



City of North Wildwood

Zoning Office

901 Atlantic Avenue

North Wildwood, New Jersey 08260

Phone (609)522-2030 ext.1280 / Fax (609)846-9995

Daniel F Speigel, CPM
Zoning Official

Application for Certificate of Zoning Use Compliance

(Please Print Clearly)

Property Address: _____ Block# _____ Lot# _____ Qualifier# _____
 # of units for sale: _____ Call for appt: _____ Key Attached: _____ Access Code: _____
 Seller/Agent: _____ Phone# _____ Fax# _____
 Seller/Agent Email: _____ Settlement Date: _____

Property Owner:
 Name: _____ Email Address: _____
 Address: _____ Phone: _____
 City/State/Zip: _____

New Buyer Information:
 Name: _____ Email Address: _____
 Address: _____ Phone: _____
 City/State/Zip: _____

What is the current use of the property/structure(s) for which a Certificate is requested?
Residential:
 Single Family _____, Two-family _____, Multi-family (# of units) _____, Hotel/Motel _____, Condo _____
Business:
 Describe: _____
 Square footage of lot: _____ Square footage of Structure: _____ Existing parking spaces: _____

Fee Schedule:

- \$50.00 if requested more than 10 business days prior to date certificate is needed
- \$70.00 if requested 4-9 days prior to date certificate is needed
- \$125.00 if requested less than 4 days prior to date certificate is needed

I, _____, hereby certify that all the information that I provided on this application is correct to the best of my knowledge.

Signature of applicant: _____ Date: _____

Print name of applicant: _____

Office Use Only:
 Fee Enclosed: \$ _____ Check#: _____ Cash: _____ **(exact amount ONLY)**
 Pending Fees: \$ _____ (see attached invoice(s): _____
 Zone: _____ Flood Zone: _____ % CE: _____ Lot Size: _____ x _____ Total: _____ Control# _____