



PARKER McCAY

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November 22, 2024

File No. 13978-73

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;
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 install a Temporary Mobile MRI unit to provide MRI services for the Health System while existing MRIs are being replaced. The unit will be an 8.5’ x 48’ trailer on wheels located in the plaza where the Emergency Ambulance entrance is located off of Benson Street at 6th Avenue. The unit will be located next to the existing hospital so that patients can be moved from the existing hospital doorway to the unit. There will be a 8.5’ x 49’ canopy installed between the hospital building and unit to protect against the weather. The unit will have electric service from a location constructed for a prior Mobile MRI unit. It will not have a bathroom or water/sewer hook-ups, as employees will have access to the hospital.

Pursuant to §870-43 of the Zoning Ordinance, upon a resolution by the Board's finding that the proposed use will not affect existing drainage, circulation, relationship of buildings to each other, landscaping, buffering, lighting and other considerations of site plan approval and that the existing facilities do not require upgraded or additional site improvements.

COUNSEL WHEN IT MATTERS.SM

Mount Laurel, New Jersey | Hamilton, New Jersey | Atlantic City, New Jersey | Camden, New Jersey



In that regard, the Applicant submits that:

- The unit is on wheels; so no foundation is required.
- No new utility construction is required;
- It will be located in a space that will not affect circulation;
- It will be located in an existing driveway/service area more than 100 feet from the street so landscaping or buffering is not required;
- The area is well lit so, no new site lighting is required; and
- No new site improvements are required.

Accordingly, the Applicant is seeking a Site Plan Waiver. In that regard, I enclose the following:

1. Original plus fourteen (O+14) copies of the Zoning Permit application;
2. Original plus fourteen (O+14) copies of the Site Plan Application with completed checklist;
3. Fifteen (15) sets of the Site Plan prepared by PS&S;
4. Fifteen (15) copies of the Aerial Map;
5. Fifteen (15) copies of the Completed Assessment Certifications;
6. Original plus fourteen (O+14) copies of the Escrow Agreement and executed W-9 form;
7. Fifteen (15) copies of the Disclosure of Owners of the Applicant pursuant to N.J.S.A. 40:55D-48.1;
8. Fifteen (15) copies of the Proof of Ownership (City Tax Assessment portal showing Housing Authority of City of Camden as the Property owner); and
9. Our checks in the amount of:
 - a. \$87.30 representing the zoning permit fee;
 - b. \$1,137.58 representing the preliminary and final major site plan application fee;
 - c. \$3,613.23 representing the preliminary and final major site plan escrow fee.

Please review this application and confirm that it can be scheduled for consideration at the December 12, 2024 Planning Board meeting.

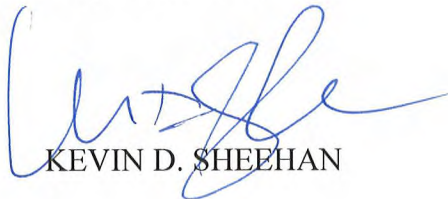
Please remember that Mr. Burns cannot hear an application for Cooper Health System, and conflict counsel will be required.



PARKER McCAY

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

Very truly yours,



KEVIN D. SHEEHAN

KDS/rr

Enc.

cc: **ALL VIA EMAIL ONLY – WITH APPLICATION FORMS**

Jennifer O'Shea, Cooper Health System

Keith Hovey, Cooper Health System

Herbert Smith, Cooper Health System

Stephen Sgro, PS&S

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 may be 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:** 856-382-6574 Jennifer O'Shea

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

Applicant Interest : (please check one) ☒ owner ☐ tenant ☐ agent/owner

SUBMITTING FOR: ☐ 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:

1 Cooper Plaza **Block:** 1402 **Lot:** 1

3.

| | | | | | | | | | | | |
|------------------------|-----------|------------|------------|------------|------------|------------|-----------|------------|------------|------------|------------|
| Zone District: | R1 | R2 | R3 | C1 | C2 | C3 | C4 | LII | LI2 | GI1 | GI2 |
| (please circle) | 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? No change Is there a basement/cellar?

