**PLEASE INCLUDE APPLICATION FEE OF $50*

Borough of Wildwood Crest - Zoning Office
6101 Pacific Avenue, Wildwood Crest, NJ 08260
Phone (609) 729-8090 Fax (609) 522-7380 www.wildwoodcrest.org
Rick Allen, Zoning Official

Application for Certificate of Zoning Use Compliance
MERCANTILE

Control Number:
Certificate Number:

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

Applicant Name:
Address:
Phone No.:
Email:

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 _____ Multi-family, Total No.Units ____

Condo _____ Unit # _____ Assoc Name _____

Hotel/Motel ____ Total No Units _____ Business ___ Describe _____

Marine Commercial _____ Other, describe_____

I, _____hereby certify that all the information that I provide on this application is correct to the best of my knowledge.

Signature of Applicant_____ Date_____

ZONING OFFICE ONLY

Control Number: Zone:

Fee: Check no.: Date Received: Received From: