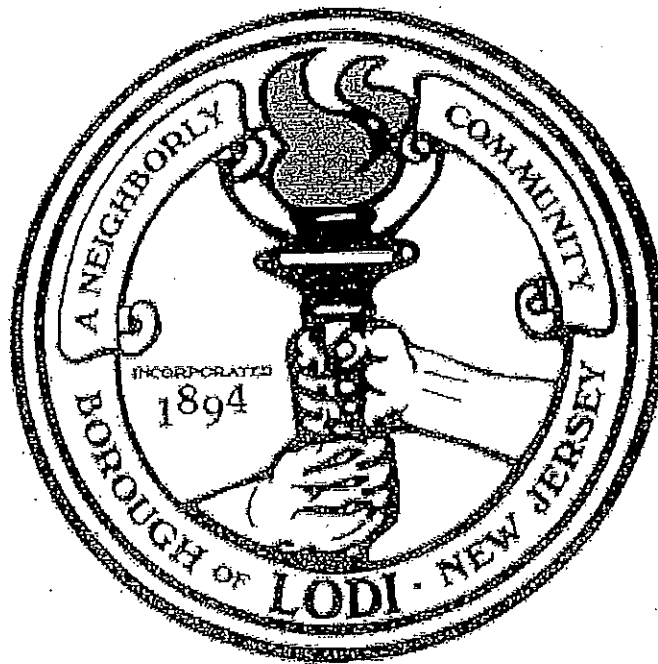


# Borough of Lodi

## Zoning Board of Adjustment



## Application for Hearing

# BOROUGH OF LODI

## ZONING BOARD of ADJUSTMENT

1. All Adjournments of hearing applications must be made 48 hours before the scheduled hearing. Failure to comply will result in a summary disposition; emergencies accepted.
2. All applications must be completed and received by the board at least ten days prior to hearing.
3. Engineering and planning review is required and likewise must be received ten (10) days prior to hearing.

BOROUGH OF LODI  
ZONING BOARD OF ADJUSTMENT

DOCUMENTS FOR FILING APPLICATIONS WITH BOARD OF ADJUSTMENT

Dear Applicant:

This packet has been prepared to assist you with your application for a hearing before the Lodi Zoning Board Of Adjustment. The Zoning Board is empowered to hear the following matters: (a) appeals of decisions of a zoning officer; (b) requests for interpretations of the zoning map or ordinance; (c) requests for variances; and, (d) requests for a certification that a nonconforming use or structure existed prior to the enactment of the zoning ordinance. In addition, in certain circumstances, the Zoning Board may undertake site plan review, and grant or deny sub-division requests.

If you feel that an error has been made in any order, requirement, decision or refusal made by an administrative officer of the Borough of Lodi, based on or made in the enforcement of a zoning ordinance, and you wish to appeal such decision before the zoning board, **in addition to filing an *Application for Hearing***, a Notice of Appeal must be filed with the Building Department **within twenty days** of the date of the decision you are appealing. However, if you feel the decision is correct, and are seeking a variance, this step is not necessary.

Enclosed please find the following documents-which make up the Board of Adjustment application:

1. Instructions
- \_\_\_ 2. Application for Hearing
- \_\_\_ 3. Schedule of Fees and Escrow
- \_\_\_ 4. Disclosure statement
- \_\_\_ 5. Proof of Service
- \_\_\_ 6. Sample Notice to be Published in the Official Newspaper
- \_\_\_ 7. Sample Notice to be Served upon Owners of Property Affected by Application
- \_\_\_ 8. Certification by Zoning Officer and/or Construction Official
- \_\_\_ 9. Certification by Tax Collector
- \_\_\_ 10. Certification by Tax Assessor
- \_\_\_ 11. Notice of Appeal
- \_\_\_ 12. IRS Form W-9

Please review this package and instructions carefully, before you file your application. Failure to provide any required fees, documents or information will delay your hearing.

If you have any questions please contact the Zoning Officer, Mr. Melfi, at (973) 859 - 7465. You may also reach him by or by fax at (973) 859 - 7446.

