



PARKER McCAY

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March 22, 2024

File No. 13978-68

VIA HAND DELIVERY

Dr. Edward C. Williams
Planning Director/Zoning Officer
Dept. of Development and Planning
520 Market Street, City Hall, Room 224
Camden, NJ 08101

**Re: Cooper Health System
Preliminary & Final Major Site Plan Application (Tower A)
Block 1402, Lot 1; Block 1400, Lots 55 through 65
1 Cooper Plaza**

Dear Dr. Williams:

This office represents the Cooper Health System (“Applicant” or “CHS”) with the development of the above-referenced property located in the MS Zoning District. The Property is commonly known as 1 Cooper Plaza (“Property”).

Applicant is proposing to improve the Cooper University Hospital located in Camden, New Jersey. The initial phase of this project entails the construction of “Tower A.” CHS continues to evaluate future phases of development and the CHS will submit them as part of any separate application. The proposed Tower A will be a 10-story hospital-building expansion with a footprint of approximately 35,570-square-feet. Cooper intends that the Tower A expansion will better serve patients and the community by upgrading CHS aging facilities with a new, state-of-the-art healthcare space. Once constructed, CHS will begin transitioning existing healthcare uses from older areas of the hospital into the newly constructed Tower A.

The planning and design of the specific spaces within the building is still evolving along with the number of beds and new employees. Any increase in staff and beds as part of this phase of the project will be limited. The proposed expansion will house, at most, a maximum of 125 additional beds and 50 additional employees during the shift of largest employment, as well as 4 new doctors. If CHS chooses a design that results in the maximum increase of beds and employees, the parking demand would increase by no more than 92 spaces, which CHS plans to address by leasing spaces in the garage sites near the hospital.



Tower A is part of Cooper's long-term investment in the community, and it will serve as the initial project for future demolition and construction to upgrade other areas of the hospital campus.

The Applicant is seeking Preliminary and Final Major Site Plan approval for the development of the Project. The Applicant will seek the following variances or waivers from the Zoning Ordinance pursuant to N.J.S.A. 40:55D-70.c as may be required: (i) from Section 870-135 to permit lot coverage of 92.8% where 90% is permitted. The Applicant will request any and all other variances, deviations or waivers that the Board may deem necessary upon its review of the application.

In that regard, I enclose the following:

1. Original plus twelve (O+12) copies of the Zoning Permit application;
2. Original plus twelve (O+12) copies of the Site Plan Application with completed checklist and Explanation of Application;
3. Thirteen (13) sets of the Preliminary and Final Major Site Plan prepared by Langan;
4. Thirteen (13) copies of the Topographic Survey, prepared by Langan;
5. Thirteen (13) copies of the Stormwater Management Report prepared by Langan;
6. Thirteen (13) copies of an Environmental Impact Statement, prepared by Langan;
7. Thirteen (13) copies of the Architectural Plans / Elevations, prepared by HKS Architecture;
8. Thirteen (13) copies of the Completed Assessment Certifications for each of the lots;
9. Original plus twelve (O+12) copies of the Escrow Agreement and executed W-9 form;
10. Thirteen (13) copies of the Disclosure of Owners of the Applicant pursuant to N.J.S.A. 40:55D-48.1;
11. Thirteen (13) copies of the Proof of Ownership (City Tax Assessment portal showing Housing Authority of City of Camden as the Property owner); and
12. Our checks in the amount of:
 - a. \$87.30 representing the zoning permit fee;
 - b. \$500.00 representing the pre-application fee;
 - c. \$1,137.58 representing the preliminary and final major site plan application fee;
 - d. \$3,613.23 representing the preliminary and final major site plan escrow fee.



Two (2) copies of all submission materials are being hand delivered directly to Dena M. Johnson at Remington & Vernick. Please review this application and confirm that it can be scheduled for consideration at the April 11, 2024 Planning Board meeting.

Thank you for your cooperation. If you have any questions, please contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read 'K. Sheehan', written over the printed name 'KEVIN D. SHEEHAN'.