DO NOT REMOVE OR DISCARD ANY PART OF THIS APPLICATION

II. ZONING

1. What is being proposed?

New Construction _____ Addition _____ Fence _____ (ht _____) Installation _____

New Business _____ Conversion _____ Other (explain: Temporary MRI Unit)

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

See cover letter

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

Hospital Buildings

4. Dimensions of Principal Building and/or structure No change

5. Dimensions of All Accessory Building and/or structure 8.5' x 48' trailer with 8.5' x 49' canopy

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

No X Yes _____ (please explain) _____

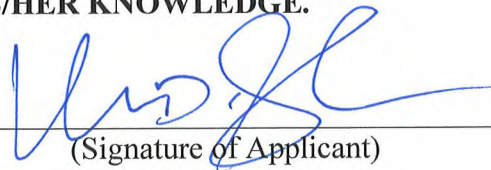
7. To the applicant's knowledge, has there been any prior applications made to the Zoning Board of Adjustment or the Planning Board?

No _____ Yes X (please explain) _____

=====

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

(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.
- A diagram of a rectangular sign mounted on a wall. A horizontal line with arrows at both ends is labeled (#4). A vertical line with arrows at both ends is labeled (#5). A vertical line with arrows at both ends, extending from the ground to the top of the sign, is labeled (#6).
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.

(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

**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

TABLE OF CONTENTS

SITE PLAN CHECKLIST.....Page 2

PLOT PLAN CHECKLIST.....Page 3

PLANNING & ZONING FEES.....Page 5

SITE PLAN APPLICATION.....Page 6

ESCROW AGREEMENT.....Page 10

COUNTY PLANNING BOARD APPLICATION.....Page 11

**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.

The following checklist pertains to PLOT PLANS:

Check if Completed

For Office Use Only

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

CHECK IF COMPLETED**FOR OFFICE USE ONLY**

- W 18. Boundary, limits, nature and extent of wooded areas,
Specimen trees and other significant physical features _____
- W 19. Drainage calculations _____
- W 20. Proposed utilities: sanitary sewer, water, storm water
management, telephone, cable TV and electric _____
- N/A 21. Soil erosion and sediment control plan if more than 5000 sq. ft. _____
- W 22. Spot and finished elevations at all property corners, corners of
Structures, existing or proposed first floor elevations _____
- N/A 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 _____
- W 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 _____
- W 30. Preliminary architectural plan and elevations _____
- W 31. Environmental impact report, parcels 2 acres or larger _____
- W 32. Plan paper size should be 24 by 36 _____

**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# 856-382-6574 (Jennifer O'Shea)

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 Stephen Sgro, PS&S

ADDRESS 1415 Route 70 East, Suite 305, Cherry Hill, NJ 08034

TELEPHONE# 856-335-6013 **FAX#** _____

ADDRESS OF DEVELOPMENT 1 Cooper Plaza, Camden, NJ 08103

BLOCK NO.(S) 1402 **LOT NO.(S)** 1 **ZONE** MS

PRESENT USE(S) Hospital

DESCRIBE PROPOSED USES (S):
(attach separate sheet if needed) Temporary Mobile MRI

SQUARE FOOTAGE OF PROPOSED USE 784 sq. ft. (mobile on wheels)

LOT AREA (Measured in Square Footage) 312,107.4 sq. ft.

BUILDING AREA OF GROUND FLOOR 784 new sq. ft. (mobile on wheels)

BUILDING AREA (Total Sq. Ft. – all floors) 784 new sq. ft. mobile on wheels; no new impervious

NO. OF PROPOSED PARKING SPACES 0

NO. OF EXISTING PARKING SPACES No Change

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

DOES THIS APPLICANT CONSTITUTE:
(Please check appropriate box)

☐ New Application ☒ Site Plan Waiver

☐ 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.

