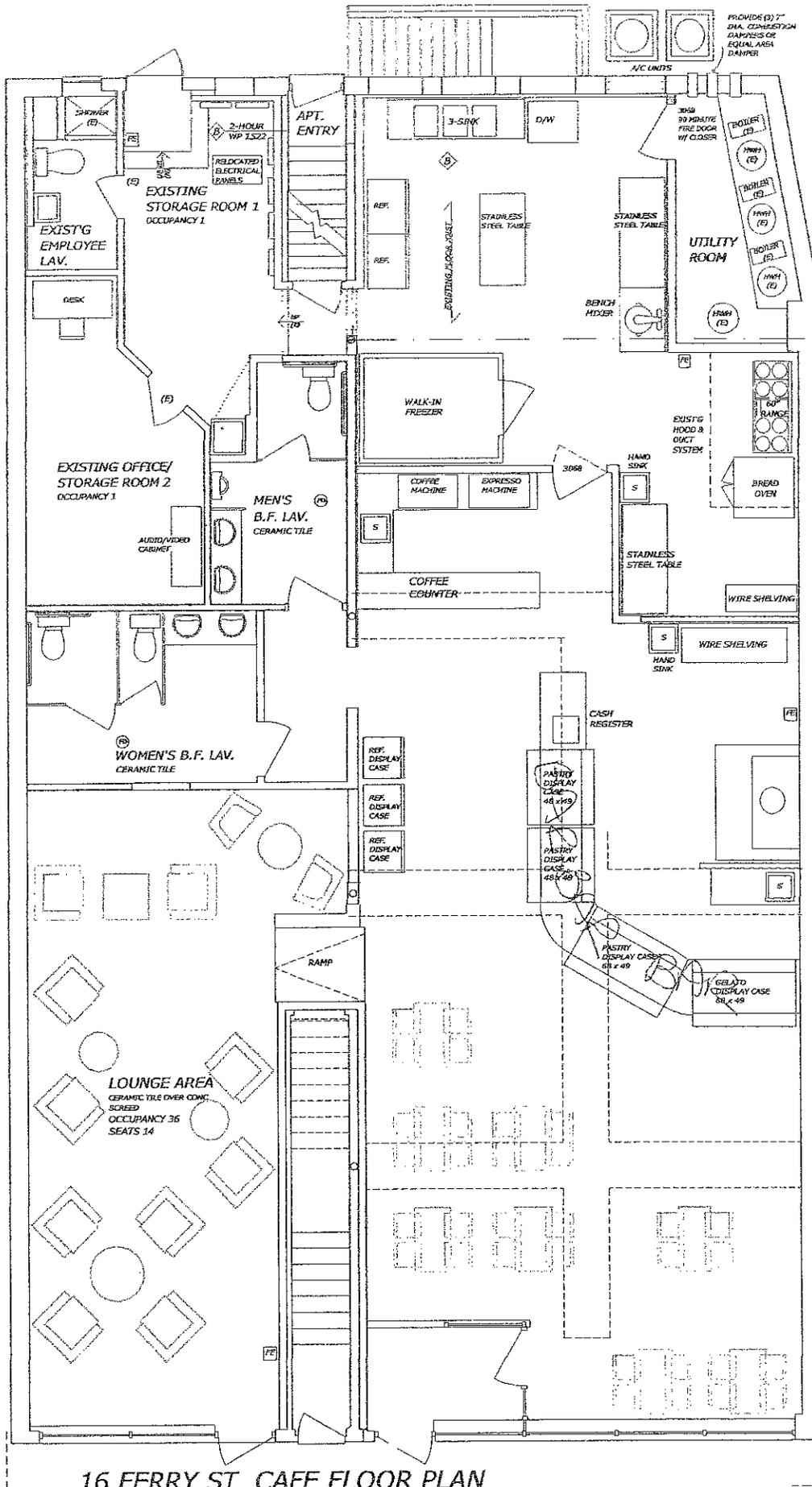
this 30th day of July 20 14

AFFIDAVIT MUST BE SIGNED HERE → Cheryl A Enos  
(Signature of Officer Administering Oath)

BY DULY AUTHORIZED NOTARY PUBLIC \_\_\_\_\_  
(Printed Name of Officer Administering Oath)

OR AN ATTORNEY-AT-LAW OF NEW JERSEY \_\_\_\_\_  
(Title of Officer Administering Oath)

**CHERYL A ENOS**  
ID # 2206314  
NOTARY PUBLIC  
STATE OF NEW JERSEY  
(Date My Commission Expires Oct. 6, 2017  
Commission, if applicable)



16 FERRY ST CAFE FLOOR PLAN

SCALE: 3/16" = 1'-0"

J HYLAND ARCHITECT 01-15-14

# St. Mary of Ostrabrama Church

30 Jackson Street, South River, N.J. 08882

(732) 254-2220

Fax: (732) 651-8182



May 12, 2014

Borough of South River  
48 Washington Street  
South River, NJ 08882

Attention: Glenn P.W. Lauritsen, Zoning Official

**Re: Paul Santos**  
**12-16 Ferry Street**  
**South River, New Jersey 08882**

Dear Mr. Lauritsen:

I hope this letter finds you well. It has been brought to my attention that the above property is being renovated for a restaurant. I have met with the owners of the property and they have indicated to me that their intention is to have a family restaurant with a liquor license. They have asked me that since this is less than 200 feet from our Church/School, if I would object to their intention. I would like to inform you that I have absolutely no objections to these plans.