KDS/rr
Enc.

cc: Dena M. Johnson, Remington & Vernick (w/ 2 copies of all materials filed)
ALL VIA EMAIL ONLY – WITH APPLICATION FORMS
Faith Orsini, Cooper Health System
Keith Hovey, Cooper Health System
Robert Hockel, Cooper Health System
Kyle MacGeorge, Langan
Karl Pahnke, Langan
Mariah Kozub, Langan
Mark Tufaro, Hammes
John Deli Carpini, Hammes
George Stackel, HKS

DIVISION OF PLANNING
Sign Permit

Edward C. Williams

Planning Director/Zoning Officer
Department of Development and Planning
Division of Planning
520 Market street
City Hall, Room 224
P.O. Box 95120
Camden, NJ 08101-5120

Phone: 856-757-7214

Fax: 856-968-4705

Prior to erecting and/or altering any sign, a sign permit application must be completed. If the sign proposed is larger than permitted the zoning officer will deny the application and the applicant may choose to appeal before the Camden City Planning Board.

Requirements

- A proposed use and/or an accurate drawing of a proposed sign including dimensions and illustration signed by sign supplier.

CITY OF CAMDEN
DIVISION OF PLANNING
CITY HALL – ROOM 224
PO BOX 95120
CAMDEN, NEW JERSEY 08101-5120
(856) 757-7214

INSTRUCTIONS FOR ZONING/SIGN PERMIT APPLICATION

ALL APPLICANTS WHO NEED A ZONING/SIGN PERMIT MUST SUBMIT THE FOLLOWING:

1. Completed Zoning AND/OR Sign Application
2. Proof of ownership (deed, tax bill, or lease)
3. A detail floor plan of proposed use, conversion of single family dwelling shall have measurement of all habitable space. Accurate drawing of a proposed sign including dimensions and illustration signed by sign supplier. **Any addition or accessory uses or fences must have a Plot Plan and/or Survey. Additions/Fences must be presented on a Plot Plan/Survey with rear and side set back. You can obtain a Plot Plan from the Engineering Dept. located at 101 Newton Ave., 3rd Floor.**
*(copy of all/any plans must accompany application.)

4. Completed attached Tax Certification (City of Camden Tax Office Room 117 1st floor plus Water/Sewer PNC Bank located Broadway & Market St.)

5. Application fee:
(non-refundable)

Single Family Dwelling	\$ 69.56
Two-Family Dwelling	\$ 139.13
Three-Family Dwelling	\$ 215.51
Or More	
Rooming House	\$ 259.16
Boarding House	\$ 259.16
Commercial Use	\$ (87.30)
Industrial Warehousing & Manufacturing Use	\$ 139.87
Institutional Use	\$ 69.56
Advertising Billboards	\$ 395.56
Sign Application	\$ 79.11
Rezoning Application	\$ 345.09

Money Order or Check payable to the City of Camden

PLEASE RETURN COMPLETED APPLICATIONS TO THE ABOVE ADDRESS. **INCOMPLETE APPLICATIONS SHALL NOT BE PROCESS. ANY APPLICATION WHICH REMAINS INCOMPLETE FOR MORE THAN 10 BUSINESS DAYS WILL BE DISCARDED** FALSIFICATION IN ANY FORM SHALL SUBJECT APPLICANT TO A FINE OR MUNICIPAL COURT.

No construction, erection, alteration, repair, remodeling, conversion, renovation or demolition of any building or structure shall begin prior to Zoning approval. Other municipal agency approvals maybe required.

DO NOT REMOVE OR DISCARD ANY PART OF THIS APPLICATION

I. GENERAL

Today's Date: March 22, 2024

Applicant: The Cooper Health System Telephone: 917-647-5753 - Mark Tufaro

Applicant's Address: 1 Cooper Plaza, Camden, NJ 08103

Applicant Interest : (please check one) (X) owner () tenant (x) agent/owner

SUBMITTING FOR: (X) Zoning Permit () Sign Permit

1. Name and Address of property OWNER if different from that of applicant:

Same _____

2. Address and Block and Lot number for which zoning/sign permit is desired:

1402, 1400 1 Cooper Plaza Block: 1402 Lot: 1
1400 55-65

3.