Very Truly Yours,

Sharon Salvacion  
Secretary to the Lodi Zoning Officer

**BOROUGH OF LODI**  
**ZONING BOARD OF ADJUSTMENT**  
Instructions

1. From the Zoning Office:
  - a.) Pay all required fees and escrows, and obtain a signed receipt (attached).
  - b.) Have the *Certification of the Zoning Officer and/or Construction Official* completed. Attach the appropriate prior resolution(s), if any.
2. From other Borough Offices:
  - a.) **Building Department** - If the Zoning Office determined that there were prior resolutions applicable to the subject property, then the Construction Official must also approve the *Certification of the Zoning Officer and/or Construction Official*.
  - b.) **Tax Assessor** - Obtain a certified listing of property owners within 200 feet of the property (attached).
  - c.) **Tax Collector** - Obtain a certification from the tax collector that all property taxes have been paid and are current (attached).
3. Complete an original *Application for Hearing* (attached). Please attach the following documents to the *Application*:
  - a.) Copy of Refusal of Permit (if issued).
  - b.) Copy of filed *Notice of Appeal* (if required). The copy must include the Zoning Department's receipt date.
  - c.) *Schedule of Fees and Escrow*, indicating that all required fees and escrow funds have been deposited (item 1a). The attached W-9 must be completed if total escrow collected is \$5,000 or more.
  - d.) Zoning Official's certification and prior resolutions (if any) (item 1b)
  - e.) *Owners and Address Report* (item 2a).
  - f.) Tax Collector's certification regarding property taxes (item 2b).
  - g.) Proposed *Notice to be Served upon Owners of Property Affected by Application* (sample attached). Please complete the entire Notice, except for the hearing date, which will be provided to you at a later date.
  - h.) Proposed *Notice to be Published in the Official Newspaper* (sample attached). Please complete the entire Notice, except for the hearing date, which will be provided to you at a later date.
  - i.) Signed and sealed property survey.
  - j.) Site plan (folded 8" x 14"). For one and two family homes, site plans should show plot lines, existing or proposed structures in relation to said lines, building plans, proposed parking and such other necessary information to fully explain the variations requested from the requirements of Zoning Code. For all other structures, site plans must completely comply with the Site Plan Review Ordinance of the Borough Of Lodi , or a waiver from the ordinance for the excluded information, should be requested. **A zoning grid, showing all required and proposed bulk, height and other requirements, must be included for all applications.**
  - k.) Architect's plan (folded 8" x 14"), show existing and proposed premises. Detailed floor plans, including the basement, if any, and all existing conditions and proposed changes, as well as elevations should be shown. Any plans not containing all required information will be considered incomplete.

- l.) self addressed stamped envelope (for mailing resolution)
4. Make thirteen copies of the application packet (item 3).
5. Place original set in a large envelope and mark same **Original**. Place each of the 13 copies in a **separate**, large envelope, and mark nine "Board Members", one "Zoning Department", one "Board Engineer," one "Board Attorney" and one "Board Planner". Deliver all the completed application packets, except for the packet marked "Board Attorney" at the Zoning Office, located on the second floor of Borough Hall. Deliver the Board Attorney's packet to:

Peter A. Scandariato  
336 President Street  
Saddle Brook, NJ 07663

6. After being notified of your hearing date, insert such date on your *Notice to Property Owners* within 200 feet and on the *Public Notice*.
- a.) Mail or deliver the *Notice to Property Owners* to each of the parties listed on the Certified List of Property Owners (*Owners and Address Report*), **at least ten days prior to the date of the hearing**. If mailed, you must mail each notice by Certified Mail. If hand delivered, please obtain an acknowledgment of service, showing to whom you served the notice, and the date upon which you provided it.
- b.) Have the *Public Notice* published in either The Record, the Herald News or the Community News, no later than ten days before the hearing date.
- c.) Provide the Board Secretary with a your notarized, proof of service, at least five days prior to your hearing date. Your proof of service should have a copy of the certified proof of publication received from the newspaper. In addition, if the proof of service is not signed by a licensed attorney at law, it should have a copy of each of the certified mailing receipts attached.

#### IMPORTANT NOTES:

All documents described above must be fully completed and submitted to the Secretary of the Board no later than six weeks prior to a schedule meeting.

Only applications containing all the above information will be accepted. Incomplete applications will delay your hearing.

