AFFIDAVIT OF SERVICE

STATE OF NEW JERSEY	COUNT	TY OF ESSEX
Ronald Newman	OF FULL AGE,	BEING DULY SWORN
ACCORDING TO LAW, ON HIS OATH DE	POSED AND SAYS THAT	THE OR SHE RESIDES ATIN THE COUNTY OF
ESSEX, AND STATE AND THAT HE OR	SHE DID ON	lecember 22,2020
AT LEAST TEN (10) DAY	S PRIOR TO THE HEARI	NG DATE, GIVE PERSONAL
NOTICE TO ALL PROPERTY OWNNERS	WITHIN 200 FEET OF TH	E PROPERTY AFFECTED
LOCATED AT 21 Ho	oward St.	SAID
NOTICE WAS GIVEN BY HANDING A CO	OPY TO THE PROPERTY	OWNER OR BY SENDING
SAID NOTICE BY CERTIFIED MAIL. CO	PIES OF THE REGISTER	ED RECEIPTS ARE
ATTACHED HERETO.		
NOTICES WERE ALSO SERVED UPON: CHECK IF APPLICABLE		
() CLERK OF THE	OF	
() COUNTY PLANNING BOARD		
() STATE OF NEW JERSEY DEPARTME	ENT OF TRANSPORTATION	ON
SWORN TO AND SUBSCRIBED BEFORE OF <u>Jecthor</u> 20 <u>20</u> .	ME ON THIS 22	DAY
Tyl 2		
NOTARY	∥ APPLI	CANT

Notice of Remote Meeting Verona Zoning Board of Adjustment

Take Notice that an application has been made to the Verona Zoning Board of Adjustments by Evan Scott representing homeowners, Ron and Tara Newman, for 21 Howard Street Block 2106 Lot 2 in an R-50 (High Density Single Family) zone. The applicant is seeking permission to construct a new 14 ft. by 17 ft. deck with steps off the kitchen level of the single family house that will require variance 150-17.5.E.5 Minimum Rear Yard Setback. The applicants may also seek any such other variances and waivers that may be required, deemed necessary or requested by the Board with this application.

Please be advised that due to multiple Executive Orders declared by Governor Murphy and in an effort to prevent further spread of COVID-19, the meeting of the Zoning Board of Adjustment of the Township of Verona will be held remotely.

The application has been put on the secretary's calendar and a virtual hearing is scheduled to be held on Thursday, January 14, 2021 at 8:00 pm.

The meeting can be accessed as follows VIA VIDEO CONFERENCE as follows:

Via the internet at the link below to join the meeting:

https://zoom.us/j/95395936106

Via telephone, please dial 1(312)626-6799 or 1(646)558-8656

Use Zoom Meeting ID: 953-9593-6106, when prompted for a Participant ID, press #

At said hearing, or any adjourned date of the same, you may appear either in person or by counsel and present any objection that you may have to the granting of this application.

Documents filed by the applicants concerning such application are available for public inspection no later than 10 days prior to the meeting date at the Building Department office located at the Verona Community Center 880 Bloomfield Avenue via appointment or online at www.VeronaNJ.org/zoningboarddocuments.

Any individual intending to participate in the meeting or lacking the resources or ability to obtain technological access should contact the Verona Zoning Board Secretary Kelly Lawrence at (973) 857-4834 or klawrence@veronanj.org.

The applicant in accordance with the requirements of the New Jersey Municipal Land Use Law serves this Notice.

Lan Irelman 12-12-20

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Classified Ad Receipt (For Info Only - NOT A BILL)

Customer:

RONALD AND TARA NEWMAN

Address:

21 HOWARD STREET

VERONA NJ 07044

USA

Ad No.:

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Net Amt:

\$61.04

Run Times: 1

Run Dates: 12/17/20

No. of Affidavits:

Text of Ad:

Notice of Remote Meeting Verona Zoning Board of Adjustment

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At said hearing, or any adjourned date of the same, you may appear either in person or by counsel and present any objection that you may have to the granting of this application.