Zone District: (please circle)	R1	R2	R3	C1	C2	C3	C4	LII	LI2	GI1	GI2
	US	PR1	OL1	TOD	MW1	MW2	MS	CV2	CC		

4. Historic District: No

5. What is the property/land PRESENTLY being used *entirely as*:

Hospital

6. Is the structure presently vacant? No If so how long? N/A

7. How many stories/floors does the building have? 10 proposed Is there a basement/cellar? _____

II. ZONING

1. What is being proposed?

New Construction _____ Addition Fence _____ (ht _____) Installation _____
New Business _____ Conversion _____ Other (explain: _____)

2. Describe in detail the use & activities PROPOSED (attached separate sheet if necessary):

See attached narrative

3. Are there other activities existing within the same property? Yes _____ (please describe)

Hospital Buildings

4. Dimensions of Principal Building and/or structure Irregular - approximately 35,570 sf footprint

5. Dimensions of All Accessory Building and/or structure N/A

6. Are any of the activities conducted in the principal building existing as a nonconforming use?

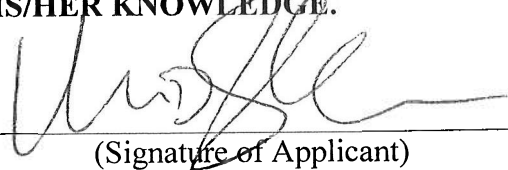
No Yes _____ (please explain) _____

7. To the applicant's knowledge, has there been any prior applications made to the Zoning Board of Adjustment or the Planning Board?

No _____ Yes (please explain) _____

THIS APPLICANT CERTIFIES THAT THE ABOVE INFORMATION HAS BEEN COMPLETED TO THE BEST OF HIS/HER KNOWLEDGE.

3/22/24
(Date)


(Signature of Applicant)

Kevin D. Sheehan, Attorney for Applicant

(Name of Corporation or Association)

DO NOT REMOVE OR DISCARD ANY PART OF THIS APPLICATION

III. SIGN No Sign

1. Type Sign: Awning / Billboard / Freestanding / Hanging / Mounted / Off Site / Window
(please circle)

Other (describe): _____ Alteration of an existing sign _____
(attach photo & describe) _____

2. Are there any existing signs? _____ (if yes, please attach photos)

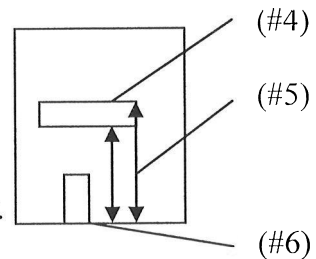
3. How many signs are proposed? _____

4. Will signs(s) be illuminated? Yes _____ No _____

5. Dimension: _____ X _____ = _____ sq ft.

6. Distance between ground and the lowest part of sign _____ ft.

7. Distance between ground and highest part of the sign _____ ft.



8. Material of Sign: _____

9. Color(s) on sign(s): _____

10. Illustration/Wording: _____

=====

THIS APPLICANT CERTIFIES THAT THE ABOVE INFORMATION HAS BEEN COMPLETED TO THE BEST OF HIS/HER KNOWLEDGE AND FURTHER UNDERSTANDS THAT IF THE SIGN EXCEEDS THE MAXIMUM REQUIREMENT A VARIANCE THROUGH THE PLANNING BOARD OF THE CITY OF CAMDEN MUST BE REQUESTED.

3/23/24
(Date)

(Signature of Applicant)

Kevin D. Sheehan, Attorney for Applicant

(Name of Corporation or Association)

**CITY OF CAMDEN
DEPARTMENT OF PLANNING & DEVELOPMENT**

**DIVISION OF PLANNING
&
ZONING**



**SITE PLAN APPLICATION AND
SUBMISSION ITEMS PACKAGE**

Any question please contact:
Angela Miller, Planning Board Secretary
(856) 757-7214

SITE PLAN APPLICATION AND SUBMISSION ITEMS PACKAGE

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**SITE PLAN APPLICATION
CHECKLIST**

CHECK IF COMPLETED

FOR OFFICE USE ONLY

- | | |
|---|-------|
| <u>X</u> 1. Zoning Application | _____ |
| <u>X</u> 2. Site Plan Applications & Site Plans (15 copies of both) | _____ |
| <u>X</u> 3. Proof of ownership (i.e. Deed, Tax Bill and/or Lease) | _____ |
| <u>X</u> 4. Signed Escrow Fee Agreement | _____ |

**PRIOR TO SUBMISSION OF ANY SITE PLAN APPLICATIONS EVERY
APPLICANT MUST CALL FOR A PRE-APPLICATION CONFERENCE.**

**IT IS STRONGLY ADVISED THAT THE APPROPRIATE PROFESSIONALS BE
PRESENT AT SAID MEETING.**

PRE-APPLICATION CONFERENCE FEE: \$500.00

(ACCORDING TO SECTION 577-270 OF THE CITY'S ZONING CODE)

***NOTE:**

- A. Incomplete applications will not be processed.
- B. Submission hours are 8:30am to 4:30pm, Monday through Friday. All applications must be stamped "received" by the Division of Planning. No outside drop-offs will be processed.
- C. All plans must be folded with *Title Block* facing upward.
- D. Whenever public notice is required, the Division of Planning shall prepare procedures for said notification and advise applicant of its readiness.

