

## 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)

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