

***PLEASE INCLUDE APPLICATION FEE OF \$50**

Borough of Wildwood Crest - Zoning Office
6101 Pacific Avenue, Wildwood Crest, NJ 08260
Phone (609) 729-8089 Fax (609) 522-7380 www.wildwoodcrest.org
Patrick J. Malia, Zoning Official

Application for Certificate of Zoning Use Compliance
MERCANTILE

Control Number:
Certificate Number:

Property Address: _____ **Block:** _____ **Lot(s):** _____

Is this property a condo-owned unit? **yes** **no/ Unit number** _____

Applicant Name: _____ **Applicant standing:** _____
Address: _____
Phone No. _____
Fax No. _____

Property Owner Name and Address: _____

What is the current use of the property/structure(s) for which a Certificate is Requested?

Residential: Single Family Two-Family Residential: Multi-family, Total No.Units _____
 Hotel/Motel: Number of Units _____ Business: Describe _____
 Marine Commercial Other, describe _____

I, _____ hereby certify that all the information that I provide on this application
(print name)
is correct to the best of my knowledge.

Signature of Applicant _____ **Date** _____

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ZONING Office Only

Fee: _____ Check no.: _____ Received By: _____ Received From: _____ Deposited: _____

(rev. 9-15)