Revised 8/27/2020

The following checklist pertains to PLOT PLANS:

Check if Completed

For Office Use Only

- 1. Name and Address of owner and applicant _____
- 2. Name, signature, licenses #, seal and address of engineer, land surveyor, architect, professional planner, and/or landscape architect (as applicable). _____
- 3. Title block denoting type of application, tax map sheet, county municipality, block and lot, and street address. _____
- 4. Key map not less the 1" – 1000" showing location of tract to surrounding street, municipal boundaries, etc. within 500'. _____
- 5. Schedule for required and proposed zone requirements for Lot area, frontage, setbacks, imperious coverage, parking, etc. _____
- 6. North arrow to top of sheet, scale and graphic scale. _____
- 7. Signature block for board chair, secretary, zoning officer/ administrative officer and engineer. _____
- 8. Date of property survey _____
- 9. Acreage of tract to nearest tenth _____
- 10. Date or original and all revisions _____
- 11. Size and location of existing or proposed structures and their dimension of setbacks _____
- 12. Location and dimensions of any existing or proposed streets _____
- 13. All proposed lot lines and area of lots in square feet _____
- 14. Copy of and plan delineation of any existing or proposed deed restriction _____
- 15. Any existing or proposed easement or land reserved or dedicated for public use _____
- 16. Existing streets, other right-of-way or easements; water courses, wetlands, soils floodplains, or other environmentally Sensitive area within 200' of tract _____
- 17. Topographical features of subject property from USGS 7.5 minute maps _____

CHECK IF COMPLETED

FOR OFFICE USE ONLY

- X 18. Boundary, limits, nature and extent of wooded areas, Specimen trees and other significant physical features _____
- X 19. Drainage calculations _____
- X 20. Proposed utilities: sanitary sewer, water, storm water management, telephone, cable TV and electric _____
- X 21. Soil erosion and sediment control plan if more than 5000 sq. ft. _____
- X 22. Spot and finished elevations at all property corners, corners of Structures, existing or proposed first floor elevations _____
- X 23. Construction details road and paving cross-sections and profiles if no profiles needed _____
- N/A 24. Lighting plan and details Existing street lights to remain _____
- X 25. Landscape plan and details _____
- N/A 26. Site identification signs, traffic control signs, and directional signs _____
- N/A 27. Sight triangles _____
- N/A 28. Vehicular and pedestrian circulation patterns _____
- N/A 29. Parking plan indicating spaces, size and type aisle width internal Collectors, curb cuts, drives and driveways and all ingress and Egress areas with dimensions _____
- X 30. Preliminary architectural plan and elevations _____
- X 31. Environmental impact report, parcels 2 acres or larger _____
- 32. Plan paper size should be 24 by 36 Waiver requested _____

PURSUANT TO THE CODE OF THE CITY OF CAMDEN
(ARTICLE I, SECTION 233-4)

SITE PLAN APPLICATION

(Please Answer ALL Questions)

APPLICANT The Cooper Health System

ADDRESS 1 Cooper Plaza, Camden, NJ 08103

TELEPHONE# 917-647-5753 (Mark Tufaro) FAX# _____

OWNER OF PROPERTY Same
(if other than applicant)

ADDRESS _____

TELEPHONE _____

IF APPLICANT IS INCORPORATE OR A PARTNERSHIP, LEGAL REPRESENTATION IS REQUIRED.
PLEASE PROVIDE THE FOLLOWING:

ATTORNEY'S NAME Kevin D. Sheehan, Parker McCay

ADDRESS 2 Cooper Street, Suite 1901, Camden, NJ 08102

TELEPHONE# 856-985-4020 FAX# _____

EMAIL ADDRESS ksheehan@parkermccay.com

PLEASE PROVIDE THE FOLLOWING INFORMATION BELOW:

ENGINEER AND/OR ARCHITECT NAME Kyle MacGeorge, P.E. (Langan)

