

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

Application for Zoning Permit

Property Address	Block _____ Lot (s) _____
Applicant	Property Owner
Applicant Address	Property Owner Address
Applicant Phone and Email	Property Owner Phone and Email

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

Survey attached _____ Plan attached (all new construction _____ Flood Elevation Certificate
 Date _____ Dated _____ requires lot grading & drainage plans) Dated _____

Project description:

Applicant Statement: _____ **Informed Construction Office** Initials _____

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

Verification: Zone: Classification: _____ **SF, no rental** _____ **Other** _____ **Verified By:** _____

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