

**Borough of Wildwood Crest
Office of Zoning Administration
6101 Pacific Avenue, Wildwood Crest, NJ 08260
Phone (609) 729-8089 E: rallen@wildwoodcrest.org
Rick Allen, Zoning Official**

Application for Zoning Permit

<hr/> Property Address	<hr/> Block Lot (s)
<hr/> Applicant	<hr/> Property Owner
<hr/> Applicant Address	<hr/> Property Owner Address
<hr/> Applicant Phone and Email	<hr/> Property Owner Phone and Email

A land survey, prepared by a licensed surveyor and/or plan(s) of the proposed project are required to process this application for Zoning Permit.

Survey attached _____ Plan attached (all new construction) _____ Flood Elevation Certificate _____
Date: _____ Date: _____ Date: _____

Project description:

Applicant Statement:

I, (print) _____ hereby attest that this property is
_____ Single Family owner-occupied and not rented
_____ Single family and rented
_____ OTHER _____

I also attest that all the information I have provided on this application is correct.

Signature of Applicant _____ **Date:** _____

Co-Owner (if applicable) Name _____ **Signature** _____ **Date** _____

****FINAL ZONING INSPECTION REQUIRED AT COMPLETION OF ALL PROJECTS.****

(OFFICE USE ONLY)

FEE: _____ **Check No.** _____ **From:** _____ **Date Received** _____ **By:** _____

Zoning Control #: _____ **Zoning Permit #:** _____

Approval Date: _____ **Approved By:** _____