ADDRESS 1 University Square Drive, Suite 110, Princeton, NJ 08540

TELEPHONE# 609-282-8000 FAX# 609-282-8001

ADDRESS OF DEVELOPMENT 1 Cooper Plaza, Camden, NJ 08103

BLOCK NO.(S) 1402, 1400 LOT NO.(S) 1, 55-65 ZONE MS

PRESENT USE(S) Hospital

DESCRIBE PROPOSED USES (S): Hospital
(attach separate sheet if needed)

SQUARE FOOTAGE OF PROPOSED USE 332,970 SF

LOT AREA (Measured in Square Footage) 339,870 SF

BUILDING AREA OF GROUND FLOOR 35,842 SF

BUILDING AREA (Total Sq. Ft. – all floors) 332,970 SF

NO. OF PROPOSED PARKING SPACES 92 new parking spaces to be leased in existing off-site garage

NO. OF EXISTING PARKING SPACES Hospital parking is provided on campus-wide basis.
No changes proposed to parking space count.

AREA IN ACRES OF ANY ADDITION ADJOINING LAND OWNED BY APPLICANT N/A

LOTS EXTEND TO CITY AND COUNTY RIGHT-OF-WAY AND TO LANDS OWNED BY OTHERS _____

DOES THIS APPLICANT CONSTITUTE:
(Please check appropriate box)

New Application

Preliminary Preliminary and Final

Revision or Resubmission of a prior application

*IS THIS APPLICATION FOR A VARIANCE TO CONSTRUCT A MULTI-DWELLING OF 25 OR MORE FAMILY DWELLING UNITS? (Please check) YES NO

*IS THIS APPLICATION INTENDED FOR COMMERCIAL PURPOSE(S)?
(Please check) YES NO

IF THE ANSWER TO (A) OR (B) IS "YES", AND/OR IF APPLICANT IS A CORPORATION OR PARTNERSHIP, PLEASE PROVIDE THE FOLLOWING:

1. Name and address of all stockholders or individual partners owning at least 10% of its stock, of any class, or at least 10% of the interest in the partnership, as the case may be. (Additional sheet may be attached if needed).

NAME

ADDRESS

See Attached

DOES THIS APPLICATION INCLUDE:

1. AN ADDITION OF 1,000 SQ. FT. OR MORE TO AN EXISTING STRUCTURE?
(Please circle) YES NO

2. AN ADDITION OF 1,000 SQ. FT. OR MORE OF PAVING AREA FOR OFF-STREET PARKING?
(Please circle) YES NO

THIS APPLICANT CERTIFIES THAT THE ABOVE INFORMATION HAS BEEN COMPLETED TO THE BEST OF HIS/HER KNOWLEDGE.

3/22/24
DATE

The Cooper Health System
APPLICANT'S NAME (PLEASE PRINT)


APPLICANT'S SIGNATURE

Kevin D. Sheehan,
Attorney for Applicant

IV. ASSESSMENT CERTIFICATION

Section A: Applicant shall complete

SECTION A	<u>OWNER</u>
Name of OWNER of Property <u>Cooper Medical Center</u>	
Address: <u>1 Federal Street, #NW-400A</u>	
SEARCH Address: <u>1 Cooper Plaza</u>	
Block: <u>1402</u>	Lot: <u>1</u> Account: _____

Section B: Applicant shall take this form to the City of Camden Tax Office, Room 117 (1st floor) for completion to indicate whether taxes are paid up to date. Applicant must also go to the PNC Bank (Broadway & Market St) for water and sewer to make sure water /sewer is paid up to date.
 Upon completion, this form shall be submitted with original application. **NO APPLICATIONS WILL BE ACCEPTED – if any money is owed for Taxes or Water/Sewer, no permit can be issued until accounts are paid in full-proof of payment must be brought back before turning application in.**

Section C: TAX OFFICE & PNC BANK
 An application for Zoning/Sign permit has been submitted to the Division of Planning. Please check your records to be certain that the account is current

I HEREBY CERTIFY THAT THE PROPERTY ASSESSMENT ARE:
****MORTGAGE LETTERS ON LETTERHEAD WILL BE ACCEPTED FOR SALE/RESALE PROPERTIES ONLY****

Account Type	Qtr.	Due date	Amount Owed	Other
(Taxes/W&S/Other	1st	2/1/2024	0	_____
(Taxes/W&S/Other	_____	3/25/24	\$71,442.49 \$92,318.51	ge 3/22/24
(Taxes/W&S/Other	_____	_____	_____	_____
(Taxes/W&S/Other	_____	_____	_____	_____

