



**PARKER McCAY**

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ksheehan@parkermccay.com

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 6<sup>th</sup> 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.<sup>SM</sup>**

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.



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

Very truly yours,

A handwritten signature in blue ink, appearing to read 'Kevin D. Sheehan', written over the printed name.

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., 3<sup>rd</sup> Floor.**

\*(copy of all/any plans must accompany application.)

4. Completed attached Tax Certification (City of Camden Tax Office Room 117 1<sup>st</sup> 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: 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? \_\_\_\_\_

**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?

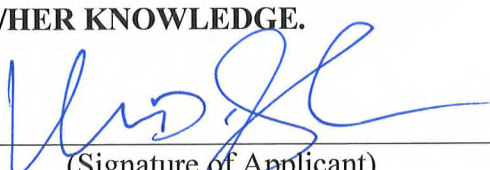
No X Yes \_\_\_\_\_ (please explain) \_\_\_\_\_

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)

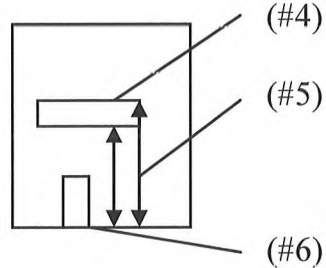
3. How many signs are proposed? \_\_\_\_\_

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.



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

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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.



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 <del>survey</del> 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

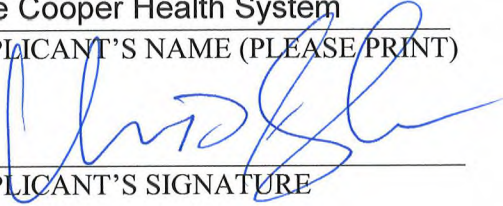
DOES THIS APPLICATION INCLUDE:

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

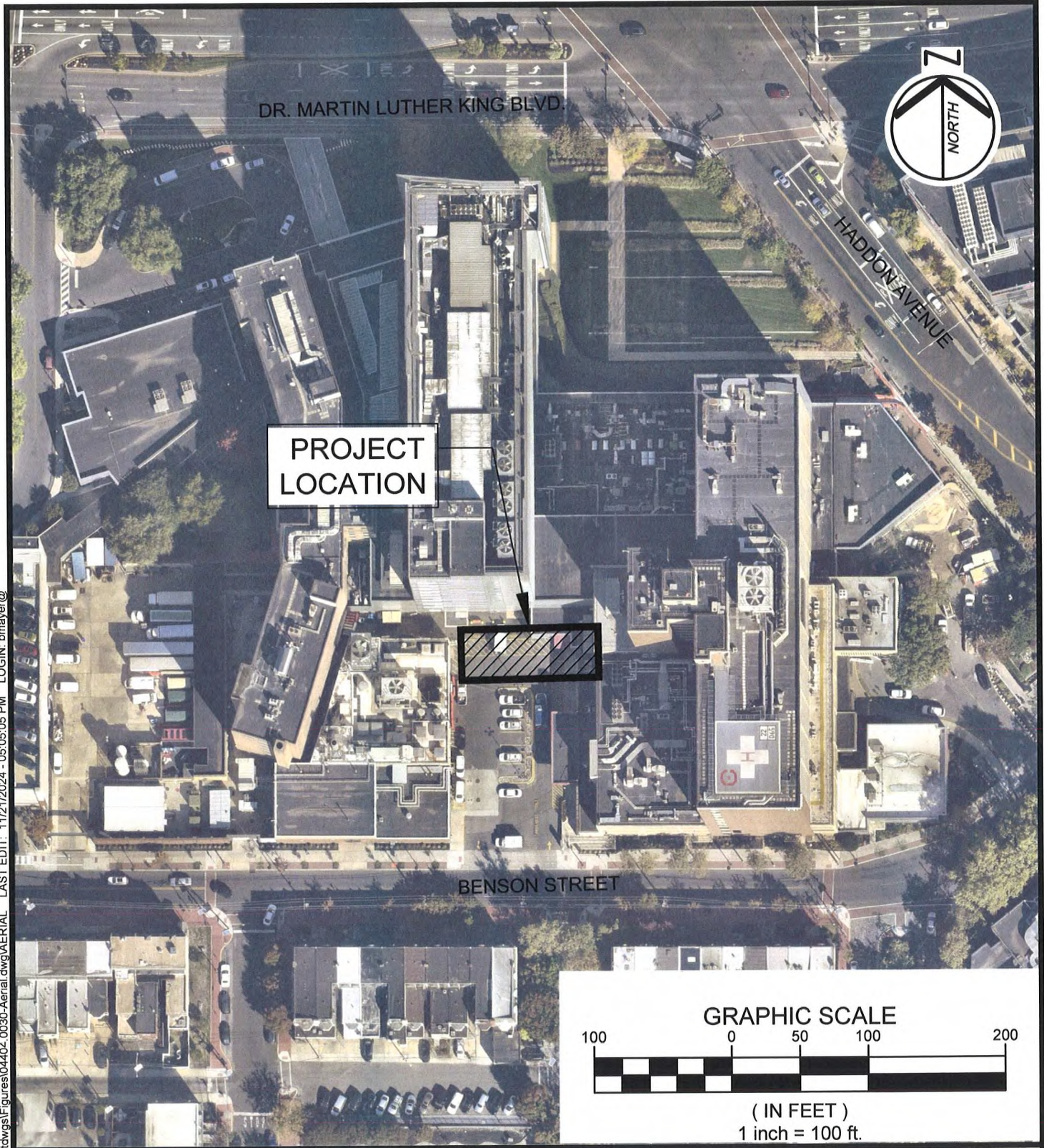
The Cooper Health System  
APPLICANT'S NAME (PLEASE PRINT)