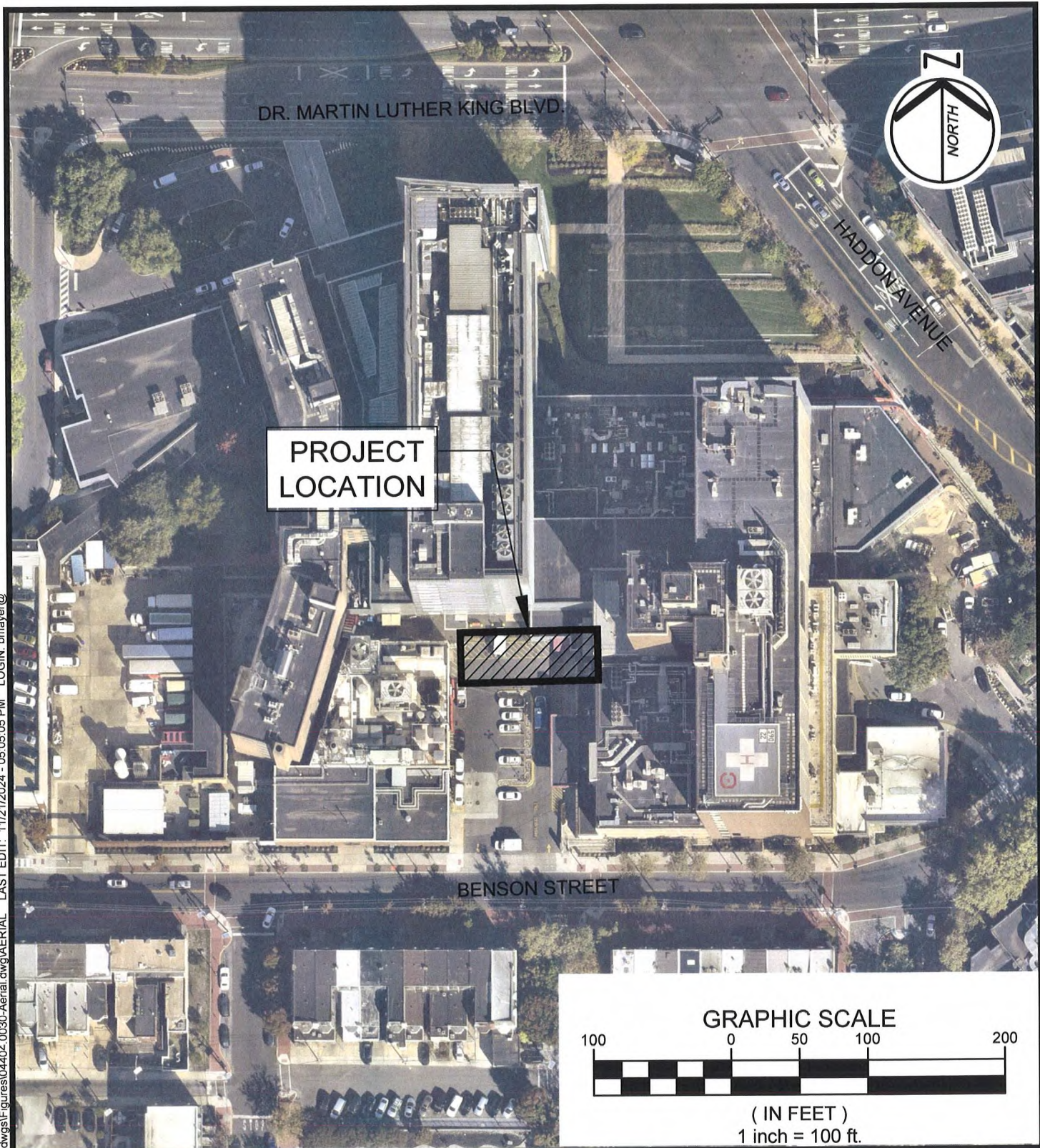
DATE _____

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

APPLICANT'S SIGNATURE

Kevin D. Sheehan,
Attorney for Applicant

FILE NAME: P:\04404\0030\DWG\Civil\Plots\dwg\Figures\04404-0030-Aerial.dwg\AERIAL LAST EDIT: 11/21/2024 - 05:05:05 PM LOGIN: bmayer@



PAULUS, SOKOLOWSKI
AND SARTOR, LLC.

1415 ROUTE 70 EAST
SUITE 305
CHERRY HILL, NJ 08034
PHONE: (856) 335-6010

CERTIFICATE OF AUTHORIZATION NO. 24GA28032700

PROJECT TITLE

COOPER UNIVERSITY HEALTH CARE
K1 MOBILE MRI UNIT

CITY OF CAMDEN, CAMDEN COUNTY, NEW JERSEY

SHEET TITLE

AERIAL MAP

SOURCE: NEARMAP AERIAL IMAGERY, OCTOBER 2024

PROJ. NO.: 04404.0030

DRN. BY: BRM

SCALE: 1" = 100'

DATE: 11/21/2024

CK'D BY: WS

SHT. NO.: 1 OF 1

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: <u>77-0453830-0</u> |

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 | <u>PAST DUE</u> | | <u>\$3,741.35</u> | <u>AM 11-22-24</u> |
| (Taxes/ <u>W</u> &S/Other | | <u>Past Due</u> | <u>\$ 15.86</u> | <u>RC 11-22-24</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. 856-382-6574 (Jennifer O'Shea) 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:

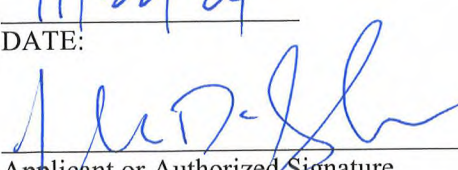
1. Depositor's payment of said deposit is made in connection with an application for:
Site plan waiver

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.