COMMENTS: _____

DATED: _____ PREPARED BY: _____

IV. ASSESSMENT CERTIFICATION

Section A: Applicant shall complete

SECTION A	<u>OWNER</u>
Name of OWNER of Property <u>Cooper Medical Center</u>	
Address: <u>1 Federal Street, #NW-400A</u>	
SEARCH Address: <u>205 South 6th Street</u>	
Block: <u>1400</u>	Lot: <u>55</u> Account: _____

Section B: Applicant shall take this form to the City of Camden Tax Office, Room 117 (1st floor) for completion to indicate whether taxes are paid up to date. Applicant must also go to the PNC Bank (Broadway & Market St) for water and sewer to make sure water /sewer is paid up to date.
 Upon completion, this form shall be submitted with original application. **NO APPLICATIONS WILL BE ACCEPTED – if any money is owed for Taxes or Water/Sewer, no permit can be issued until accounts are paid in full-proof of payment must be brought back before turning application in.**

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****MORTGAGE LETTERS ON LETTERHEAD WILL BE ACCEPTED FOR SALE/RESALE PROPERTIES ONLY****

Account Type	Qtr.	Due date	Amount Owed	Other
(Taxes/W&S/Other)	1st	2/1/24	-0-	_____
(Taxes/W&S/Other)	_____	<u>NO T BILLING</u>	<u>(7)</u>	<u>Je 3/22/24</u>
(Taxes/W&S/Other)	_____	_____	_____	_____
(Taxes/W&S/Other)	_____	_____	_____	_____

COMMENTS: _____

DATED: _____

PREPARED BY: _____

IV. ASSESSMENT CERTIFICATION

Section A: Applicant shall complete

SECTION A	<u>OWNER</u>
Name of OWNER of Property <u>Cooper Medical Center</u>	
Address: <u>1 Federal Street, #NW-400A</u>	
SEARCH Address: <u>209 South 6th Street</u>	
Block: <u>1400</u>	Lot: <u>56, 57-65</u> Account: _____

Section B: Applicant shall take this form to the City of Camden Tax Office, Room 117 (1st floor) for completion to indicate whether taxes are paid up to date. Applicant must also go to the PNC Bank (Broadway & Market St) for water and sewer to make sure water /sewer is paid up to date.
 Upon completion, this form shall be submitted with original application. **NO APPLICATIONS WILL BE ACCEPTED – if any money is owed for Taxes or Water/Sewer, no permit can be issued until accounts are paid in full-proof of payment must be brought back before turning application in.**

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I HEREBY CERTIFY THAT THE PROPERTY ASSESSMENT ARE:

****MORTGAGE LETTERS ON LETTERHEAD WILL BE ACCEPTED FOR SALE/RESALE PROPERTIES ONLY****

Account Type	Qtr.	Due date	Amount Owed	Other
(Taxes/W&S/Other)		<u>NOT BEING BILLED</u>		<u>TC 3/22/2024</u>
(Taxes/W&S/Other)		<u>NOT BILLING</u>		<u>JE 3/22/24</u>
(Taxes/W&S/Other)		_____	_____	_____
(Taxes/W&S/Other)		_____	_____	_____

COMMENTS: _____

DATED: _____ PREPARED BY: _____

ESCROW DEPOSIT AGREEMENT BETWEEN THE CITY OF CAMDEN AND

DEPOSITOR The Cooper Health System

Address 1 Cooper Street

Camden, NJ 08103

Telephone No. 917-647-5753 Check No. _____

Depositor herewith deposits the sum of Three thousand six hundred thirteen and 23/100 dollars (\$3613.23) with the City of Camden in accordance with an subject to the provisions of the City of Camden Ordinance No. MC-2304, being incorporated by reference and made a part hereof, and agrees to the following:

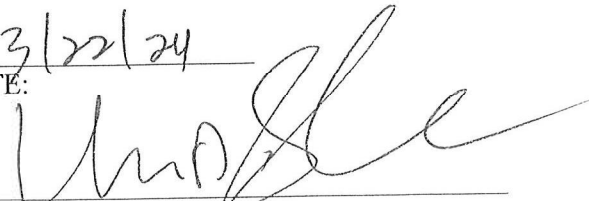
1. Depositor's payment of said deposit is made in connection with an application for:
Site plan application

