

**TOWNSHIP OF MONROE**  
**COUNTY OF GLOUCESTER**  
**COMMUNITY DEVELOPMENT DEPARTMENT**

**SITE PLAN APPLICATION**

**FOR OFFICIAL USE ONLY**

APPLICATION FILED: \_\_\_\_\_

FEE PAID: \_\_\_\_\_

ESCROW ACCOUNT #: \_\_\_\_\_

.....  
**SECTION I: TYPE OF APPLICATION & VARIANCE REQUIREMENT**

Minor-Preliminary \_\_\_\_\_ Minor-Final \_\_\_\_\_ Waiver of a Formal Site Plan  X   
\*\*Major-Preliminary \_\_\_\_\_ \*\* Major-Final \_\_\_\_\_

Is a Variance required for this application? Yes \_\_\_\_\_ No  X   
If yes, complete separate Variance Application.

**SECTION II: GENERAL INFORMATION**

A. Applicant:  
Name: Inspira Health Network, Inc.  
Address: 165 Bridgeton Pike, Mullica Hill, NJ 08062  
Email: \_\_\_\_\_ Telephone #: 856-641-6600

B. The Applicant is a: Corporation  X  Partnership \_\_\_\_\_ Individual \_\_\_\_\_  
Other (Please specify) Non-Profit New Jersey Corporation

C. If the Applicant is a corporation or a partnership, please attach a list of the names and addresses of persons having a 10% interest or more in the corporation or partnership. Non-Profit

D. The relationship of the Applicant to the property in question is: Owner \_\_\_\_\_  
Lessee  X  Purchaser Under Contract \_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

E. Owner:  
Name: Williamstown Associates LP c/o RD Management LLC  
Address: 810 Seventh Avenue, New York, NY 10019  
Email: rbirdoff@rdmanagement.com Telephone #: 212-265-6600

F. Engineer/Surveyor:  
Name: David J. Fleming, PE - Marathon Engineering & Environmental Services, Inc.  
Address: 3 Kildeer Court, Suite 302, Swedesboro, NJ 08085  
Email: dave.fleming@marathonconsultants.com Telephone #: (856) 241-9709

G. Attorney:  
 Name: Kathie L. Renner, Esquire  
 Address: Brown & Connery, LLP, 6 N. Broad Street, Suite 100, Woodbury, NJ 08096  
 Email: krenner@brownconnery.com Telephone #: (856) 858-8163

**SECTION III: INFORMATION REGARDING THE PROPERTY**

- A. The street address of the property is: 1203-1239 South Black Horse Pike
- B. The location of the property is approximately \_\_\_\_\_ feet from the intersection of South Black Horse Pike \_\_\_\_\_ and Cross Keys Williamstown Road \_\_\_\_\_
- C. The Block number(s) is 1130
- D. Lot number(s) 4
- E. Existing Use of Property: Vacant Building  
 Proposed Use of Property: Adult Day Care
- F. The zone in which the property is located is Acme Redevelopment Area  
 (The Zoning Office can help determine this information)
- G. Acreage of the entire site is 11.42±
- H. Is the subject property located on a County Road? Yes  No \_\_\_\_\_  
 Is the subject property located on a State Road? Yes  No \_\_\_\_\_  
 Is it within 200 feet of a Municipal Boundary? Yes \_\_\_\_\_ No
- I. The type of proposal is: New Structure \_\_\_\_\_ Expanded Area \_\_\_\_\_  
 Improved Parking Area  Alteration to Structure Add canopy and ADA ramp  
 Expansion to Structure \_\_\_\_\_ Change of Use  or Sign \_\_\_\_\_
- J. The name of the business or activity (if any) Inspira Life at Williamstown
- K. Are there deed restrictions that apply or are contemplated? N/A  
 Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach a copy)
- L. Improvements: List all proposed on site utility and off-tract improvements.  
 The building is an existing storefront in the shopping center. Applicant proposes to install a canopy to assist with patient drop off and vehicular traffic for an adult daycare. A new ADA ramp is proposed for access. Six ADA parking spaces with signage and appropriate walkways and striping are also proposed. The replaced concrete and sidewalk in the front of the entrance is limited to a disturbance of 2,000 sq. ft. No additional impervious coverage is proposed.
- M. Plat submission: List maps and other exhibits accompanying this application.  
 Site Plan.

**SECTION IV: SUBMISSION REQUIREMENTS & FEES**

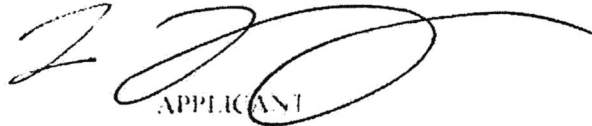
Attached hereto and made a part of this application, I have submitted the appropriate documents along with the appropriate fees as described in the Site Plan Instructions.

**SECTION V: AUTHORIZATION AND VERIFICATION**

I CERTIFY THE STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE.

8/25/20

DATE



APPLICANT

Brandon Bardowsky, Inspira Health Network, Inc.  
Print Applicant's Name

DATE

OWNER'S SIGNATURE

Richard Birdoff, Williamstown Associates LP c/o RD Management LLC  
Print Owner's Name

**SECTION IV: SUBMISSION REQUIREMENTS & FEES**

Attachments hereto and made a part of this application, together with the amount of the site fee and any other appropriate fees as described in the Site Plan Instructions.

**SECTION V: AUTHORIZATION AND VERIFICATION**

I CERTIFY THE STATEMENTS AND INFORMATION CONTAINED HEREIN TO BE TRUE.

\_\_\_\_\_  
DATE

7/23/20  
\_\_\_\_\_  
DATE

\_\_\_\_\_  
John DiAngelo, Inspira Health Network, Inc.

  
OWNER'S SIGNATURE

Richard Birdoff, Williamstown Associates LP c/o RD Management LLC

\_\_\_\_\_  
Title

I SITE PLAN APPLICATIONS STEP ZERO OFFER A PROPOSAL