I wish to inform you that based on what I have seen and in speaking with the owners of the restaurant, that this will be a most welcome addition to our neighborhood. I am also confident that since the restaurant will be a family restaurant, the liquor license should not be a problem and I would not object to an approval of the same.

It is most refreshing to see our town being rebuilt after the destruction from the "Sandy" Storm that has caused so much damage around our town and Parish.

Should you require additional information, please do not hesitate to contact me.

Very truly yours,

A handwritten signature in cursive script that reads "Rev. Michael J. Gromadzki".

Rev. Michael J. Gromadzki  
Pastor

D



**South River Police Department**  
**61 Main Street, South River NJ 08882**

---

**Chief Mark Tinitigan**  
**Chief of Police**

**Telephone # (732) 238-1000**  
**FAX # (732) 613-6103**

Date: August 14, 2014

To: Chief Tinitigan

From: Lt. Kucharski

Re: Handicapped Parking Space.

Mr. Arkadij Chmura who resides at 11 Schack Ave., has made application with the South River Police Department to have a permanent handicapped parking space established in front of his residence at 11 Schack Ave.

I have inspected the area and found that the creation of the handicapped spot would not cause any traffic issues.

Mr. Chmura has provided this agency with a copy of his "Disabled Person I.D." issued to him by the New Jersey Division of Motor Vehicles as well as a signed physician's note outlining his disability and the need for the handicapped parking space.

I am requesting the Mayor and Council approve the following space for Mr. Chmura.

<u>STREET</u>	<u>SIDE</u>	<u>LOCATION</u>
Schack Ave.	West	240' South of Prentice Ave.

Thank you;

A handwritten signature in black ink, appearing to read "M. T. Kucharski", written over a horizontal line.

Lt. Michael T. Kucharski  
Patrol Division

**Patricia Oconnor**

---

**From:** Frederick Carr  
**Sent:** Monday, August 18, 2014 10:42 AM  
**To:** Mark Tinitigan  
**Cc:** Michael Kucharski; Patricia Oconnor; Sheryl Nevin  
**Subject:** RE: Handicap Parking

Pat,

Please place on agenda for 25 Aug under New Business and First reading of the ordinance.

Thanks

Frederick C. Carr  
Borough Administrator  
Borough of South River  
48 Washington Street  
South River, NJ 08882  
(732) 257 - 1999 ext. 120  
(848) 992 - 6357 (Cell)

WARNING: Email received by or sent to Borough officials is subject to the Open Public Records Act [OPRA]. This means that absent some specific privilege, all such communications are considered a public record and are subject to publication and/or dissemination to the public upon request.

---

**From:** Mark Tinitigan [mailto:Mtinitigan@southriverpd.org]  
**Sent:** Monday, August 18, 2014 9:50 AM  
**To:** Frederick Carr  
**Cc:** Michael Kucharski; Patricia Oconnor; Sheryl Nevin  
**Subject:** Handicap Parking

Fred,

Please review the attached letter I received from Lt. Michael Kucharski regarding the approval of a handicap parking spot in the area of 11 Schack Ave. If you have any questions, please let me know.



Mark E. Tinitigan  
Chief of Police  
South River Police Department  
61 Main Street  
South River, N.J. 08882  
W: (732) 254-1150  
F: (732) 238-2816  
[mtinitigan@southriverpd.org](mailto:mtinitigan@southriverpd.org)  
FBI NA 247th Session



E

**Patricia Oconnor**

---

**From:** Frederick Carr  
**Sent:** Thursday, August 14, 2014 2:52 PM  
**To:** Debbie Jones; James Jones; Jim Hutchison; John Krenzel; Michael Trenga; Patricia Oconnor; Peter Guindi; Shawn Haussermann; Tom Roselli  
**Subject:** Lot Adjoining Veterans Park  
**Attachments:** 1 Herbert Street lot for Sale to Borough.pdf

Dear Mayor and Council,

Please see attached letter from Mr Nowakowski.

We can place this on the agenda under new business for 25 Aug if desired.

Thanks

Frederick C. Carr  
Borough Administrator  
Borough of South River  
48 Washington Street  
South River, NJ 08882  
(732) 257 - 1999 ext. 120  
(848) 992 - 6357 (Cell)

WARNING: Email received by or sent to Borough officials is subject to the Open Public Records Act [OPRA]. This means that absent some specific privilege, all such communications are considered a public record and are subject to publication and/or dissemination to the public upon request.

RECEIVED  
BOROUGH OF SOUTH RIVER

2014 AUG 14 PM 2:43

74 Prentice Avenue  
South River, NJ 08882

August 12, 2014

Frederick C. Carr  
Borough Administrator  
Borough of South River  
48 Washington St.  
South River, NJ 08882

Lot 6  
Block 286  
1 Herbert ST  
NET TAXABLE VALUE  
\$59,800

Dear Mr. Carr:

I own an empty 40'x100' lot on the corner of Herbert  
and Bray Streets next to the Veteran's Park on Herbert  
and Bryan Streets in South River.

I have no plans of using this property in the near future  
and was wondering if the Borough would have any interest  
in it. My lot is directly across from the Hockey Court and  
could possibly be used as extra parking space for the park's  
hockey games and other park activities.

If there is any interest in this property, please contact  
me at the above address or give me a call at 732-257-3330.