At (provide address with block and lot number): 1 Cooper Plaza

2. The Treasure of the City of Camden shall be authorized to disburse to the City Engineer from the funds deposited, those fees required to be paid for the technical and professional review by the Zoning Board of Adjustment and/or Planning Board pursuant to the terms of Ordinance MC-2304.
3. All fees shall be disbursed upon reconciliation of the Engineer & Insurance Escrow Accounts by Ordinance MC-2304.
4. If there are insufficient funds in the depositor's escrow account to pay all pending bill attribute to the aforementioned project, depositor shall be notified by the appropriate agency and requested to make an additional deposit into the escrow account.
5. Depositor understands that if he/she fails to make any additional deposit required, depositor's application shall be denied.
6. Any additional deposits shall be made to the Treasure, City of Camden, by way of the Division of Planning, in accordance with the terms set forth herein unless otherwise agreed to by the depositor and the approving agency.
7. The City of Camden shall not be required to pay interest on any sums held pursuant to this agreement.

IN WITNESS WHEREOF the undersigned hereby accepts the terms and conditions of this agreement.

3/22/24
DATE:



Applicant or Authorized Signature
Kevin D. Sheehan, Attorney for Applicant

Request for Taxpayer Identification Number and Certification

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

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your Income tax return). Name is required on this line; do not leave this line blank.

The Cooper Health System

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

- Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶

Non-Profit 501 (c) (3)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

One Cooper Plaza

6 City, state, and ZIP code

Camden, NJ 08103

7 List account number(s) here (optional)

Requester's name and address (optional)

See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

			-			-				
--	--	--	---	--	--	---	--	--	--	--

or

Employer identification number

2	1	-	0	6	3	4	4	6	2
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here

Signature of U.S. person ▶



Date ▶

General Instructions

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

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

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding, later.*

DISCLOSURE STATEMENT PURSUANT
TO N.J.S.A. 40:55D-48.1

The Cooper Health System, in a non-profit corporation. There are no owners of the corporation and there are no legal interests (pecuniary or otherwise) of any members of the non-profit entity.
4891-9839-4544, v. 1

Block/Lot/Qual: 1402. 1.	Tax Account Id: 31215
Property Location: 1 COOPER PLAZA	Property Class: 15D - Church/Charitable
Owner Name/Address: COOPER MEDICAL CENTER; %BILL SMITH 1 FEDERAL ST, #NW-400A CAMDEN, NJ 08103-1161	Land Value: 3,276,600 Improvement Value: 199,659,400 Exempt Value: 0
Special Taxing Districts: S01	Total Assessed Value: 202,936,000 Additional Lots: HOSPITAL Deductions:

Balance Includes any Adjustments to Your Account

Taxes

Make a Payment		View Tax Rates		View Current Bill		Project Interest		
Year	Due Date	Type	Orig Billed	Adj Billed	Balance	Interest	Total Due	Status
2024	02/01/2024	Tax	107,048.74	0.00	0.00	0.00	0.00	PAID
2024	05/01/2024	Tax	107,048.74	0.00	106,259.63	0.00	106,259.63	OPEN
Total 2024			214,097.48	0.00	106,259.63	0.00	106,259.63	
2023	02/01/2023	Tax	100,960.66	0.00	0.00	0.00	0.00	PAID
2023	05/01/2023	Tax	100,960.66	0.00	0.00	0.00	0.00	PAID
2023	08/01/2023	Tax	113,136.82	0.00	0.00	0.00	0.00	PAID
2023	11/01/2023	Tax	113,136.82	0.00	0.00	0.00	0.00	PAID
Total 2023			428,194.96	0.00	0.00	0.00	0.00	
2022	02/01/2022	Tax	0.00	102,990.02	0.00	0.00	0.00	
2022	05/01/2022	Tax	0.00	102,990.02	0.00	0.00	0.00	
2022	08/01/2022	Tax	98,931.30	0.00	0.00	0.00	0.00	PAID
2022	11/01/2022	Tax	98,931.30	0.00	0.00	0.00	0.00	PAID
Total 2022			197,862.60	205,980.04	0.00	0.00	0.00	
Last Payment: 02/29/24								

[Return to Home](#)

Block/Lot/Qual: 1400. 55.	Tax Account Id: 31190
Property Location: 205 SO 6TH ST	Property Class: 15D - Church/Charitable
Owner Name/Address: COOPER HEALTH SYSTEM; %BILL SMITH 1 FEDERAL ST, #NW-400A CAMDEN, NJ 08103-1161	Land Value: 245,200 Improvement Value: 58,200 Exempt Value: 0 Total Assessed Value: 303,400 Additional Lots: None
Special Taxing Districts:	Deductions:

Balance Includes any Adjustments to Your Account

Taxes

Make a Payment	View Tax Rates	View Current Bill	Project Interest					
Year	Due Date	Type	Assessed	Am. Billed	Balance	Interest	Total Due	Status
2022	12/31/2022	Tax	0.00	3,705.00	0.00	0.00	0.00	
Last Payment: 08/18/23								

[Return to Home](#)

Block/Lot/Qual: 1400. 56.	Tax Account Id: 31191
Property Location: 209 SO 6TH ST	Property Class: 15D - Church/Charitable
Owner Name/Address: COOPER HOSP/UNIV MED CTR;% B SMITH	Land Value: 254,900
1 FEDERAL ST, #NW-400A	Improvement Value: 59,500
CAMDEN, NJ 08103-1161	Exempt Value: 0
Special Taxing Districts:	Total Assessed Value: 314,400
	Additional Lots: 57-65
	Deductions:

TAXES

Make a Payment	View Tax Rates	View Current Bill	Project Interest			
Year Due Date	Type	Billed	Balance	Interest	Total Due	Status
Last Payment: 11/09/07						

[Return to Home](#)

SECURITY FEATURES INCLUDE TRUE WATERMARK PAPER, HEAT SENSITIVE ICON AND FOIL HOLOGRAM.

**PARKER MCCAY P.A.
DISBURSEMENT ACCOUNT**

9000 MIDLANTIC DR STE. 300
PO BOX 5054
MOUNT LAUREL, NJ 08054-5054

19 2909

55-136/312
631

DATE

3/22/24

CHECK ARMOR

PAY
TO THE
ORDER OF

City of Camden

\$ 87.30

Eighty-seven dollars

30/100 DOLLARS



America's Most Convenient Bank®



FOR 13978-68 - ZONING FEE

Gappat



⑈002909⑈ ⑆031201360⑆ 7859739257⑈

SECURITY FEATURES INCLUDE TRUE WATERMARK PAPER, HEAT SENSITIVE ICON AND FOIL HOLOGRAM.

**PARKER MCCAY P.A.
DISBURSEMENT ACCOUNT**

9000 MIDLANTIC DR STE. 300
PO BOX 5054
MOUNT LAUREL, NJ 08054-5054

19 2910

55-136/312
631

DATE

3/22/24

CHECK ARMOR

PAY
TO THE
ORDER OF

City of Camden

\$ 500.00

Five hundred dollars

44/100 DOLLARS



America's Most Convenient Bank®



FOR 13978-68 - Pk App Fee

Gappat



⑈002910⑈ ⑆031201360⑆ 7859739257⑈

Security Features Included Details on Back.

SECURITY FEATURES INCLUDE TRUE WATERMARK PAPER, HEAT SENSITIVE ICON AND FOIL HOLOGRAM.

**PARKER MCCAY P.A.
DISBURSEMENT ACCOUNT**

9000 MIDLANTIC DR STE. 300
PO BOX 5054
MOUNT LAUREL, NJ. 08054-5054

19 2911

55-136/312
631

DATE 3/22/24



PAY TO THE ORDER OF

City of Camden

\$ 1,137.58
58/100
DOLLARS

One thousand one hundred thirty seven



America's Most Convenient Bank®



FOR 13975-68-SITE PLAN APP FEE

G. Goff

⑈002911⑈ ⑆031201360⑆ 7859739257⑈



Details on Back. Security Features Included

SECURITY FEATURES INCLUDE TRUE WATERMARK PAPER, HEAT SENSITIVE ICON AND FOIL HOLOGRAM.

**PARKER MCCAY P.A.
DISBURSEMENT ACCOUNT**

9000 MIDLANTIC DR STE. 300
PO BOX 5054
MOUNT LAUREL, NJ 08054-5054

19 2912

55-136/312
631

DATE 3/22/24



PAY TO THE ORDER OF

City of Camden

\$ 3,613.23
23/100
DOLLARS

Three thousand six hundred thirteen



America's Most Convenient Bank®



FOR 13975-68-KSCROW FEE

G. Goff

⑈002912⑈ ⑆031201360⑆ 7859739257⑈



Details on Back. Security Features Included