  
\_\_\_\_\_  
APPLICANT'S SIGNATURE

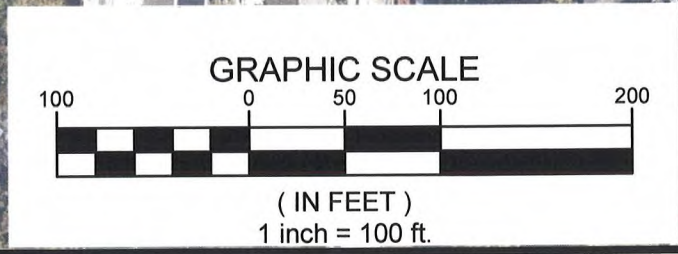
Kevin D. Sheehan,  
Attorney for Applicant



FILE NAME: P:\044040030\DWG\C-Civil\Plotdws\Figures\04404-0030-Aerial.dwg\AERIAL LAST EDIT: 11/21/2024 - 05:05:05 PM LOGIN: bmayer@



PROJECT LOCATION



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**

<b>SECTION A</b>	<b><u>OWNER</u></b>
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 (1<sup>st</sup> 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>Post 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:

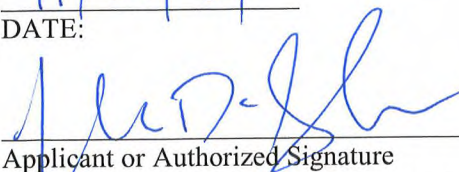
1. Depositor's payment of said deposit is made in connection with an application for:  
Site plan waiver

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

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>The Cooper Health System</b></p> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <p><b>3</b> 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.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC    <input type="checkbox"/> C Corporation    <input type="checkbox"/> S Corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> 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.</p> <p><input checked="" type="checkbox"/> Other (see instructions) ▶ <b>Non-Profit 501 (c) (3)</b></p> <p><b>4</b> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small></p> <p><b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>One Cooper Plaza</b></p> <p><b>6</b> City, state, and ZIP code <b>Camden, NJ 08103</b></p> <p><b>7</b> List account number(s) here (optional)</p> <p style="text-align: right;">Requester's name and address (optional)</p>
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**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.

<b>Social security number</b>									
<b>OR</b>									
<b>Employer identification number</b>									
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.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Beaumont M. Wright</i>	Date ▶
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**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](http://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





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

Taxes

<div style="display: flex; justify-content: space-around;"> <span><a href="#">Make a Payment</a></span> <span><a href="#">View Tax Rates</a></span> <span><a href="#">View Current Bill</a></span> <span><a href="#">Project Interest</a></span> </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
<b>Total 2025</b>			<b>231,347.04</b>	<b>231,347.04</b>	<b>0.00</b>	<b>231,347.04</b>	
2024	07/01/2024	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
<b>Total 2024</b>			<b>462,694.08</b>	<b>3,711.13</b>	<b>28.78</b>	<b>3,739.91</b>	
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
<b>Total 2023</b>			<b>428,194.96</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
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  
631

DATE 11/22/24

CHECK ARMOR  
FRAUD PROTECTION

PAY TO THE ORDER OF

City of Camden

\$ 87.30

Eighty-seven dollars 30/100 DOLLARS



America's Most Convenient Bank®



FOR 13978-73-20UNT FEE

Gappat

⑈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  
631

DATE 11/22/24

CHECK ARMOR  
FRAUD PROTECTION

PAY TO THE ORDER OF

City of Camden

\$ 1,137.58

One thousand one hundred thirty seven 58/100 DOLLARS



America's Most Convenient Bank®



FOR 13978-73-APP FEE

Gappat

⑈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  
631

DATE 11/22/24

CHECK ARMOR  
FRAUD PROTECTION

PAY TO THE ORDER OF

City of Camden

\$ 3,613.23

Three thousand six hundred thirteen 23/100 DOLLARS



America's Most Convenient Bank®



FOR 13978-73-RECON

Gappat

⑈002982⑈ ⑆031201360⑆ 7859739257⑈



Details on Back  
Security Features Included