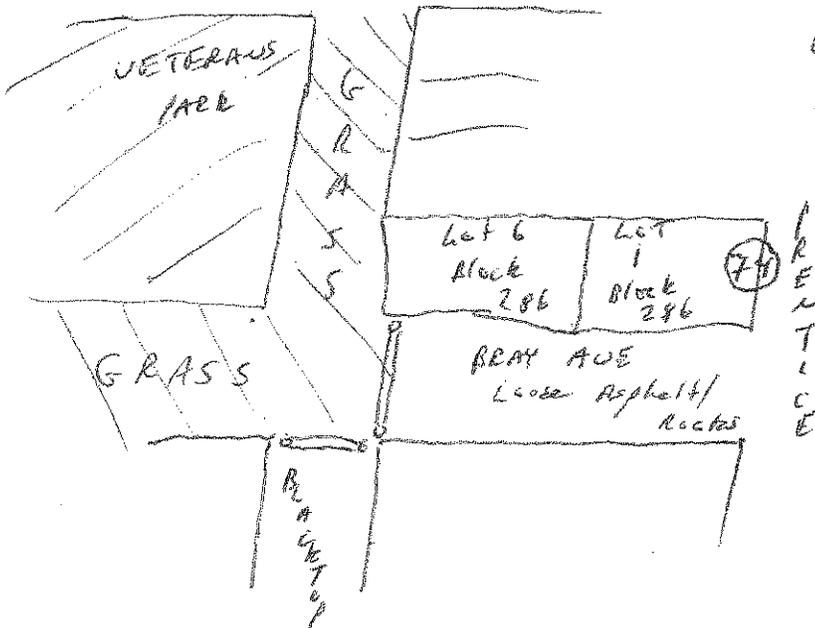
Thank you for your consideration.

BRYAN

Sincerely,

Alfons Nowakowski

Alfons Nowakowski



MAYOR +  
COUNCIL,  
CURRENTLY USED  
AS LARGE BACK  
YARD FOR 74  
Practice  
FRED

**BOROUGH OF SOUTH RIVER**

Department of Public Works

9 Ivan Way

South River, NJ 08882

Phone: (732) 257-9051 Fax: (732) 613-6113

F



<http://www.southrivernj.org>

Email: [dpw@southrivernj.org](mailto:dpw@southrivernj.org)

**MEMORANDUM 14-0048**

TO: Frederick C. Carr, Borough Administrator

FROM: Adriano Soares  
Director of Public Works

DATE: August 14, 2014

RE: Job Vacancy – Laborer “A”

*FAT*  
*Agenda 25 Aug*  
*New bus. vers*  
*closed - Personnel*  
*THOMAS*  
*FCS*

Due to the resignation of Mr. Thomas Pirro, I would like to promote an existing Laborer “A” to fill Mr. Pirro’s position as CDL Driver within the Sanitation Department. With that promotion, a Laborer “A” position will be available. I am requesting that we post the Laborer “A” job vacancy immediately as the resignation of Mr. Thomas Pirro and Mr. Edward Wyluda leaving for the Military, I will have a shortage of manpower in the Sanitation Department. Please advise.

If you have any questions, please feel free to contact me.

AS:dms

**Request for Council Action**

**Date:** August 25, 2014

**Resolution:** Resignation – Thomas Pirro, CDL Driver

**Ordinance:** \_\_\_\_\_

**Other Reason for Request (Attach Back-up)**

See Attached

**Funds Appropriated:** yes \_\_\_\_\_ no \_\_\_\_\_ not applicable  x

  
\_\_\_\_\_  
**Department Head**

  
\_\_\_\_\_  
**Approval/Disapproved Administrator**

G

**South River Bureau of Fire  
Prevention**

# Memo

**To:** Mr. Fred Carr, Borough Administrator  
**From:** Arthur Londensky *AL*  
**Date:** August 21, 2014  
**Re:** Replacement of Fire Prevention Vehicle

*FAT*  
*Please Add*  
*to New Business*  
*For Monday 25 Aug*  
*Consent Resolution*  
*Meeting of 8 Sept*  
*if needed.*  
*Fred*

**As per our conversation I am enclosing the Mechanics Report on the 1999 Ford Expedition in use by the Fire Prevention Bureau. This 15 year vehicle is having continuing maintenance issues and is in need of replacement. Funding for this replacement vehicle would come from the Fire Prevention Penalty Account Fund. The account at this time has approximately \$72,000.00**

**I would like to replace said vehicle with a 2014 Ford Police Interceptor All Wheel Drive Sport Utility Vehicle under State contract # 82925 awarded to Winner Ford of Cherry Hill, New Jersey for the cost of \$26,909.00. Approximate delivery time of 3-4 months.**

**Thank you for your cooperation in this matter.**

# Vehicle Service Record - DPW

APPOINTMENT DATE: 8/20/14

SERVICE REQUESTED: evaluation

Vehicle owner name: SR POLICE FP2

Vehicle make: FORD

Model: CROWN VIG Expedition

Vehicle: BAKER #6 FP2

Year: 2008

License no.: MG82882

VIN no.: 1F794351FMRU1E0WLE52186

Date: 8/20/14

Mileage: 60634

	Date Service Completed	Mechanics Initials	NOT COMPLETED-Reason
Change oil			
Lubricate chassis			
Change oil filter			
Change air filter			
Change transmission fluid			
Flush cooling system			
Service A/C Unit			
Bulb Replacement			
Add anti-freeze			
Align wheels			
Replace or New Tires			
Rotate tires			
Check Tire Pressure			
Service/Repair Brakes			
Tune engine			
Alternator Repair			
PM Chasis & Module Box			
Rear Drive Tran PM Service			
Front Drive Tran PM 4x4 Service			
Front End			
TOP OFF FLUIDS			
Other service <input checked="" type="checkbox"/>			
Special Instructions			