Applications will not be deemed complete until all required documents are received. You may receive a review letter from one or more of the Board's professionals, advising you of any additional documents, plans, amendments, etc., required to bring your application to a complete status. All amendments must be forwarded directly by the applicant in same manner as the original submissions as stated above.

**Do not publish or send out any notices until advised to do so.**  
You will only receive such advice when your application has been deemed complete.

**All notices must be published or served at least 10 days before the hearing date**

# LODI ZONING BOARD OF ADJUSTMENT APPLICATION FOR HEARING

For official use only

Date filed: \_\_\_\_\_

Application Number: \_\_\_\_\_

|   | Zoning Official | Attorney | Engineer | Planner |
|---|-----------------|----------|----------|---------|
| Forwarded to<br>(Name and date):          | _____           | _____    |          |         |
| Deemed complete<br>(Name and date or N/A) |                 |          |          |         |

**Applicant / Property Location**

Street Address .....

Block No..... Lot No(s) .....

Applicant .....

Address .....

.....

Phone No.: (.....) ..... Fax (.....) ..... E-mail .....

Relationship to owner: ( ) owner ( ) tenant ( ) agent ( ) contract purchaser  
( ) other: \_\_\_\_\_

**Type of Application (Check all that apply):**

\_\_\_ Appeal of Zoning Officer's Decision; \_\_\_ Interpretation of Zoning Map or Regulations;  
\_\_\_ Bulk Variance(s); \_\_\_ Use Variance; \_\_\_ Site Plan Review; \_\_\_ Sub-division; \_\_\_ Other

**Project Details**

Use district (Zone) .....

Present use or occupancy of each floor: .....

.....

Proposed use or occupancy of each floor: .....

.....

Size of lot ..... Corner or Interior .....

On how many streets does lot have frontage .....

Size of Building (at street level) ..... width ..... depth

Height of Building ..... Stories ..... feet

Set back from front property line ..... Feet from side line, if corner lot .....

Other relevant details not provided for in foregoing .....

.....  
.....  
.....

Please provide a brief description of the proposed project and relief sought, or if this is an appeal of a decision of a zoning officer, the grounds therefore:

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**Property History**

Has there been any previous hearing, either before the Zoning or Planning Boards, involving these premises? Yes / No. Completed *Certification of Constructions Official* must be attached.

If so state (a) Relief requested .....

(b) Date Filed..... (c) Disposition.....

Also, attach a copy of all prior resolutions (whether granted or denied)

**Applicant's Professionals**

**Attorney:** \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No. \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Architect:** \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No. \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Engineer:** \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No. \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Planner:** \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No. \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Other:** \_\_\_\_\_

Field of Expertise: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No. \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Other:** \_\_\_\_\_

Field of Expertise: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No. \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_



I hereby grant authorization to any member of the Board, as well as to any of its professionals, to visit and access the subject property, both the interior and exterior. If requested by any of the foregoing parties, upon reasonable notice, I will arrange to provide access to any part of the interior of the property at a mutually agreeable time.

I acknowledge that the statutory reporting period shall not begin to run until this application and accompanying plans are complete in all respects. We acknowledge and agree that if this application is not completed within one year of the date of filing, it will be subject to administrative dismissal without prejudice.

I certify that the foregoing information, as well as the information contained on all exhibits and attachments submitted herewith are true. I further certify that I am the individual applicant or that I am a duly authorized officer of a corporate applicant, a general partner of a partnership applicant, or a managing member of an LLC applicant.

Sworn to and Subscribed  
before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ \_\_\_\_\_ Applicant

\_\_\_\_\_ Applicant

A Notary Public / Attorney at Law of the State of New Jersey  
My commission expires: \_\_\_\_\_

(If the applicant is not the owner)

I certify that I am the owner of the subject property, that I have authorized the applicant to make this application and that I agree to be bound by the application, the representations made and the decision rendered by the Board in the same manner as if I were the applicant.

