

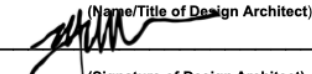
Americans with Disabilities Act Compliance
COMPLIANT DESIGN CERTIFICATION
For
PEDESTRIAN FACILITIES WITHIN COUNTY ROAD RIGHT-OF-WAYS

I, William Kimmerle, (architect's name) hereby certify, as a licensed Professional Architect in the State of New Jersey, that all sidewalks, handicap ramps, and pedestrian facilities within the public right-of-way or easements, designed for the following project, Hackensack Meridian Ambulatory Care Inc. D/B/A Hackensack Meridian Health Realty in Township of Wyckoff (municipality) are designed in full compliance with the "Proposed Accessibility Guidelines for Pedestrian Facilities in the Public Right-of-Way" located at <http://www.access-board.gov/attachments/article/743/nprm.pdf> as published in the Federal Register on July 26, 2011; the Manual on Uniform Traffic Control Devices (MUTCD); and Bergen County requirements. Workmanship and materials will be in substantial conformance with the New Jersey Department of Transportation Standard Specifications for Road and Bridge Construction as amended and supplemented by County of Bergen requirements. This certification applies to the following attached design drawings: Preliminary and Minor Site Plan, Prepared by Kimmerle Newman Architects Dated 11/02/2022, Total of 8 Sheets

(title, prepared by, original date, revision no. & date, and number of sheets). I further understand that improperly designed or constructed ramps and facilities, as determined by the County of Bergen, will require replacement with compliant ramps and facilities prior to performance guarantee release and at the sole cost and expense of the project owner (State, County, or Municipality) or their design engineer or contractor.

William Kimmerle, Partner

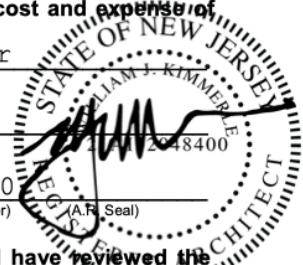
(Name/Title of Design Architect)



(Signature of Design Architect)

01/24/23
(Date)

21A102048400
(A.R. License Number)



I hereby certify, as a licensed Professional Engineer in the State of New Jersey that I have reviewed the above referenced design certification and related drawings and verify their full compliance with above stated documents and requirements.

(Name/Title of Municipal Engineer)

(Signature of Municipal Engineer)

(Date)

(P.E. License Number)

(P. E. Seal)

No Technical Infeasibility Waivers required.

Technical Infeasibility Waivers previously approved by the Municipal Engineer and County Engineering Division are attached.

(THIS CERTIFICATION MUST APPEAR ON MUNICIPAL OR COMPANY LETTERHEAD)