Mechanic: MM

Picked up by: Ubej

Date: 8/20/14

Mechanic's Notes: Tapping noise on motor. Motor needs future  
Frame & brake lines rotted from salt. Lines replaced  
once before. Storm use.  
Complete exhaust. Rotten  
Noise on rear axle.

H

Request for Council Action

Date: 8/19/17

Resolution: ✓

Ordinance: \_\_\_\_\_

Other Reason for Request (Attach Back-up)

Funds Appropriated:  yes     no     not applicable

  
\_\_\_\_\_  
Department Head

  
\_\_\_\_\_  
Approval/Disapproved Administrator

**PROPERTY TAX REFUND**

WHEREAS, the official tax records of the Borough of South River, New Jersey show certain adjustments, recessions, amendments, cancellations, corrections, refunds, and uncollectible should be made on certain accounts due to various reasons; and

WHEREAS, the Tax Collector recommends these changes as listed; and

NOW, THEREFORE BE IT AND IT IS HEREBY RESOLVED that the Borough Tax Collector be and he is authorized to make the necessary adjustments, indicated below and any attached list.

<u>Block</u>	<u>Lot</u>	<u>Reason</u>	<u>Name&amp; Address</u>	<u>Property Location</u>	<u>Amount</u>
301	12	Overpayment	Stella & George Ioannou 9 Foothills Dr South River, NJ 08882	20 Levinson Ave	\$1,205.42

BLQ: 301. 12.  
Owner Name: NJ DEP GREEN ARCES

Tax Year: 2014 to 2014  
Property Location: 20 LEVINSON AVE

Tax Year: 2014	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Original Billed:	969.13	969.13	1,205.42	1,205.42	4,349.10
Adjusted Billed:	0.00	0.00	0.00	0.00	0.00
Balance:	0.00	0.00	1,205.42-	0.00	1,205.42-

Date	Qtr	Type	Code	Check No	Mthd	Reference	Principal	Interest	2014 Prin Balance	Batch Id
01/30/14	1	Payment	001	multiple	CK	4055 353	969.13	0.00	3,379.97	WELLS
		wells fargo								
04/29/14	2	Payment	001	multiple	CK	4188 354	969.13	0.00	2,410.84	WELLS
		wells fargo								
07/25/14	3	Payment	001	022	CK	4293 9	1,205.42	0.00	1,205.42	DBELL2
07/25/14	4	Payment	001	022	CK	4293 10	1,205.42	0.00	0.00	DBELL2
07/31/14	3	Payment	001	MULTIPLE	CK	4304 347	1,205.42	0.00	1,205.42-	WELLS
		WELLS FARGO								

Total Principal Balance for Tax Years in Range: 1,205.42-

I

**Patricia Oconnor**

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**From:** Frederick Carr  
**Sent:** Wednesday, August 13, 2014 3:55 PM  
**To:** Debbie Jones; James Jones; Jim Hutchison; John Krenzel; Michael Trenga; Patricia Oconnor; Peter Guindi; Shawn Haussermann; Tom Roselli  
**Cc:** EDC; EDC; jackalai198@gmail.com  
**Subject:** Obert Street Parking Lot, Existing and Conceptuals  
**Attachments:** 2014.08.13 Obert Street Ex & Conceptuals.pdf

Dear Mayor and Council,

Please see Obert Street parking designs.

Existing, and two concepts showing with pay station or with just old style parking meters.

Thanks

Frederick C. Carr  
Borough Administrator  
Borough of South River  
48 Washington Street  
South River, NJ 08882  
(732) 257 - 1999 ext. 120  
(848) 992 - 6357 (Cell)