11/22/24
DATE:


Applicant or Authorized Signature

Kevin D. Sheehan, Attorney for Applicant

Request for Taxpayer Identification Number and Certification

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

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

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) ►

☒ 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)

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 ►

Reemthun M. Knight

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.

4883-0188-5950, 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 | Land Value: | 3,276,600 |
| | 1 FEDERAL ST, #NW-400A | Improvement Value: | 199,659,400 |
| | CAMDEN, NJ 08103-1161 | Exempt Value: | 0 |
| | | Total Assessed Value: | 202,936,000 |
| | | Additional Lots: | HOSPITAL |
| Special Taxing Districts: | S01 | Deductions: | |

Taxes

| <div><div>Make a Payment</div><div>View Tax Rates</div><div>View Current Bill</div><div>Project Interest</div></div> | | | | | | | |
|--|------------|------|------------|------------|----------|------------|--------|
| Year | Due Date | Type | Billed | Balance | Interest | Total Due | Status |
| 2025 | 02/01/2025 | Tax | 115,673.52 | 115,673.52 | 0.00 | 115,673.52 | OPEN |
| 2025 | 05/01/2025 | Tax | 115,673.52 | 115,673.52 | 0.00 | 115,673.52 | OPEN |
| Total 2025 | | | 231,347.04 | 231,347.04 | 0.00 | 231,347.04 | |
| 2024 | 02/01/2024 | Tax | 107,048.74 | 0.00 | 0.00 | 0.00 | PAID |
| 2024 | 05/01/2024 | Tax | 107,048.74 | 0.00 | 0.00 | 0.00 | PAID |
| 2024 | 08/01/2024 | Tax | 124,298.30 | 0.00 | 0.00 | 0.00 | PAID |
| 2024 | 11/01/2024 | Tax | 124,298.30 | 3,711.13 | 28.78 | 3,739.91 | OPEN |
| Total 2024 | | | 462,694.08 | 3,711.13 | 28.78 | 3,739.91 | |
| 2023 | 02/01/2023 | Tax | 100,960.66 | 0.00 | 0.00 | 0.00 | PAID |
| 2023 | 05/01/2023 | Tax | 100,960.66 | 0.00 | 0.00 | 0.00 | PAID |
| 2023 | 08/01/2023 | Tax | 113,136.82 | 0.00 | 0.00 | 0.00 | PAID |
| 2023 | 11/01/2023 | Tax | 113,136.82 | 0.00 | 0.00 | 0.00 | PAID |
| Total 2023 | | | 428,194.96 | 0.00 | 0.00 | 0.00 | |
| Last Payment: 10/31/24 | | | | | | | |

[Return to Home](#)