Sworn to and Subscribed  
before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ \_\_\_\_\_ Owner

A Notary Public / Attorney at Law of the State of New Jersey  
My commission expires: \_\_\_\_\_

**BOROUGH OF LODI  
BOARD OF ADJUSTMENT  
SCHEDULE OF FEES AND ESCROW**

Re: Applicant Name: \_\_\_\_\_ File # \_\_\_\_\_  
 Owner's Name: \_\_\_\_\_  
 Property Address: \_\_\_\_\_  
 Block # \_\_\_\_\_ Lot # \_\_\_\_\_

**SCHEDULE OF FEES**

|   | <u>Administrative<br/>Fee</u> | <u>Escrow</u>         |
|---|-------------------------------|-----------------------|
| 1. Minor sub-division                             | (\$100) \$ _____              | (\$500) \$ _____      |
| 2. Major sub-division                             | (amt varies) \$ _____         | (amt varies) \$ _____ |
| 3. Minor site plan                                | (\$250) \$ _____              | (amt varies) \$ _____ |
| 4. Major site plan                                | (amt varies) \$ _____         | (amt varies) \$ _____ |
| 5. Appeal from administrative decision            | (\$100) \$ _____              | (\$500) \$ _____      |
| 6. Interpretation                                 | (\$100) \$ _____              | (\$250) \$ _____      |
| 7. Hardship Variance (c) (1)                      | (\$100) \$ _____              | (\$500) \$ _____      |
| 8. Bulk Variance (c) (2) (existing 1/2 fam homes) | (\$100) \$ _____              | (\$250) \$ _____      |
| 9. Additional bulk variances                      | (amt varies) \$ _____         | (\$350 ea.) \$ _____  |
| 10. "D" Variance                                  | (amt varies) \$ _____         | (\$500 min.) \$ _____ |
| 11. Special meeting fee                           | (amt varies) \$ _____         | (\$1,000) \$ _____    |
| 12. Resolution copy                               |                               | \$10.00               |
| 13. Cost of publication                           |                               | (amt varies) \$ _____ |
| 14. List of property owners                       | \$10.00                       | \$10.00               |
| 15. _____   | \$ _____                      | \$ _____              |
| <b>TOTAL FILING &amp; ESCROW FEES</b>             | <b>\$ _____</b>               | <b>\$ _____</b>       |

Filing fees and escrow fees must be paid by separate checks, made payable to the Borough Of Lodi, and deposited with the Zoning Office, located at Borough Hall, One Memorial Drive, Lodi, NJ 07644.

Please note that any unused escrows will be refunded.  
 After review by the Borough's professionals, additional escrows may be required. If these additional escrows are not paid prior to the your meeting date, your application will not be heard.

===== **FOR OFFICE USE ONLY** =====

Acknowledge receipt of the above sum of filing fees and the above sum of escrow deposits on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

## LODI ZONING BOARD OF ADJUSTMENT Disclosure Statement

The names and addresses of all persons owning 10% or more of the stock of a corporate applicant, or a 10% or more interest in any partnership or LLC applicant must be disclosed. All such entities shall list the names and addresses of its stockholders, members or partners, as the case may be, and this requirement shall be followed by every corporate stockholder, partner in a partnership, or member in an LLC, until the names and addresses of the non-corporate stockholders and individual partners or members, exceeding the 10% ownership criterion, have been listed. For purposes of this disclosure, interests owned by a spouse, any descendant or spouse thereof, or any ancestor or spouse thereof, shall be attributed to each other to determine whether the 10% threshold is met.

|            |               |                |
|------------|---------------|----------------|
| Name _____ | Address _____ | Interest _____ |
| Name _____ | Address _____ | Interest _____ |
| Name _____ | Address _____ | Interest _____ |
| Name _____ | Address _____ | Interest _____ |
| Name _____ | Address _____ | Interest _____ |
| Name _____ | Address _____ | Interest _____ |
| Name _____ | Address _____ | Interest _____ |
| Name _____ | Address _____ | Interest _____ |
| Name _____ | Address _____ | Interest _____ |
| Name _____ | Address _____ | Interest _____ |
| Name _____ | Address _____ | Interest _____ |

If the applicant is not the owner, please provide the owner's information:

|            |               |                |
|------------|---------------|----------------|
| Name _____ | Address _____ | Interest _____ |
| Name _____ | Address _____ | Interest _____ |
| Name _____ | Address _____ | Interest _____ |