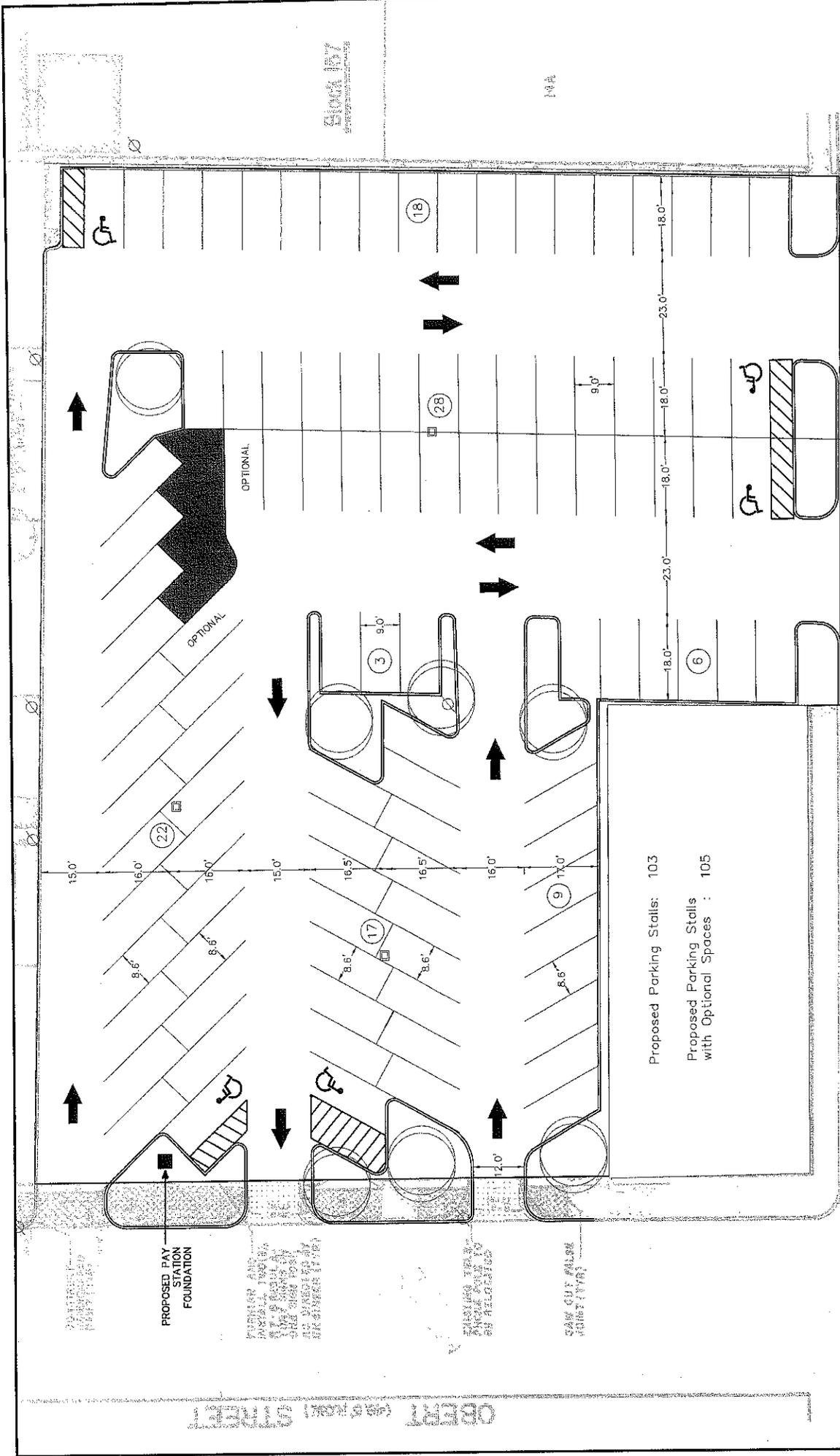
WARNING: Email received by or sent to Borough officials is subject to the Open Public Records Act [OPRA]. This means that absent some specific privilege, all such communications are considered a public record and are subject to publication and/or dissemination to the public upon request.

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**From:** Koch, Bruce [mailto:BKoch@cmeusa1.com]  
**Sent:** Wednesday, August 13, 2014 3:45 PM  
**To:** Frederick Carr  
**Subject:** FW: Obert Street Parking Lot, Existing and Conceptuals

Fred: Is this what you were looking for? (number 3) Bruce





PERMITTED TO BE  
 MOVED TO THE  
 EAST SIDE OF THE  
 LOT.

PROPOSED PAY STATION FOUNDATION

REMOVAL AND  
 RECONSTRUCTION  
 OF THE EXISTING  
 STRUCTURE AT  
 THE CORNER OF  
 THE LOT SHALL  
 BE COMPLETED  
 BY THE END OF  
 THE PROJECT.

EXISTING TREE  
 TO BE MAINTAINED  
 AND PROTECTED  
 BY THE OWNER.