Documents filled by the application or available for public inspection no later than 10 days prior to the meeting date at the Building Department office located at the Verona Community Center 880 Bloomfield Avenue via appointment or online at www.VeronaNJ.org/zoningboarddocuments.

Any individual intending to participate in the meeting or lacking the resources or ability to obtain technological access should contact the Verona Zoning Board Secretary Kelly Lawrence at (973) 857-4834 or kla wrence@veronanj.org.

werona Zoning Board acretary Keny Lawrence at (973) 857-4634 of kill wrence@veronanj.org.

The applicant in accordance with the requirements of the New Jersey Municipal Land Use Law serves this Notice.

Verona-Cedar Grove Times December 17, 2020

Fee: \$26.04 (42) 4509700





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



U.S. Postal Service™ **CERTIFIED MAIL® RECEIPT** 990 For delivery information, visit our website 8920 Certified Mail Fee 0383 \$3.55 Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) nn. Return Receipt (electronic) Postmark Certified Mail Restricted Delivery no / Adult Signature Required \$0.00 Adult Signature Restricted Delivery \$ 2450 Postage \$0.55 62/12/2020 Total Postage and Fees \$6.95 7020 07044 ona

	U.S. Postal Service™ CERTIFIED MAIL® RECEIPT
	Domestic Mail Only
1807	For delivery information, visit our website at www.usps.com®.
Н	Verma PPPCIAL USE
F B	Certified Mail Fee \$3,55 0303
	\$ #7.25 Extra Services & Fees (check box, add fee as appropriate)
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	Street and Apt. No., or PO Box No.
<u>r</u> -	25 Howard ST
	City, State, ZIA, 40 Crang, NS 07044
	PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Agent
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
. Article Addressed to:	D. Is delivery address different from item 1? Yes
William I Isabel Macowski	If YES, enter delivery address below: ☐ No
17 Howardst	
Verona, NJ 07044	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee)
Article Number (Transfer from service label) 7020 2450	0002 0268 0855
S Form 3811, July 2013 Domestic Retu	
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature
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so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	
Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No
Montalbano, Judy + Popadaniec	
14 Howard Jt. Verona NJ 07044	3. Service Type Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merchandise □ Insured Mail □ Collect on Delivery
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PS FORTI GOT 1, July 2015 Dolliestic H	Return Receipt
CENTER CONDUCTE THE SECTION	COMPLETE THIS SECTION ON DELIVERY
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Print your name and address on the reverse so that we can return the card to you.	Addresse
Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Deliver
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
D Maco S	If YES, enter delivery address below: ☐ No
Lound Large	
Ponny Marcus 18 Howard St Verona, NT 07044	
VICE : NT 07044	3. Şervice Type
Neleval, 10	☐ Certified Mail® ☐ Priority Mail Express™
	Registered Return Receipt for Merchandis
•	4. Restricted Delivery? (Extra Fee)
2. Article Number	
(Transfer from service label) 7020 24	50 0002 0268 1814

ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature	Agent Addressee
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Verona, NJ 07044	3. Service Type Certified Mali Priority Mail Expres Registered Return Receipt for	Merchandise
	☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee)	☐ Yes
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so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C.	Date of Delivery
1. Article Addressed to: Kevin + Adrian Webster 22 Marion Rd	D. Is delivery address different from item 1? If YES, enter delivery address below:	□ No
Verona, NJ 07044	3. Service Type Certified Mail® Priority Mail Exp Registered Return Receipt	for Merchandise
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Dublic Service Electric + Gas	
1944 Manager Corporate prop	whes
80 Park place 7613	Certified Mail [®] ☐ Priority Mail Express™
Newark NJ 07102	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes
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Passaic Valley Water Commi Attn: Corporate Scir etan	US 9h DEC 1 8 2020
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1525 main Avenue	3. Service Type Gertified Mail® ☐ Priority Mail Express™
Clitton NJ 07044	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
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Jude + Nancy Tane 20 Howard St. Verona NJ 07044	lla
20 Howard St.	
Verona NJ07044	☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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or on the front if space permits.	D. Is delivery address different from item 1? 🔲 Yes
Lucas + Min Buzzad	If YES, enter delivery address below: ☐ No
91 Forest Ave	
Verrna, NJ 07044	3. Service Type Of Certified Mail* Priority Mail Express** Registered Return Receipt for Merchandise Collect on Delivery
Xanta N	4. Restricted Delivery? (Extra Fee) ☐ Yes
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\$ Form 3811, July 2013 Domestic F	eturn Réceipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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Frict Jessich Rosenbloom	
101 Forest Aug	
Veronn, NJ 07044	3. Seprice Type Certified Mail* Priority Mail Express* Registered Return Receipt for Merchandise Insured Mail Collect on Delivery Restricted Delivery? (Extra Fee) Yes
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so that we can return the card to you. Attach this card to the back of the mailpiece,	B Received his Printed Name) C Date of Delivery
or on the front if space permits.	D. Is delivery address different from item 1? 🗹 Yes
Article Addressed to:	If YES, enter delivery address below:
5tephentColleen Fay 100 Forest Ave Veruna, UJ 0744	
100 to 191 AV	3. Seprice Type
Verona, UJ 0744	Certified Mail* Priority Mail Express* Registered Return Receipt for Merchandise
	☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes
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Gransfer from service label) 7020 24	150 0002 0268 1760

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Print your name and address on the reverse so that we can return the card to you.	B. Repeived by Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	C15 12/14
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Duniel & Marjorier Gristinhho	I 120, one dollar, address seem
85 Forcet Ave	
Verona, NJ 07044	3. Service Type ***Certified Mail**
	☐ Registered ☐ Return Receipt for Merchandise
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	If YES, enter delivery address below: ☐ No
Christophud Rebeau Stark	
87 Forcet Ne.	
Verona, NJ OTHY	3. Septice Type
	☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise
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Alan + Anita De Old	
15 Howard A.	
Verona NJ 07044	3. Service Type
VEIO110 103 07044	Certified Mail® ☐ Priority Mail Express™
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
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9 Howard St.			
Verona NJ 07044		3. Service Type	
or the William		Certified Mail Registered Insured Mail Collect on De	pt for Merchandise
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Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Christopher Burns 1. Warren Rd C. Date of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? If YES, enter delivery address below: 1. Article Addressed to: 1. Article A	
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Verona, N) 01044 3. Service Type	
Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Me	rchandise
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4. Restricted Delivery? (Extra Fee)	Yes
2. Article Number (Transfer from service label) 7020 2450 0002 0268 0923	
PS Form 3811, July 2013 Domestic Return Receipt	
SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. A. Signature	Addi
Print your name and address on the reverse	Agent
Attack the control of	Addressee of Delivery
or on the front if space permits.	or Delivery
Article Addressed to: D. Is delivery address different from item 1? □ If VES_optor deliberated by the content of	Yes
If YES, enter delivery address below:	No
Jim Garrison	
19 Howard Street	
Verona, NJ 07044	
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PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return	n Receipt
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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	
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and the sail total it the said to you.	of Delivery
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Elizabeth ward If YES, enter delivery address below: 🗆	Vo
14 00	
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11 A Clamatitud 1
A. Signature
X // Addressee
B. Redelved by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
3. Service Type Certified Mail* Priority Mail Express* Registered, Preturn Receipt for Merchandise
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50 0002 0268 1340
leturi Receipt
COMPLETE THIS SECTION ON DELIVERY
A signature
☐ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. is delivery address different from item 1? Yes
If YES, enter delivery address below: L1 No
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Gertified Mail® ☐ Priority Mail Express™
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ic Return Receipt
COMPLETE THIS SECTION ON DELIVERY
A. Signature
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B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1?
If YES, enter delivery address below: No No
OKG
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☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse	A. Signature Agent Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1?
1. Article Addressed to:	If YES, enter delivery address below:
Boris Alvarez +	
Boris Alvaroz + maria Turizo 17 marian Rd	
17 marun Kd Verona MT 07044	3. Service Type Certified Mail* Priority Mail Express* Registered Return Receipt for Merchandise Insured Mail Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7020 245	0 0005 0569 0967
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