Proof of Service

State of New Jersey }  
County of Bergen } ss:

....., of full age, being duly sworn  
(Applicant's name)  
according to law, deposes and says, that he is the applicant in a proceeding before the Lodi Zoning  
Board Of Adjustment, relating to land located at .....  
(Property address)

and that he did on ..... (at least ten (10) days prior to the hearing.  
(Date of mailing or service)  
date), give personal notice to each of the parties listed on the *Owner & Address Report*, provided to  
me by the Lodi Tax Assessor and dated ....., and also provided a copy of the complete  
(Date of report)  
application package to the Lodi Zoning Department. Said notices and packages were served by  
certified mail or hand delivered. If mailed, copies of the U.S. Postal Service Certified Mail receipts for  
each such party are attached hereto. If hand delivered, a dated, acknowledgment of service is  
attached.

There is also attached a copy of the proof of publication for the public notice. The notice was  
published in ....., on .....  
(Name of Newspaper) (Date of publication)

Sworn and subscribed to before me this ..... day  
of ....., 20.....

\_\_\_\_\_  
Notary Public of the State of New Jersey  
My commission expires:

If this document is not signed by a licensed attorney at law of the State of New Jersey, attach  
copies of the certified mailing receipts only. There is no need to provide proofs of receipt  
("Green Cards").

**NOTICE TO BE SERVED ON OWNERS  
OF PROPERTY AFFECTED BY APPLICATION**  
Borough Of Lodi  
Zoning Board of Adjustment

**Please Take Notice:**

That the undersigned has filed an appeal or application for development with the Zoning Board of Adjustment for a variation from the requirements of the Zoning Ordinance so as to permit

.....  
.....  
.....

and which requires the following variances: .....

on the premises known as ..... and designated as Block .....,  
Lot....., on the Borough's tax map. This notice is sent to you as an owner of property in the immediate vicinity.

A public hearing has been ordered for ....., 20 ....., at 7:00 p.m. in the Council Chambers, first floor, Borough Hall, One Memorial Drive, Lodi, N.J. When the case is called, you may appear either in person, or attorney, and present any objections which you may have to the granting of the relief sought in this application.

This notice is sent to you by the applicant, by order of the Board of Adjustment.

A copy of the application is on file with the Zoning Officer, Borough Hall, Lodi, New Jersey, and available for inspection between the hours of 9 A.M. and 4:00 P.M.

Respectfully,

.....  
Applicant

**NOTICE TO BE PUBLISHED IN THE OFFICIAL NEWSPAPER**  
Borough Of Lodi  
Zoning Board of Adjustment

Please Take Notice that a public hearing before the Lodi Zoning Board Of Adjustment has been

ordered for ....., 20 ....., at 7:00 p.m. in the Council Chambers, first floor, Borough Hall, One Memorial Drive, Lodi, N.J., on the appeal or application for development of the undersigned for a variation from the requirements of the Zoning Ordinance so as to permit

.....  
.....  
.....

and which requires the following variances: .....

.....  
.....

on the premises known as ..... and designated as Block .....,  
Lot....., on the Borough's tax map.

A copy of the application is on file with the Zoning Officer, Borough Hall, Lodi, New Jersey, and available for inspection between the hours of 9 A.M. and 4:00 P.M.

Any interested party may appear at said hearing and participate therein in accordance with the rules of the Lodi Zoning Board Of Adjustment .

.....  
....., Applicant

Publication Date: \_\_\_\_\_

**LODI ZONING BOARD OF ADJUSTMENT  
CERTIFICATION BY ZONING OFFICER AND/OR CONSTRUCTION OFFICIAL**

**Applicant / Property Location**

Street Address .....

Lot No..... Block No.....

Applicant ..... Address .....

I have reviewed the subject property's file.

\_\_\_\_\_ There were no prior actions concerning the subject property taken by either the Lodi Zoning Board Of Adjustment or Lodi Planning Board.