SAW CUT ALONG  
 NORTH SIDE

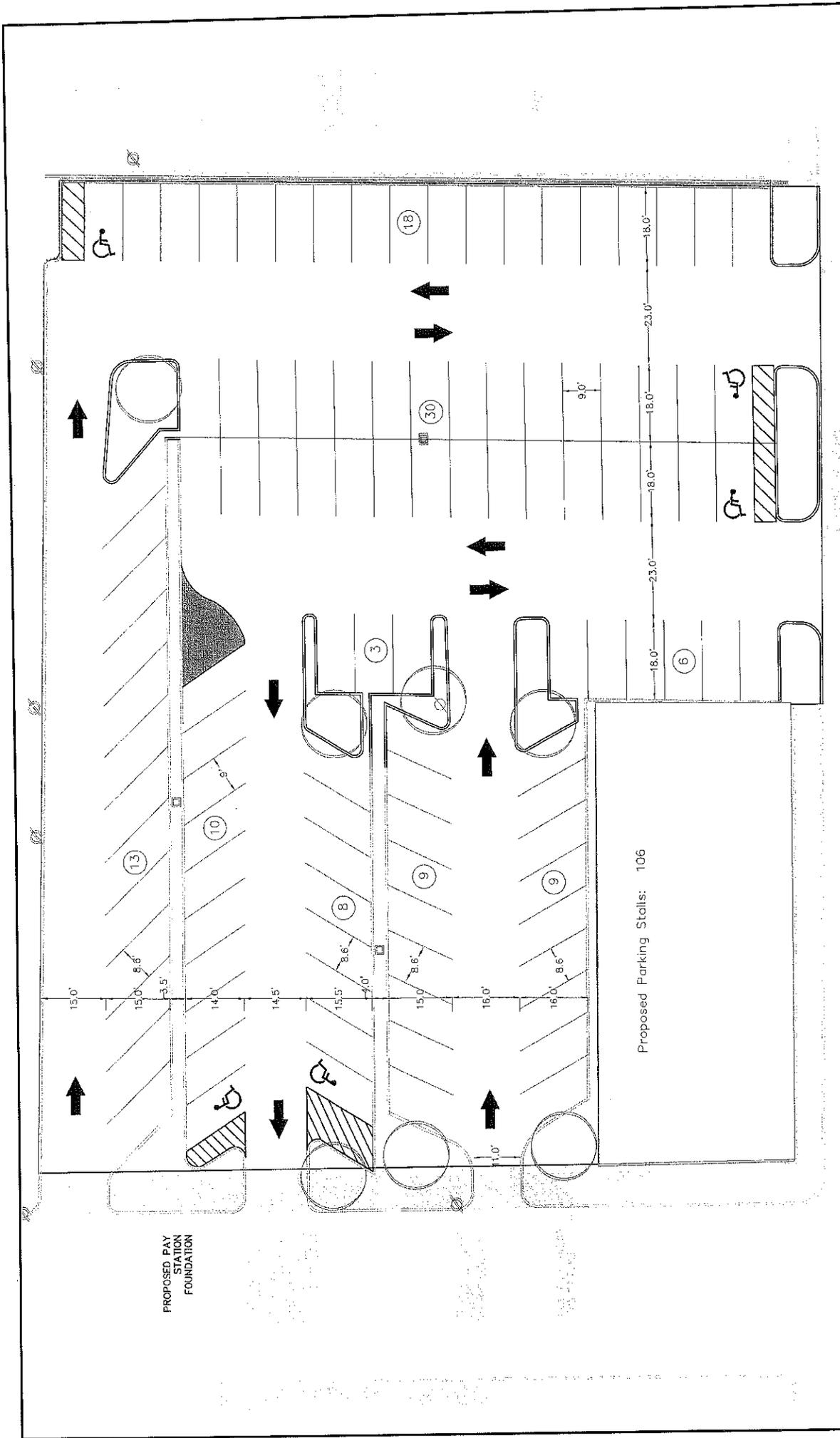
17.123  
 LIMIT OF WORK



AUGUST 2014

**OBERT STREET PARKING LOT**  
**Conceptual Layout #1**

**BOROUGH OF SOUTH RIVER**  
 Middlesex County, New Jersey



**Capital Budget  
Recommendations  
25 Aug 2014**

<b>Public Works</b>			
Loader to replace 1990 Case 621 Loader	\$210,000		
Sanitation Packer Truck to replace 1987 Mack-Truck # 28	\$210,000		
Pick-up truck to replace Truck # 11 2001 for Parks Department	\$35,000		
Dump Truck to replace 2001 Truck # 12 for Parks Department	\$50,000		
		\$505,000	
<b>Police</b>			
40 Replacement Glock Firearms	\$6,500		
1 Internal Radio Speaker System	\$11,000		
3 Portable Speed Sentry Displays	\$10,000		
2 DVD Backup Robot Printers	\$11,000		
1 Automatic Vehicle Locator/GPS Mapping	\$14,000		
1 Portable light tower	\$15,000		
32 Class II duty Belt web gear	\$9,500		
20 Bluetooth Lapel Microphone for radios	\$8,000		
6 Speciality Storage Lockers	\$6,000		
		\$91,000	
<b>Fire Department</b>			
15 SCBA Bottle replacement	\$13,500		
5 inch supply water hoses (2000 feet)	\$10,380		
New emergency Pagers (Interlocal w/East Brunswick TBD)	\$38,000		
Generator Summit Fire House	\$5,000		
		\$66,880	
<b>Rescue Squad</b>			
Generator	\$30,000	\$30,000	
	\$692,880	\$692,880	



**SOUTH RIVER POLICE DEPARTMENT**

Mark E. Tinitigan  
Chief of Police  
61 Main Street  
South River, NJ 08882-0548  
Phone: (732) 238-1000  
Fax: (732) 613-6103

August 8, 2014

To: Frederick Carr  
Business Administrator

From: Mark E. Tinitigan  
Chief of Police

Re: Capital Bond 2014

Fred,

The police department's anticipated Capital Expenses for 2014 included the following items:

(40)	Replacement Glock Firearms	\$6,500.00
(1)	Internal Radio Speaker System	\$11,000.00
(3)	Portable Speed Sentry Displays	\$10,000.00
(2)	DVD Backup Robot Printer (approx. \$5,287.00 each)	\$11,000.00
(1)	Automatic Vehicle Locator/GPS/Mapping	\$14,000.00
(1)	Portable Light Towers	\$15,000.00
(32)	Class II Duty Belt Web Gear (approx. \$300.00 each)	\$9,500.00
(4)	Ballistic Shield & Barrier	\$6,000.00
(20)	Bluetooth Lapel Microphone for radios (\$400.00 each)	\$8,000.00
(6)	Specialty Storage Lockers (approx. \$900.00 each)	\$6,000.00
(10)	Furniture Replacement (Chairs, filing cabinets, desks)	\$8,000.00
(2)	Polycomm Telephone (PD & Court)	\$5,000.00

Total anticipated capital expense for 2014 .....\$110,000.00

If you have any questions or concerns, please do not hesitate to contact me directly.