**PARKER MCCAY P.A.
DISBURSEMENT ACCOUNT**9000 MIDLANTIC DR STE. 300
PO BOX 5054
MOUNT LAUREL, NJ 08054-5054

19 2980

55-136/312
631CHECK ARMOR
FRAUD PROTECTION

DATE

11/22/24

PAY
TO THE
ORDER OF

City of Camden

\$ 87.30

DOLLARS

**Bank**

America's Most Convenient Bank®



FOR

13978-73-20UNIT FEE

⑈002980⑈ ⑆031201360⑆ 7859739257⑈



Details on Back. Security Features Included

**PARKER MCCAY P.A.
DISBURSEMENT ACCOUNT**9000 MIDLANTIC DR STE. 300
PO BOX 5054
MOUNT LAUREL, NJ 08054-5054

19 2981

55-136/312
631CHECK ARMOR
FRAUD PROTECTION

DATE

11/22/24

PAY
TO THE
ORDER OF

City of Camden

\$ 1,137.58

DOLLARS

**Bank**

America's Most Convenient Bank®



FOR

13978-73-APP FEE

⑈002981⑈ ⑆031201360⑆ 7859739257⑈



Details on Back. Security Features Included

**PARKER MCCAY P.A.
DISBURSEMENT ACCOUNT**9000 MIDLANTIC DR STE. 300
PO BOX 5054
MOUNT LAUREL, NJ 08054-5054

19 2982

55-136/312
631CHECK ARMOR
FRAUD PROTECTION

DATE

11/22/24

PAY
TO THE
ORDER OF

City of Camden

\$ 3,613.23

DOLLARS

**Bank**

America's Most Convenient Bank®



FOR

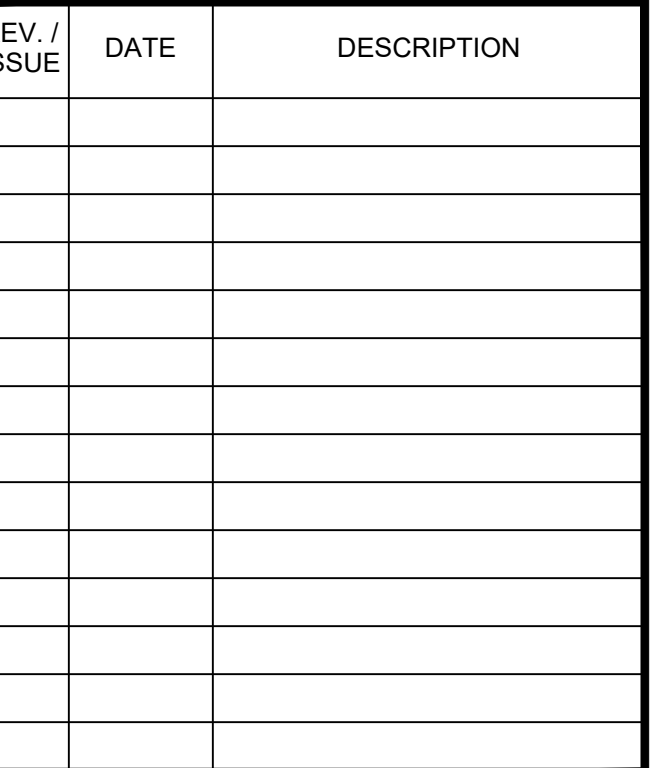
13978-73-RECEIVE

⑈002982⑈ ⑆031201360⑆ 7859739257⑈



Details on Back. Security Features Included

1. THE PURPOSE OF THIS PLAN IS FOR APPROVAL BY THE CITY OF CAMDEN FOR THE INSTALLATION OF A TEMPORARY MOBILE MRI UNIT IN THE AMBULATORY DROP OFF AREA AT THE COOPER UNIVERSITY HEALTH CARE CAMPUS. THIS PLAN IS FOR PERMITTING.
2. EXISTING INFORMATION SHOWN BASED ON PLAN ENTITLED, "KELEMEN UNIVERSAL MOBILE DOCKING STATION, 1 COOPER PLAZA, CAMDEN, NEW JERSEY, 08103, PARTIAL 1ST FLOOR PLAN - MOBILE TRAILER", PREPARED BY SAPHIRE AND ALBARRAN ARCHITECTURE, LLC, LAST REVISED 10/25/2019.



ORIENTATION / KEY PLAN



CERTIFICATE OF AUTHORIZATION NO. 24GA28032700

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SIGNATURE _____ DATE 11/21/2024

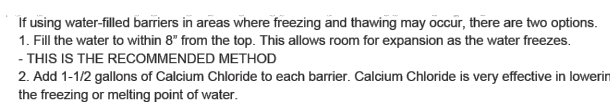
BLOCK 1402, LOT 1
N, CAMDEN COUNTY, NEW JERSEY

| | |
|-------------------------|----------------|
| PROJECT NO.: 04404.0030 | DRAWN BY: BRM |
| SCALE: 1" = 5' | CHECKED BY: WS |
| DATE: 11/21/2024 | SHEET 1 OF 1 |
| SHEET NO. | |

C-01

Traffic Barrier System

| | |
|------------------------------------|---|
| Basic Dimensions: | |
| A - 60-5/8" (1540 mm) Length | E - 24" (610 mm) Alternate Post Locations (3) |
| B - 17-3/4" (450 mm) Base Width | F - 2" (50 mm) Drain Plug |
| C - 21-5/8" (550 mm) Height | G - Post Pocket (3) |
| D - 5-7/8" (150 mm) Top Deck Width | H - Post Lock (1-3) |
| Weight: | |
| Base only - no posts or signs | Wall Thickness 3/16" |
| Empty 33 lbs. (15 Kg.) | |
| Water filled 400 lbs. (180 Kg.) | Rotationally molded using virgin polymers |
| Sand filled 600 lbs. (270 Kg.) | |



NOT TO SCALE