\_\_\_\_\_ There were prior actions, concerning the subject property, taken by either the Lodi Zoning Board Of Adjustment or Lodi Planning Board. The following resolutions were passed, and I have verified that all requirements of the resolutions have been complied with. Copies are attached hereto:

|    | Resolution Number | Date  |
|----|-------------------|-------|
| 1. | _____             | _____ |
| 2. | _____             | _____ |
| 3. | _____             | _____ |
| 4. | _____             | _____ |
| 5. | _____             | _____ |
| 6. | _____             | _____ |

\_\_\_\_\_  
Nicholas Melfi, Zoning Officer  
Dated:

I have verified that all requirements of the resolutions have been complied with.

\_\_\_\_\_  
Nicholas Melfi, Construction Official  
Dated:

(NOTE: The applicant is responsible for the cost of making copies of any resolutions obtained from the Zoning Department.)

LODI ZONING BOARD OF ADJUSTMENT  
CERTIFICATION BY TAX COLLECTOR

Applicant / Property Location

Street Address .....

Block No..... Lot No(s) .....

Applicant ..... Address .....

Owner ..... Address .....

I hereby certify that the taxes for the above listed property are current through \_\_\_\_\_.

\_\_\_\_\_  
Gary Stramandino  
Tax Collector

Dated:

(NOTE: No application will be scheduled or heard unless taxes are paid in full through the date of the hearing.)



**LODI ZONING BOARD OF ADJUSTMENT  
CERTIFICATION BY TAX ASSESSOR**

**Applicant / Property Location**

Street Address .....

Block No..... Lot No(s) .....

Applicant ..... Address .....

Owner ..... Address .....

I hereby certify that the attached listing, consisting of \_\_\_\_\_ pages, is an accurate and complete list of all property owners within 200 feet of the above listed property. This list has been compiled from the Borough of Lodi's most recent tax roll.

---

Evelyn Trujillo  
TAX ASSESSOR

Dated:

**LODI ZONING BOARD OF ADJUSTMENT  
NOTICE OF APPEAL**

**TAKE NOTICE** that the undersigned (hereinafter "Appellant") is the \_\_\_\_\_ of premises in the Borough of Lodi, designated on the Borough's Tax Map as Block \_\_\_\_\_, Lot(s) \_\_\_\_\_, with a street address of \_\_\_\_\_, in said Borough of Lodi. The subject property is located in a(n) \_\_\_\_\_ zoning district.

Appellant appeals to the Lodi Zoning Board of Adjustment from the order, determination, or decision of \_\_\_\_\_, an official of the Borough of Lodi, made on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. The order being appealed provided that:

\_\_\_\_\_  
(describe nature of order, determination or decision being appealed)  
\_\_\_\_\_  
\_\_\_\_\_

Appellant alleges error in the order, requirement, or decision of said Administrative Officer in that:

\_\_\_\_\_  
(describe nature of error)  
\_\_\_\_\_  
\_\_\_\_\_

Take further notice that you are hereby required to immediately transmit to the Secretary of the Zoning Board of Adjustment all papers constituting the record upon which the action appealed from was taken, in accordance with the Rules of the Zoning Board of Adjustment and the statute in such case made and provided.

\_\_\_\_\_  
Appellant

Dated: \_\_\_\_\_

(NOTE: This notice of appeal must be served upon the administrative officer from whom the appeal is taken within 20 days of the date of the action which is appealed).

i hereby acknowledge receipt of this notice of appeal on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

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

Print or type  
See Specific Instructions on page 2.

|   |  |
|---|--|
| Name (as shown on your income tax return)   |  |
| Business name, if different from above  |  |
| Check appropriate box: <input type="checkbox"/> Individual/<br>Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ ..... | <input type="checkbox"/> Exempt from backup<br>withholding |
| Address (number, street, and apt. or suite no.)   | Requester's name and address (optional)                    |
| City, state, and ZIP code   |  |
| 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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

|   |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|
| Social security number  |  |  |  |  |  |  |  |  |  |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> </tr> </table> |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |
| or  |  |  |  |  |  |  |  |  |  |  |
| Employer identification number  |  |  |  |  |  |  |  |  |  |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> </tr> </table> |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. person (including a U.S. resident alien).

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 on page 4.)

|              |                               |        |
|--------------|-------------------------------|--------|
| Sign<br>Here | Signature of<br>U.S. person ▶ | Date ▶ |
|--------------|-------------------------------|--------|

### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,