Submitted,

Mark E. Tinitigan  
Chief of Police

Cc: Joseph Zanga, CFO

## Department of Public Works Capital Budget Requests-2014

The following list is Vehicle and Equipment under the capital long term plan:

Item #	Description	Estimated Cost
1.	Loader to replace 1990 Case 621 Loader	\$160,000 to \$210,000
2.	Sanitation Packer Truck to replace 1987 Mack-Truck #28	\$210,000
3.	Dump Truck to replace 2001 Truck #12 for Parks Department	\$45,000 to \$50,000
4.	Pick-Up Truck to replace Truck #11 2001 for Parks Department	\$30,000 to \$35,000
5.	5/7 CY Dump Truck to replace 1997 Truck #8	\$120,000
6.	Trash Truck to replace to replace 1997 Truck #31 (tows chipper)	\$110,000
7.	Brush Bandit Chipper to replace 1997 Chipper	\$35,000 to \$40,000
8.	Leaf Machine to replace 1994 Leaf Machine	\$34,500
9.	¾ Ton Mason Dump to replace 1995 Truck #6	\$45,000 to \$50,000
10.	Tire Machine for Mechanics	\$10,000
11.	Copy Machine for DPW Office	\$6,000
12.	Fire Hydrant Replacement Program (see attached)	\$150,000
13.	Storage Shed for Water Department (see attached)	\$5,500
14.	Curb Box Replacement Program (see attached)	\$5,500
15.	Tools/Spare Back-up parts (see attached)	\$5,500

# SOUTH RIVER FIRE DEPARTMENT

## OFFICE OF THE CHIEF

www.southriverfire.org



Est. 1896

P.O. BOX 214  
SOUTH RIVER, NEW JERSEY 08882

Chief Lou Bongiovi Jr.  
1<sup>st</sup> Assistant Chief Steven Drugos  
2<sup>nd</sup> Assistant Chief William Smith

**ENGINE COMPANY #1**  
George St. - Fire Headquarters  
Station Number 732-257-9217  
Station Fax 732-613-6107

**RELIABLE FIRE CO.**  
George St. - Fire Headquarters  
Station Number 732-257-9217  
Station Fax 732-613-6107

**SUMMIT ENGINE CO.**  
Appleby Ave. - Station #2  
Station Number 732-254-5577  
Station Fax 732-613-6108

### 2014 Capital Requests for Fire Department

- 1) 2014 Chevy Tahoe fire chief's vehicle replacement, this vehicle will be replacing the last of the Dodge Durango's that was in our fleet. Currently Chief # 3 William Smith is operating a 2007 Dodge Durango with currently 80,000 miles on this vehicle, this chief truck was purchased as a regular package truck and was not meant for Emergency Services, though out the years we have had issues with this shutting off while responding to calls, the entire dash board would light up with all kinds of lights. The issue still is active right now while driving and the dealer could not find any problems with this. Along with this truck comes a braking issues upon driving up an incline the brake light will stay on and this issue was addressed with the dealer as well. Finally the amount of rust that this vehicle has on it and under the body is overwhelming. We are asking for a replacement to unify our fleet of Chevy Tahoe's. An estimated cost to replace this truck will be about \$45,000.00 This will include the truck a 2014 Chevy Tahoe, special services vehicle state contract that police and fire use that will include dual batteries and alternators, up fitting costs included I.E. emergency LED Lighting, strobes, spotlights, command cabinet in the rear, radio console in the front and vehicle design and lettering. All this will be a one stop shopping and the new fire chiefs truck will be prolonged life with all the LED lighting and a special services package. The current vehicle will be utilized and handed down to another department within the town.
- 2) Emergency paging system as known as the fire pagers. Currently the Motorola pagers we currently operate with now they no longer make them and they are getting harder to repair them. We are looking into a shared services agreement with Middlesex County and East Brunswick Fire District's 1, 2, and 3 to join them in replacing our paging system. We are estimating the costs for new pagers for 70 members of the fire department to be around \$550.00 a piece for the Minitor 6 pagers. Without these upgrades to our current system it will be harder to purchase pagers in the future and without new pagers and a new system the members of the fire department will not be able to function properly and receive the calls through their pagers. The total coast for this project will be \$38,000. The old low band pagers can try to be traded in for credit towards the new high band pagers or they could all be sold at a surplus auction. Once we upgrade to the new high band paging system these pagers will no longer be fit for our department needs.
- 3) Throughout the years our surplus of five inch supply hose has been depleted. Past administrations that have run the fire department have not replaced the spare five inch

# SOUTH RIVER FIRE DEPARTMENT

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hose due to available funding that was not there after the hose testing had been done annually. We are looking to purchase through state contract an estimated amount of 2,000 feet of five inch supply hose which is \$519.00 per one hundred feet. We need to have a surplus of five inch hose in the stations so that if some lengths fail or broken at a fire scene they need to be replaced. Each fire engine within the South River Fire Department's fleet carries 1,000 feet on their engines. This estimated cost will be about \$10,380 for 2,000 feet of new five inch hose purchased off state contract pricing.

- 4) Due to NFPA regulations self-contained breathing apparatus bottles can only be used for a certain period of time and can only be tested three times during the course of their life span of use. We are looking to replace 15 SCBA bottles these bottles will fit our current packs and they are 30 minute air cylinders. These bottles are state contract pricing at \$900.00 apiece. We need to replace them this year and the total cost will be \$13,500. If we can receive any credits towards new bottles we will do so, but due to NFPA regulations most likely these bottles will have to be destroyed and be put out of service for life.
- 5) Replacement of the generator that currently operates fire station number two, Appleby Avenue. This generator currently is very outdated and does not meet our needs to operate out of the fire station in a time of emergency. The current generator is very aged and only operates the front bay doors, a light in the front office and two electrical outlets in the front office. The current generator does not power the heating and air condition unit for the building. An estimated price for new generator and installation which could power everything within the entire fire station is about \$5,000.

\*\*\*\*\*  
**Replacement of Engine # 2 which is a 1990 American Eagle, this current fire engine is slated for replacement next year 2015, according to the 25 year replacement plan that was discussed. According to NFPA regulations this fire apparatus can no longer be a first due pumper to any fire calls within the Boro. Currently this fire apparatus is in need of some issues that need to be taking care of to keep it up to NFPA standards. The estimated cost to replace Engine # 2 is roughly between \$700,000 to \$800,000.**

# South River Rescue Squad

## Capitol Expenses Budget Request 2014

### # 1 Whole Building Generator

**\$30,000.00**

In approximately 2005 / 2006 money was originally bonded and 15,000.00 was set aside for a whole building generator. The generator was never purchased. There is currently a generator pad behind the building waiting for the purchase of a generator.

### # 2 Upgrade to existing building

**\$500,000.00**

Station 5 is in need of renovations to bring it up to the current code. (Currently NON-ADA complaint) And to possibly add a second floor as part of the plan to give us the much needed space for equipment, storage and training within the building, so a new facility doesn't need to be built. An estimated cost for a new facility ranges from 2 – 4 million dollars (not turn key)

### # 3 Storage Garage

**\$200,000.00**

To provide a secure location for Rescue Squad apparatus and to keep the equipment easily accessible. (Proposed location would be the George street firehouse parking lot that faces the squad building as not to incur additional expenses of land procurement.) Cost is for building to be built.

### # 4 Upgrades to the building

**\$200,000.00**

When upgrades are done to the building it will need to be brought up to code with additional features such as a sprinkler system. Removal of asbestos tiles throughout the building.

### # 5 Replace Parking Lot and Concrete Pads

**\$50,000.00**

The parking lot is poorly shaped and has multiple cracks. Concrete pad is slowly chipping away during the snow season from the salt.

### # 6 Replacement of the 10 year old ambulance

**\$170,000.00**

Ambulance 545 is a 2003 Horton box type ambulance. It is currently 10 years old with almost 65,000 miles which is more than twice the recommended age for a front line ambulance. A new box-type ambulance is requested to replace 545, whose maintenance costs are escalating. A new box-type ambulance costs approx \$158,000.00 – \$180,000.00 depending on options. 545 could remain in service as a backup ambulance for use in future inter-local agreements.

**Total: \$1,150,000.00**

Submitted By: \_\_\_\_\_

Wayne Hodges, Captain

12/26/2013

K

**Lincoln School Property Proposed Overlay Zone, Block 38, Lots 10 & 18**

**RESOLUTION**

**BOROUGH OF SOUTH RIVER PLANNING BOARD**

Be it resolved by the Borough of South River Planning Board that:

**WHEREAS**, the Borough of South River Council is considering a zone change for the former Lincoln School property, (Block 38, Lots 10 & 18 on the Borough of South River Tax Map) to anticipate future development of this site; and

**WHEREAS**, an overlay zone should be considered to establish useful zoning controls on the site; and

**WHEREAS**, at a meeting on July 28, 2014 the Borough Council introduced an amendment to the Zoning Ordinance 2014-28 of the Borough of South River, specifically Section 350- 24.1; and

**WHEREAS**, the matter was referred to the Borough of South River Planning Board for a public hearing on Master Plan consistency; and

**WHEREAS**, the Planning Board of the Borough of South River conducted a public hearing on August 19, 2014, at which time the public was invited to comment and ask questions about the Proposed Overlay Zone;

**NOW, THEREFORE, BE IT RESOLVED**, that the Planning Board of Borough of South River recommends that the South River Borough Council adopt the proposed Zoning Ordinance 2014-28 amendment for the Lincoln School Property also known as Block 38, Lots 10 & 18.

**BE IT FURTHER RESOLVED**, that the Planning Board of the Borough of South River recommends that the South River Borough Council take no action and not adopt Zoning Ordinance 2014-21 introduced on July 14, 2014.

**BE IT FURTHER RESOLVED**, that a copy of this Resolution be forwarded to the Clerk of the Borough of South River for distribution to the Mayor and Council within five (5) days of the adoption of this Resolution.

The above is a memorialization of a motion duly made and seconded on August 19, 2014, and passed with unanimous vote.

**Borough of South River Planning Board**

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**M. Anita Hermstedt, Secretary**  
**Borough of South River Planning Board**

This Resolution was voted on as follows:

**ROLL CALL**

**IN FAVOR OF APPROVAL:**

Michael Beck, Joseph Butewicz, George P. Evanovich, Michael Clancy, Glenn Davis,  
and Cynthia Urbanik.

**OPPOSED TO APPROVAL:**

None

**ABSTAINING: Mayor Krenzel**

None